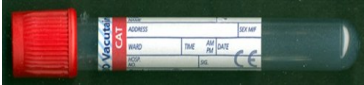




Glandular Fever Screen

Synonyms	Heterophile Antibody, GF, IM, Paul Bunnell, mononucleosis.
Clinical Indication	To demonstrate the presence of the antibody produced by Epstein Barr Virus (EBV) which is responsible for causing infectious mononucleosis
Part of Profile / See Also	
Request Form	Combined Pathology manual blood request form or ICE request
Availability / Frequency of Analysis	On request; daily routine working day.
Turnaround Time	Usually within two days.
Patient Preparation	None required
Sample Requirements	
Specimen Type	Serum or whole blood
Volume	4mL
Container	 Red top (serum) tube  Purple top (EDTA) tube  Paediatric Red top (plain) tube
Reference Range & Units	Positive or Negative
Interferences	Haemolysis
Interpretation & Clinical Decision Value (if applicable)	<p>Infectious mononucleosis or glandular fever is caused by the Epstein-Barr Virus (EBV). The body's 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.</p> <p>A positive result should not be considered as indicative of acute IM in isolation from clinical and haematological information. Other diseases, including; leukaemia, Burkett's lymphoma, rheumatoid arthritis, viral hepatitis and CMV, can demonstrate the presence of heterophile antibodies.</p> <p>Positive results are obtained in around 86% of cases of infectious mononucleosis. 10-20% of infected adults and 50% of infected children under 4 years of age may fail to produce IM heterophile antibodies. Negative results may be obtained if insufficient antibody levels are present. Patients with continued symptoms and negative heterophile antibody tests should be re-tested within 14 days as occasionally the antibody is not produced for several weeks.</p>

References

Clearview IM II Product insert

Test code

GF

Lab Handling

Samples should be centrifuged if serum/plasma testing performed.