

Analysis	Result	Units	Reference Range	Chart
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Borrelia burgdorferi Blot

Borrelien Blot IgG	positive
Blot IgG p18	negative
Blot IgG p19	negative
Blot IgG p20	negative
Blot IgG p21	negative
Blot IgG p58	negative
Blot IgG OspC	negative
Blot IgG p39	negative
Blot IgG p41	positive
Blot IgG p83	negative
Blot IgG LBb	negative
Blot IgG LBa	negative
Blot IgG VlsE-Bg	negative
Blot IgG VlsE-Bb	positive
Blot IgG VlsE-Ba	negative
Borrelien Blot IgM	negative
Blot IgM OspC Bg	negative
Blot IgM OspC Bb	negative
Blot IgM OspC Ba	negative
Blot IgM p39	negative
Blot IgM p41	negative
Blot IgM VlsE-Bb	negative

Borrelia-Blot-antibodies

Specific antibodies detected by immunoblot method against Borrelia burgdorferi suggest an infection.

LymeSpot revised

Borrelia burgd. fully antigen IF-G	6	+	SI	< 2		▷
Borrelia peptid mix IF-G	6	+	SI	< 2		▷
Borrelia LFA-1 IF-G	0		SI	< 2		◁
Borrelia IF-G review						

The LymeSpot-revised Test indicates Interferon-gamma (IF-G) active T- Lymphocytes against Borrelia.

Borr. burgd. fully antigen IL-2	0		SI	< 2		▷
Borrelia peptid mix IL-2	1		SI	< 2		▷
Borrelia LFA-1 IL-2	1		SI	< 2		▷
Borrelia IL-2 review						

The LymeSpot-revised Test does not indicate Interleukin-2 (IL-2) active T- Lymphocytes against Borrelia.

Chlamydia pneu. IF-G	9	+	SI	< 2		▷
Chlamydia pneu. IF-G review						

The LymeSpot-revised Test indicates Interferon-gamma (IF-G) active T- Lymphocytes against Chlamydia pneumoniae.

Chlamydia pneu. IL-2	0		SI	< 2		▷
Chlamydia pneu. IL-2 review						

The LymeSpot-revised Test does not indicate Interleukin- 2 (IL-2) active T- Lymphocytes against Chlamydia pneumoniae.

Immune Status

NK-Zellen CD16+/CD56+ (relativ)	149	/µl	60 - 700	
CD57+ NK-Zellen	3	%	2 - 77	
CD57+ NK-Zellen	38	-	/µl	130 - 360
CD3+ T-Lymphocytes (relative)	75	%		
NK-cells CD16+/CD56+ (relative)	10.10	%	6.00 - 29.00	
Lymphocytes absolute	1480	/µl	1200 - 3600	

Review CD 57

The CD57-cell-count indicates an immune-suppressive situation.

CD57 NK cell count is considered as an additional parameter in chronic Lyme disease. The decrease is not specific for chronic Lyme disease, other co-infections may also been associated with low CD57 count.

Non-infectious immune diseases may also be associated with low CD57 count. Elevated counts may be associated with blood cell disorders. For the diagnosis of Lyme disease, other parameters such as the LymeSpot assay or serology have to be considered. Clinical evaluation and medical history as assessed by an experienced physician is essential for the diagnosis of the disease.

Clinical Chemistry

Leucocytes	5.8	tsd/µl	4.0 - 10	
Erthrocytes	4.3	mill./µl	3.9 - 5.2	
Hemoglobin	13	g/dl	11 - 16	
Hematocrit	45	%	34 - 45	
MCV	100	+	fl	79 - 95
MCH	31	pg	26 - 32	
MCHC	30	-	g/dl	32 - 36
Thrombocytes	200	tsd/µl	200 - 400	
Neutroph. Granulocytes	60	%	34 - 71	
Lymphocytes	25	%	19 - 52	
Monocytes	8.9	%	4.7 - 13	
Eosin. Granulocytes	5.0	%	0.7 - 5.8	
Basoph. Granulocytes	1.0	%	0.1 - 1.2	