



822 S. ROBERTSON BLVD., STE. 312
 LOS ANGELES, CA 90035
 TEL: (310) 657-1077 FAX: (310) 657-1053
 E-MAIL: immunsci@gmail.com

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

AAAA37 08/11/1984 11/5/2021 12/21/2021 12/21/2021 12/21/2021

TEST	RESULTS		REFERENCE RANGE	UNITS
	NORMAL	ABNORMAL		

VIRAL PANEL COMPREHENSIVE

IgG HSV 1+2 (HERPES 1+2)	1.50		<16.0	EU/mL
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RESULTS REPORTED AS <16 ARE CONSIDERED NEGATIVE; 16-19.9 ARE CONSIDERED EQUIVOCAL; EQUAL TO OR GREATER THAN 20 INDICATE PREVIOUS IMMUNOLOGIC EXPOSURE AND IMMUNOLOGICAL EXPERIENCE TO HSV 1 AND/OR HSV 2.

IgM HSV 1+2 (HERPES 1+2)	0.80		<0.9	INDEX
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RESULTS REPORTED AS < 0.9 ARE CONSIDERED NEGATIVE; 0.9-1.09 ARE CONSIDERED EQUIVOCAL; EQUAL TO OR GREATER THAN 1.1 ARE CONSIDERED POSITIVE.

IgG HHV-6 (HERPES TYPE-6)	0.80		<37.00	EU
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RESULTS REPORTED AS <8 EU ARE CONSIDERED WITHIN THE LOWER LIMIT OF DETECTION AND FROM 8-37 ARE CONSIDERED NEGATIVE. RESULTS >37 MAY INDICATE AN IMMUNE RESPONSE AGAINST HERPES 6.

IgM HHV-6 (HERPES TYPE-6)	0.80		<24.00	EU
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RESULTS REPORTED AS <8 EU ARE CONSIDERED WITHIN THE LOWER LIMIT OF DETECTION AND FROM 8-24 ARE CONSIDERED NEGATIVE. RESULTS >24 MAY INDICATE AN IMMUNE RESPONSE AGAINST HERPES 6.

HUMAN HERPESVIRUS TYPE 6 (HHV-6) TYPE A AND TYPE B ARE NEUROTROPIC VIRUSES THAT CAUSE THE COMMON CHILDHOOD DISEASE KNOWN AS ROSEOLA. BY AGE 3, 90-100% OF HUMANS ARE INFECTED BY HHV-6 VIA THE NASAL CAVITY. THE OLFACATORY PATHWAY IS THE MAJOR ROUTE OF ENTRY INTO THE NERVOUS SYSTEM. THE VIRUS PERSISTS IN A VARIETY OF CELLS, INCLUDING GLIAL CELLS, FOR THE REST OF THE AFFLICTED PERSONS LIFE. IMMUNE REACTION AGAINST HHV-6 RESULTS IN THE PRODUCTION OF BOTH IgM AND IgG ANTIBODIES.

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UNITS

HHV-6 A REACTIVATION DOCUMENTED BY IgM ANTIBODY ELEVATION HAS BEEN SHOWN TO ALTER MITOCHONDRIAL FRAGMENTATION IN PATIENTS WITH CHRONIC FATIGUE SYNDROME OR MYALGIC ENCEPHALOMYELITIS. HHV-6 B IS LINKED TO SEVERAL AUTOIMMUNE AND NEURODEGENERATIVE DISORDERS VIA MOLECULAR MIMICRY AND OTHER MECHANISMS. THESE INCLUDE, MS, GUILLAIN-BARRE SYNDROME, LUPUS, SJOGRENS SYNDROME, HASHIMOTOS THYROIDITIS, ALZHEIMERS DISEASE, PARKINSONS DISEASE, EPILEPSY, AND ENCEPHALITIS, INCLUDING MYALGIC ENCEPHALOMYELITIS (ME/CFS). IN THE PRESENCE OF SIGNIFICANT ELEVATIONS IN IgG ANTIBODY AGAINST ANTIGENS OF HHV-6 TYPE A OR TYPE B, THE BINDING OF THESE IgG ANTIBODIES TO HUMAN TISSUE ANTIGENS MAY RESULT IN AUTOIMMUNE REACTIVITY.

REFERENCES

BROCCOLO F, FUCETTI L, CECCHERINI-NELLI L. POSSIBLE ROLE OF HUMAN HERPESVIRUS 6 AS A TRIGGER OF AUTOIMMUNE DISEASE. SCIENTIFIC WORLD JOURNAL, 2013; 2013:867389. DOI: 10.1155/2013/867389.

SEPULVEDA N ET AL. MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME AS A HYPER-REGULATED IMMUNE SYSTEM DRIVEN BY AN INTERPLAY BETWEEN REGULATORY T CELLS AND CHRONIC HUMAN HERPESVIRUS INFECTIONS. FRONTIERS IN IMMUNOLOGY, NOVEMBER 2019. DOI: 10.3389/FIMMU.2019.02684.

* * * * *
 The performance characteristics of the HHV-6 Antibody tests were established through validation by Immunosciences Lab., Inc. It has not been cleared or approved by the US Food and Drug Administration. Immunosciences Lab., Inc. is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

IgG VARICELLA-ZOSTER

0.80

<0.9

ISR

RESULTS REPORTED AS <0.9 ARE CONSIDERED NON-IMMUNE, BETWEEN 0.9-1.09 ARE CONSIDERED EQUIVOCAL AND EQUAL TO OR GREATER THAN 1.0 ARE CONSIDERED IMMUNE.

IgG CYTOMEGALOVIRUS

0.80

<0.9

ISR

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UNITS

IgM CYTOMEGALOVIRUS

0.80

<0.9

ISR

IgG AND IgM RESULTS REPORTED AS 0.9-1.09 ARE CONSIDERED EQUIVOCAL.

IgG RUBEOLA/MEASLES

0.85

<0.9

ISR

RESULTS REPORTED AS <0.9 ARE CONSIDERED NON-IMMUNE, BETWEEN 0.9 AND 1.9 ARE CONSIDERED IMMUNE AND >1.9 ARE CONSIDERED SUPER-IMMUNE.

IgM RUBEOLA/MEASLES

0.00

<0.9

ISR

RESULTS REPORTED AS 0.9-1.09 ARE CONSIDERED EQUIVOCAL, AND RESULTS REPORTED AS EQUAL TO OR GREATER THAN 1.10 MAY INDICATE CURRENT OR RECENT INFECTION WITH MEASLES VIRUS.

IgG EPSTEIN-BARR VCA

0.00

<0.9

ISR

IgM EPSTEIN-BARR VCA

0.00

<0.9

ISR

IgG EARLY ANTIGEN

0.00

<0.9

ISR

IgG EB NUCLEAR ANTIGEN

0.00

<0.9

ISR

IgM EB NUCLEAR ANTIGEN

0.80

<0.9

INDEX

INTERPRETATIONS OF SEROLOGIC PATTERNS IN EBV INFECTION

Patients EBV Status

AB	Susceptible	Primary EBV	Convalescent (3 mo.)	Past	Reactivated
VCA-IgM	-	+	+ or -	-	-
VCA-IgG	-	+	+	+	+
EA-D	-	-	+	-	+
EBNA-IgG	-	-	+ or -	+	+
EBNA-IgM	-	+	+ or -	-	+

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RESULTS
 NORMAL ABNORMAL

REFERENCE
 RANGE

UNITS

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 con-
 taminated, or heat inactivated, are rejected for analysis.

Gopal Krishnan, PhD,HCLD (ABB), Lab Director

A.Vojdani, PhD,CLS, Tech Dir