

Results of AMAS® DETERMINATION

(Anti-Malignin Antibody in Serum, determined with Target® Reagent)

ONCOLAB

36 The Fenway, Boston, Ma 02215

2801495

Physician's Name: _____ Fax Number _____
 Patient's Name: _____ Determination Date 7/9/2008
 Lab Director: _____ Technician: _____ Fax Date _____

Component Results

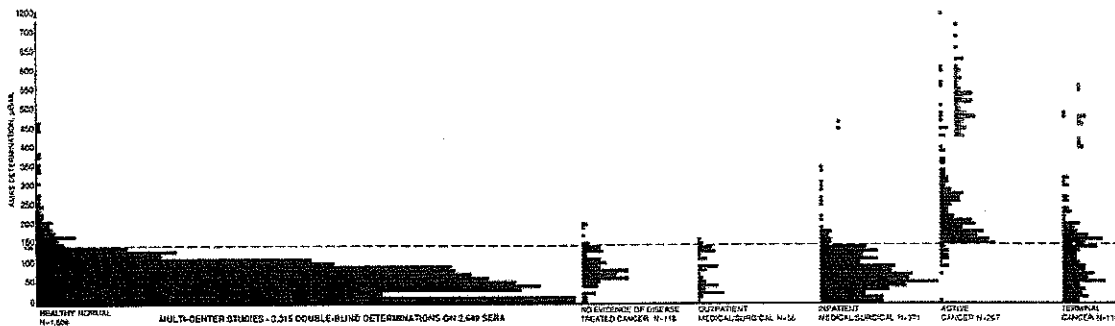
AMA ug/ml	S-TAG	F-TAG	Net TAG
700-			
500-699			
400-499			
300-399			
135-299	186	140	
100-134			
25-99			46
0-24			

OVERALL RESULTS

<input type="checkbox"/>	ELEVATED Confirmatory repeat test recommended
<input type="checkbox"/>	BORDERLINE Confirmatory repeat test recommended
<input checked="" type="checkbox"/>	NORMAL Can also occur in successfully treated cancer patients with "no evidence of disease" and in advanced or terminal patients with antibody failure
<input type="checkbox"/>	INCONCLUSIVE Duplicates do not agree, or laboratory error; please repeat at Oncolab's expense

Notes: LIMITATIONS AND WARNINGS

(See References below) If repeat determinations agree, the false-positive and false negative rates are less than 1% (specificity and sensitivity greater than 99%); in single determinations, false positives are 5% and false negatives 7% (3,315 double-blind t of patients and controls, ref.4,6, and 8); AMAS antibody, determined in this test, tends to be detected earlier than antigens, and of potential help in early detection. However, since antibody fails terminally the test cannot be used as a diagnostic aid late in th disease. The level of AMAS is quantitatively related to survival in known cancer patients; the higher the level of AMAS the long the predicted survival. As in all clinical laboratory tests, the AMAS Test is not by itself diagnostic of the presence or absence of disease, and its results can only be assessed as an aid to diagnosis, detection or monitoring of disease in relation to the history, medical signs and symptoms and the overall condition of the patient.



References

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