US BioTek LABORATORIES

Candida Panel, IgA + IgG + IgM + Candida Antigen

Complete Report

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Provider:		**Sex:**		**Collected:**	
Patient:		**Age:**		**Received:**	
Accession #:		**Date of Birth:**		**Completed:**	
				Sample Type:	

Reference Ranges

Analyte	Result	Indication	No Reaction	Equivocal	High
IgG	2761	High	<1894	1894–2468	>2468
IgA	2140	High	<643	643–1492	>1492
IgM	960	Equivocal	<737	737–1337	>1337
Candida Antigen	0	No Reaction	<400	400–810	>810

SAMPLE REPORT

Commentary (Semi-Quantitative ELISA)

Chronic exposure to Candida, especially when this yeast has colonized directly on or has become invasive into the mucosal tissues, can result in the elevation of specific antibodies in the IgG, IgA, and IgM classes (Candidiasis). This anti-Candida-specific antibody and Candida antigen evaluation is an appropriate screening test and results should be assessed in the light of the patient's medical history.

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 seromucus secretions. High levels of specific IgA antibodies against Candida species as measured in serum are thought to be associated with mucosal epithelial, tracheobronchial, and genito-urinary candida infections.

IgM antibodies 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.

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 principle pathogen, nor does it obviate the role of Candida in causing or exacerbating your patients problems.

Sera antibody values falling within the **Equivocal range** are considered indeterminant. A follow-up evaluation within 2 to 4 weeks on these patients is often indicated. Also note that this assay does not speciate Candida but is sensitive to various Candida species that are known to be pathological.

This test is not intended to diagnose, treat, cure, or prevent any disease or replace the medical advice and/or treatment obtained from a qualified healthcare practitioner.

US BioTek Laboratories, LLC. has developed and determined the performance characteristic of this test under the Clinical Laboratory Improvement Amendments (CLIA). This test has not been evaluated by the U.S. Food and Drug Administration and is considered for investigational and research purposes only.

The analytes on the panel are subject to change without prior notice.

Reference ranges are updated periodically

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