





Heterophile Antibody Screen

Synonyms	Monospot, Glandular Fever screen
Clinical Indication	To demonstrate the presence of the antibody to the virus (Epstein Barr) responsible for causing infectious mononucleosis / Glandular Fever.
Part of Profile / See Also	
Request Form	Combined Pathology manual Blood form or ICE request
Availability / Frequency of Analysis	On request
Turnaround Time	Usually within two days
Patient Preparation	None required
Sample Requirements	
Specimen Type	Whole Blood (EDTA) or Plasma
Volume	1 x 3 or 4 mL
Container	 Purple top (EDTA) tube  Paediatric Lavender top (EDTA) tube
Reference Range & Units	
Interferences	<ol style="list-style-type: none"> Grossly haemolysed or contaminated samples Insufficient antibody levels 10-20% of adults and 50% children do not produce heterophile antibodies Leukaemia, Burkett's lymphoma, rheumatoid arthritis, viral hepatitis and CMV, can demonstrate the presence of heterophile antibodies Heterophile antibodies can persist for several months after recovery.
Interpretation & Clinical Decision Value (if applicable)	<p>Infectious mononucleosis or glandular fever is caused by the Epstein-Barr Virus (EBV) The bodies response to EBV is to produce heterophile antibodies, which are usually present between 4 to 6 days from onset of infection and may last for up to 5 months. Positive results are obtained in around 86% of cases of infectious mononucleosis. Patients with continued symptoms and negative heterophile antibody tests should be re-tested as occasionally the antibody is not produced for several weeks.</p> <p>Please note: negative results may be obtained if insufficient antibody is present in the specimen. Please repeat at a later date if negative results are obtained and symptoms still persist.</p>
References	Clearview IM II test insert
Test code	GF
Lab Handling	Sample must be tested within 72 hours of receipt in laboratory