



SAMPLE REPORT

09-May-1990 Female

16 HARKER STREET
BURWOOD VIC 3125

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Dr.SAMPLE REPORT
TEST HEALTH CENTRE
123 TEST STREET
BURWOOD VIC 3125

LAB ID : 3814132
UR NO. :
Collection Date : 09-May-2022
Received Date: 09-May-2022



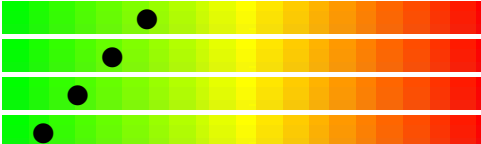
3814132

INTEGRATIVE MEDICINE

BLOOD - SERUM

Candida Antibody/Antigen Profile

	Result	Range	Units
Candida Antibody Serum, IgG	2219.0 *H	< 2060.0	units
Candida Antibody Serum, IgA	711.0	< 1040.0	units
Candida Antibody Serum, IgM	682.0	< 1320.0	units
Candida Antigen	109.0	< 400.0	units



(*) Result outside normal reference range

(H) Result is above upper limit of reference rang



Integrative Medicine Comments

CANDIDA ANTIBODY REFERENCE RANGES

Specimen	Antibody	No Reaction	Equivocal	High
Dried Blood Spot:	IgG	<1894	1894 - 2468	>2468
	IgA	<643	643 - 1492	>1492
	IgM	<737	737 - 1337	>1337
Blood, Serum:	IgG	<2060	2060 - 2600	>2600
	IgA	<1040	1040 - 1960	>1960
	IgM	<1320	1320 - 2050	>2050

High levels of specific IgG antibodies against Candida species can be indicative of past or ongoing infections.

The IgG antibodies represent the major class of human immunoglobulins and are evenly distributed throughout both our intra- and extravascular fluids.

Note that specific IgG antibodies may persist for many years after an infection has been eradicated

IgA antibodies, although representing only 15-20% of our human serum immunoglobulins, are the predominant antibody class found in seromucous secretions.

High levels of specific IgA antibodies against Candida species as measured in serum are thought to be associated with mucosal epithelial tracheobronchia, and genitourinary candida infections.

IgM infections are confined in the body to our intravascular tissues and are generally regarded as the predominant immunoglobulins involved in early infections.

Often, upon reinfection, IgM antibody levels may not be as elevated as in earlier infections.

CANDIDA ANTIGEN REFERENCE RANGE

No Reaction: <400
Equivocal: 400 - 810
High: >810

The detection of Candida Antigen in serum is evidence that mucosal and immunological barriers have been overwhelmed.

The absence of Candida antigen does not necessarily rule out Candida as a principal pathogen, nor does it obviate the role of Candida in causing or exacerbating the patients condition.

Further Testing:

Where antibody levels are equivocal or elevated, consider IgG/IgA Food Allergy testing to identify possible food sensitivities.