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HOKLAS 843 S MED

To: Dr. N/A

Name: Sample Report **Sex/Age:** M / 46 Y **Lab ID:** 2106250999

Centre: N/A **ID No.:** K123456(7) / 13214567 **Received:** 12:46 25-06-2021

Order by: N/A **File No.:** N/A **Reported:** 12:52 25-06-2021

Laboratory Tests	Results	Reference Intervals	Unit

Specimen: All samples are blood, unless otherwise specified.

INFECTION SEROLOGY* 血清感染學:

COVID-19 (SARS-COV-2) IgG Neutralising Antibody Test (Quantitative) 2019冠狀病毒中和抗體測試(定量)*	Positive 15678		**AU/mL**

Reference Intervals:
Negative: <50 AU/mL
Positive: >=50AU/mL
The result should be used in conjunction with information available from clinical evaluation and other diagnostic procedures.

Remarks:
(1) SARS-CoV-2 IgG test use chemiluminescent microparticle immunoassay to detect the Coronavirus (SARS-CoV-2) IgG antibodies. The SARS-CoV-2 IgG test is to be used as an aid in the diagnosis of SARS-CoV-2 infection in conjunction with clinical presentation and other laboratory tests. The test is also to be used as an aid in evaluating immune status of individuals with quantitative measurement of IgG antibodies against the spike receptor-binding domain (RBD) of SARS-CoV-2. Results from the SARS-CoV-2 IgG test should not be used as the sole basis for diagnosis.
(2) A positive or negative result may related to vaccination response, the result have to correlate to subjects own clinical findings.
(3) A positive result may not indicate previous SARS-CoV-2 infection. Consider other information, including clinical history and local disease prevalence, in assessing the need for a second but different serology test to confirm an immune response.
(4) A negative result for an individual subject indicates the absence of detectable anti-SARS-CoV-2 antibodies. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. A negative result can occur if the quantity of the anti-SARS-CoV-2 antibodies in the specimen is below the detection limits of the assay, or if the antibodies are not resent during the stage of disease in which a sample is collected.
(5) At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity.
(6) False positive results for SARS-CoV-2 IgG assay may occur due to cross-reactivity from pre-existing antibodies or other possible auses. Due to the risk of false positive results, confirmation of positive results should be considered using a second, different IgG assay.
(7) Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits such as SARS-CoV-2 IgG that employ mouse monoclonal antibodies.
(8) Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference, and anomalous values may be observed.
(9) Rheumatoid factor (RF) in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays.

(Source: product insert; manufacturer: Abbott Laboratories, SARS-CoV-2 IgG II Quant Assay G08315R01, B6S600, December 2020)

Laboratory comment

Specimen collection date & time: 2021-06-25 10:21.

First Print Date: 2021-06-25 14:48:50

ALL TEST COMPLETED

UCN Diagnostic Services 基督教聯合那打素醫學診斷服務

Leung Tsz Man
Registered MLT, Part 1 (MT102303)

For Doctor's Reference Only