

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

S/CO

NEGATIVE: < 1.00

POSITIVE: > 1.00

NAME : Mr. GURMAIL

AGE/ GENDER : 25 YRS/MALE **PATIENT ID** : 1570222

COLLECTED BY REG. NO./LAB NO. : 012408040039

REFERRED BY **REGISTRATION DATE** : 04/Aug/2024 10:35 AM BARCODE NO. :01514428 **COLLECTION DATE** : 04/Aug/2024 10:35AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 04/Aug/2024 01:25PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM

by CMIA (CHEMILUMINESCENT MICROPARTICLE

IMMUNOASSAY)

HEPATITIS C ANTIBODY (HCV) TOTAL REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

INVERTINE NETWORK	
RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
>=1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

16.28^H

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %. USES:

- 1. Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
- Routine screening of low and high prevelance population including blood donors.

- 1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
- 2. False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.

HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)



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MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra

MD (Pathology)

CEO & Consultant Pathologist

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 : 04/Aug/2024 12:58 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): 0.27 S/CO NEGATIVE: < 1.0 SERUM POSITIVE: > 1.0

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATITIS B SURFACE ANTIGEN (HBsAg)

NON REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:

RESULT IN INDEX VALUE	REMARKS
< 1.30	NEGATIVE (-ve)
>=1.30	POSITIVE (+ve)

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

*** End Of Report ***



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