



Immunosciences Lab., Inc.

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REFERRING PHYSICIAN

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Patient Name:

PARK-ALVAREZ, RUBEN

Patient I.D.:

DOB08062002

Blood Drawn	Processed	Reported	ISL No.
07/18/06	07/20/06	08/03/06	200714

TEST

RESULTS NORMAL ABNORMAL

REFERENCE RANGE

UNITS

*** CYTOMEGALOVIRUS AB ***

IgG CYTOMEGALOVIRUS	47	<100	ELISA
IgM CYTOMEGALOVIRUS	84.0	<100	ELISA

[] Test results may indicate no viral infection.

[] Test results may indicate past viral infection.

[] Test results may indicate ongoing viral infection.

Cytomegalovirus (CMV) can cause infection in humans of all ages. CMV is a herpes virus that usually is asymptomatic. The symptoms if present are fever, lethargy and presence of atypical lymphocytes in blood.

CMV virus is an important pathogen for newborns, the organ transplant recipients and for AIDS patients. CMV infections can be acquired at birth (perinatal), before birth (congenital) or later in life (postnatal). CMV can be detected in saliva, urine, breast milk, tears, stool, vaginal or cervical secretions. The transmission can occur in number of ways including blood transfusion or organ transplant. CMV infections are severe and frequent in

immunosuppressed patients like AIDS or cancer patient. CMV IgG antibodies usually appear 1 to 2 weeks after infection, get to highest level in 6-10 weeks and persist at various levels for life. IgM antibodies may appear as early as 5 days after infection, rise sharply and fall to low levels or disappear in few weeks or months. The negative result for CMV IgM does not exclude active infection. The sample may have been obtained before the appearance of IgM antibodies, therefore a second sample should be obtained at least 2 weeks later. IgM antibodies are detected in patients with recent infections.

Result of CMV serve only as aid in diagnosis and must not as diagnostic in themselves. Also presence of IgG antibody in a single serum can not be sufficient to differentiate between active and passive infection.

References:

1. Tegtmier, G. E. 1989. Posttransfusion Cytomegalo-

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