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REFERRING PHYSICIAN

 RESEARCH

 -

PATIENT NAME

SAMPLE, REPORT

AGE SEX

37Y F

ACCESSION NO.

D.O.B.

COLLECTION DATE

LOG-IN DATE

TEST DATE

REPORT DATE

AAAA38

08/11/1984

11/5/2021

12/21/2021

12/21/2021

12/21/2021

TEST

RESULTS
 NORMAL ABNORMAL

REFERENCE
 RANGE

UNITS

IgG SARS-COV-2

SARS-COV-2 IgG

0.50

<0.9

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SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CoV-2) IS THE ETIOLOGICAL AGENT FOR CORONAVIRUS DISEASE 2019 (COVID-19), THE DISEASE THAT BECAME A MODERN PANDEMIC INFECTING AND KILLING MILLIONS OF PEOPLE WORLDWIDE. A SIGNIFICANT HETEROGENEITY IN IMMUNE RESPONSE AGAINST PATHOGENS, IN PARTICULAR, SARS-CoV-2, EXISTS AMONG THE GENERAL POPULATION. IN FACT, THREE COMPLETELY DIFFERENT IMMUNOTYPES WERE REPORTED IN PATIENTS HOSPITALIZED WITH COVID-19:

- 1) WITH ROBUST CD4 AND HIGHLY ACTIVATED CD8+ T CELLS, AND HIGH LEVEL OF ANTIBODY PRODUCTION.
- 2) WITH ROBUST CD8+T CELLS, BUT LESS ACTIVATED CD4 T CELLS AND LOWER LEVEL OF ANTIBODY PRODUCTION.
- 3) WITH MINIMAL LYMPHOCYTE ACTIVATION AND RESPONSE TO SARS-CoV-2, AND POSSIBLY LACK OF ANTIBODY PRODUCTION.

THIS HETEROGENEITY IN IMMUNE RESPONSE TO SARS-CoV-2 MAY RESULT IN DIFFERENT RESPONSES TO THE VIRUS AS WELL AS TO VACCINE ANTIGENS.

DETECTION OF LOW OR HIGH LEVELS OF IgG ANTIBODY MADE AGAINST SARS-CoV-2 SPIKE PROTEIN AND NUCLEOPROTEIN IN THE BLOOD IS THE MOST PRACTICAL APPROACH FOR THE ASSESSMENT OF AN INDIVIDUALS IMMUNE RESPONSE TO SARS-CoV-2, INDICATING RECENT OR PRIOR RESPONSE TO SARS-CoV-2 ANTIGENS. ELEVATIONS IN IgG ANTI-SARS-CoV-2 ABOVE THE REFERENCE RANGES INDICATES EXPOSURE TO SARS-CoV-2 OR VACCINATION.

A LOW LEVEL OF IgG AGAINST SARS-CoV-2 ANTIGENS AFTER INFECTION WITH COVID-19 OR VACCINATION MAY INDICATE A LACK OF IMMUNE RESPONSE TO THE VIRAL ANTIGENS.

THIS TEST IS NOT FOR THE DETECTION OF SARS-CoV-2, BUT FOR ANTIBODIES AGAINST IT.

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TEST	RESULTS NORMAL ABNORMAL	REFERENCE RANGE	UNITS
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REFERENCES

HALPERT G, SHOENFELD Y. SARS-CoV-2, THE AUTOIMMUNE VIRUS. AUTOIMMUNE REVIEWS, 2020. DOI: 10.1016/J.AUTREV.2020.2020.102695.

VOJDANI A, VOJDANI E, KHARRAZIAN D. REACTION OF HUMAN MONOCLONAL ANTIBODIES TO SARS-CoV-2 PROTEINS WITH TISSUE ANTIGENS: IMPLICATIONS FOR AUTOIMMUNE DISEASES. FRONTIERS IN IMMUNOLOGY, JANUARY 2021. DOI: 10.3389/FIMMU.2020.61789.

IgG REPORTED AS 0.91-1.09 ARE CONSIDERED EQUIVOCAL.

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

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