

# Results of AMAS® DETERMINATION

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



36 The Fenway, Boston, Ma 02215

2800565

Physician's Name: Dr. John Doe Fax Number \_\_\_\_\_  
 Patient's Name: Jane Doe Determination Date 10/10/2007  
 Lab Director: Dr. Tim Doe Technician: \_\_\_\_\_ Fax Date \_\_\_\_\_

## Component Results

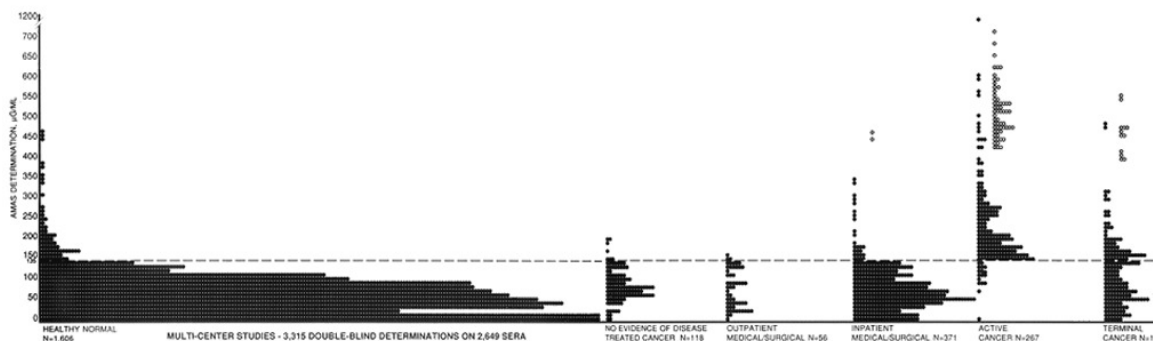
AMA ug/ml	S-TAG	F-TAG	Net TAG
700-			
500-699			
400-499	498		
300-399			365
135-299			
100-134		133	
25-99			
0-24			

## OVERALL RESULTS

<b>X</b>	<b>ELEVATED</b> Confirmatory repeat test recommended
	<b>BORDERLINE</b> Confirmatory repeat test recommended
	<b>NORMAL</b> Can also occur in successfully treated cancer patients with "no evidence of disease" and in advanced or terminal patients with antibody failure
	<b>INCONCLUSIVE</b> 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 greater than 99%); in single determination, false positives are 5% and false negative rates are 7% (3,315 double-blind tests of patients and controls, ref.4,6, and 8); AMAS antibody, determined in this test, tends to be detected earlier than antigens, and is of potential help in early detection. However, since antibody fails terminally the test cannot be used as a diagnostic aid late in the disease. The level of AMAS is quantitatively related to survival in known cancer patients; the higher the level of AMAS the longer 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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