

| REFERRING PHYSICIAN | |
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| ***** | |
| RESEARCH | |
| ****** | |
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| PATIENT NAME | | | | | | AGE | SEX |
|---------------|------------|-----------------|-------------|------------|----|----------|------|
| SAMPLE, REPO | ORT | | | | | 37Y | F |
| ACCESSION NO. | D.O.B. | COLLECTION DATE | LOG-IN DATE | TEST DATE | RE | PORT DAT | E |
| AAAA30 | 08/11/1984 | 11/5/2021 | 12/21/2021 | 12/21/2021 | 1: | 2/21/2 | 2021 |

| AAAA30 08/11/1984 | 11/5/2021 | 12/21/2021 | 12/21/2021 | 12/21/202 |
|------------------------|---|--------------------------|--------------------|-----------|
| TEST | RESULTS NORMAL ABI | S NORMAL | REFERENCE RANGE | UNITS |
| | | | | |
| EPS | STEIN-BARR <mark>VI</mark> F | US PANEL | | |
| IgG EPSTEIN-BARR VCA | 1 | .50 | <0.9 | ISR |
| IgM EPSTEIN-BARR VCA | 1 | .50 | <0.9 | ISR |
| IgG EARLY ANTIGEN | 1 | .50 | <0.9 | ISR |
| IgG EB NUCLEAR ANTIGEN | 1 | .50 | <0.9 | ISR |
| IgM EB NUCLEAR ANTIGEN | 1 | .50 | <0.9 | INDEX |
| | | | | |
| INTERPRETATIO | ons of serologi | C PATTERNS IN | EBV INFECTION | |
| | Patients EBV | Status | | |
| AB Susce | eptible Primary EBV | y Convalescer (3 mo.) | nt Past Reacti | vated |
| VCA-IgM | - | + or - | | |
| VCA-IgG | - + | + | + + | |
| EA-D EBNA-IgG | | + or - | - + + + | |
| EBNA-19G EBNA-19M | | + or - | - + | |
| | | | | |
| | | | | |
| * * * [] Test resu | ilts may ind <mark>icat</mark> | e no viral in | * * * nfection. | * |
| [] Test resu | ults may ind <mark>icat</mark> | e past viral | infection. | |
| [] Test resu | ılts may ind <mark>ica</mark> t | e on-going vi | ral infection. | |
| * * | | * | * * * | * |
| HUMAN VIRUS T | VIRUS (EBV) OR THAT INFECTS ALM IN CHILDREN AND | OST ALL HUMAN | S DURING THIER | |

CONTINUED ON NEXT PAGE



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| PATIENT NAME | | | | | AGE | SEX |
|---------------|------------|-----------------|-------------|------------|-------------|-----|
| SAMPLE, REPO | RT | | | | 37Y | F |
| ACCESSION NO. | D.O.B. | COLLECTION DATE | LOG-IN DATE | TEST DATE | REPORT DATE | Ε |
| AAAA30 | 08/11/1984 | 11/5/2021 | 12/21/2021 | 12/21/2021 | 12/21/2 | 021 |

| TEST | RESULTS | REFERENCE | 111170 |
|------|-----------------|-----------|--------|
| | NORMAL ARNORMAL | RANGE | UNITS |

INFECTION CALLED MONONUCLEOSIS, WHICH RESULTS IN THE PRODUCTION FIRST OF IGM AND THEN IGG ANITBODIES AGAINST VIRAL CAPSID ANTIGEN (EBV-VCA). FOLLOWING THE ACUTE PHASE, THE VIRUS PERSISTS MAINLY IN THE EPITHELIAL CELLS AND B LYMPHOCYTES FOR THE REST OF THE AFFLICTED PERSONS LIFE.

UNDER A VARIETY OF CONDITIONS THAT NEGATIVELY AFFECT THE IMMUNE SYSTEM, REACTIVATION OF EBV CAN OCCUR, RESULTING IN THE EXPRESSION OF EARLY ANTIGEN (EBV-EA) AND THE PRODUCTION OF ANTIBODY AGAINST EA.

EPSTEIN-BARR NUCLEAR ANTIGEN (EBNA) IS ANOTHER ANTIGEN THAT INDUCES THE PRODUCTION AND PROLIFERATION OF B CELLS, WHICH ARE RESPONSIBLE FOR THE GENERATION OF ANTIBODIES IN THE BODY. THIS IS WHY EBV IS ASSOCIATED WITH DIFFERENT PROLIFERATIVE AND AUTOIMMUNE DISORDEWRS, INCLUDING LYMPHOMAS, RHEUMATOID ARTHRITIS, GRAVES DISEASE, HASHIMOTOS DISEASE, LUPUS, MULTIPLE SCLEROSIS (MS), INFLAMMATORY BOWEL DISEASE, CELIAC DISEASE, TYPE 1 DIABETES, AND SJOGRENS SYNDROME. THE ELEVATION OF IGM ANBIIBODY AGAINST EBV ANTIGENS MAY INDICATE ONGOING VIRAL INFECTION OR VIRAL REACTIVATION. IN THE CASE OF VERY HIGH LEVELS OF IGG ANTIBODY AGAINST EBV ANTIGENS, IF THESE ANTIGENS MANAGE TO BIND TO SELF-TISSUE ANTIGENS DUE TO CROSS-REACTIVITY, THE RESULT MAY BE AUTOIMMUNE REACTIVITY.

REFERENCES

HOUEN G, TRIER NH. EPSTEIN-BARR VIRUS AND SYSTEMIC AUTO-IMMUNE DISEASES. FRONTIERS IN IMMUNOLOGY, JANUARY 2021. DOI:103389/FIMMU.2020.587380.

HARLEY JB ET AL. TRANSCRIPTION FACTORS OPERATE ACROSS DISEASE LOCI, WITH EBNA2 IMPLICATED IN AUTOIMMUNITY. NATURE GENETICS, 50:699-707, 2018.

IGG AND IGM REPORTED AS 0.91-1.09 ARE CONSIDERED EQUIVOCAL.

*Specimens received as hemolytic, lipemic, bacterially contaminated, or heat inactivated, are rejected for analysis.