Data 4 Control Equipment FAXBOX 2 -> 9146666271 14 NOV 11 11:54

CONTINUED REPORT REPRINT

ENZO CLINICAL LABS, INC.
60 EXECUTIVE BLVD.
FARMINGDALE,NY 11735-4716
631-755-5500

	REPORT --NUMBER--	CLIENT --NUMBER--	REPORT --STATUS--
PATIENT: TULLY COSTA,EVELYN	B1537460	15198	FINAL
DOB: 10/18/1960			

CAMERON,DANIEL

	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
ACCOUNT: FIRST MEDICAL ASSOCIATES	10/25/2011	10/26/2011	10/29/2011
DANIEL J. CAMERON, M.D.			
657 MAIN STREET			
MT. KISCO NY 10549			

AGE	SEX	AREA	ROUTE	PAGE
51	F	31	4	2

-----TEST NAME-----	WITHIN ---REF RANGE---	OUTSIDE ---REF RANGE---	--LAB REF RANGE--	--UNITS--
GLUCOSE	99		65-140	mg/dL RANDOM
			65-100	mg/dL FASTING
UREA NITROGEN	21		7-23	MG/DL
CREATININE	0.9		0.6-1.5	MG/DL
SODIUM	143		136-145	MEQ/L
POTASSIUM	4.7		3.5-5.4	MEQ/L
CHLORIDE	104		98-107	MEQ/L
CALCIUM	9.7		8.4-10.3	MG/DL
ALKALINE PHOS	93		25-125	IU/L
PROTEIN TOTAL	7.4		6.0-8.8	G/DL
ALBUMIN	4.7		3.5-5.0	G/DL
BILIRUBIN TOTAL	0.4		0.3-1.4	MG/DL
AST (SGOT)	26		13-36	IU/L
ALT (SGPT)	31		7-47	IU/L
CARBON DIOXIDE	24		21-31	MEQ/L
RHEUMATOID FACT	<14		<14	IU/ML
BABESIA MICROTI IGG AND IGM ABS				
BABESIA IGG	<1:16		< 1:16	titer
BABESIA IGM	<1:16		< 1:16	titer

REPORT CONTINUED ON NEXT PAGE

Robert Boorstein, M.D.,Ph.D., Medical Director

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DANIEL J. CAMERON, M.D.
657 MAIN STREET
MT. KISCO NY 10549

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AGE	SEX	AREA	ROUTE	PAGE
51	F	31	4	3

-----TEST NAME-----	WITHIN ---REF RANGE---	OUTSIDE ---REF RANGE---	--LAB REF RANGE--	--UNITS--

This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.
Performed at: SPECIALTY

TSH,3RD GENERATION				
TSH	1.57		0.35-5.50	uIU/mL
BARTONELLA HENSELAE and B QUINTANA				
B. HEN IGG	1:64	H	< 1:64	titer
AMENDED REPORT				
*PREVIOUSLY REPORTED DATA: 1:64 (REPORTED 10/29/2011 3:43 AM)				
B. HEN IGM	<1:20		< 1:20	titer
B. QUIN IGG	<1:64		< 1:64	titer
B. QUIN IGM	<1:20		< 1:20	titer
Performed at: SPECIALTY				
EHRLICHIOSIS (HME & HGE) IGG/IGM				
A.PHAGOCYT IgG	<1:80		< 1:80	titer
A.PHAGOCYT IgM	<1:20		< 1:20	titer
E.CHAFF IGG	<1:40		< 1:40	titer
E.CHAFF IGM	<1:40		< 1:40	titer

REPORT CONTINUED ON NEXT PAGE

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ACCOUNT: FIRST MEDICAL ASSOCIATES DANIEL J. CAMERON, M.D. 657 MAIN STREET MT. KISCO NY 10549	10/25/2011	10/26/2011	10/29/2011

AGE	SEX	AREA	ROUTE	PAGE
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-----TEST NAME-----	WITHIN ---REF RANGE---	OUTSIDE ---REF RANGE---	--LAB REF RANGE--	--UNITS--

A. phagocytophila IgG & IgM Abs: This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. It has not been cleared or approved by th
e
U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.
Performed at: SPECIALTY

LYME IMMUNOBLOT			
B burgdorf IgG	NEGATIVE		NEGATIVE
p18	NOT DETECTED	NOT DETECTED	
P23	NOT DETECTED	NOT DETECTED	
p28	NOT DETECTED	NOT DETECTED	
p30	NOT DETECTED	NOT DETECTED	
p39	NOT DETECTED	NOT DETECTED	
p41	NOT DETECTED	NOT DETECTED	
p45	NOT DETECTED	NOT DETECTED	
p58	NOT DETECTED	NOT DETECTED	
p66	NOT DETECTED	NOT DETECTED	
p93	NOT DETECTED	NOT DETECTED	
B burgdorf IgM	NEGATIVE		NEGATIVE
p23	NOT DETECTED	NOT DETECTED	
p39	NOT DETECTED	NOT DETECTED	
p41	NOT DETECTED	NOT DETECTED	

INTERPRETIVE CRITERIA

1. A positive IgM Western Blot must exhibit reactivity against 2 of the following 3 protein bands: 23,39,and 41 kDa.
2. A positive IgG Western Blot must exhibit reactivity against at least any 5 of the following 10 protein bands: 18,23,28, 30,39,41,45,58,66 and 93 kDa.

REPORT CONTINUED ON NEXT PAGE

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3. A Western Blot that contains specific bands but does not meet the positive CDC criteria is considered INDETERMINATE by the NYSDOH.

Based on a recent FDA Public Health Advisory communique (July,1997) assays for anti-Borrelia burgdorferi should be used by clinicians only to support a clinical diagnosis of Lyme Disease. The results should be interpreted only in the context of a two-step testing alogorithm, total or class-specific antibodies (IgG or IgM) by EIA or IFA and Western-blot (Immunoblot) assays.

SYPHILIS IgG	NONREACTIVE		NONREACTIVE
ANTINUCLEAR ANT	Negative		NEGATIVE

COMMENT: 7187780022

Robert Boorstein, M.D.,Ph.D., Medical Director