



HAEMATOLOGY BLOOD GROUP (ABO) AND RH FACTOR TYPING ABO GROUP by SLIDE AGGLUTINATION		Dr. Vinay (MD (Patholog Chairman & C	Chopra y & Microbiology) Consultant Pathologist	Dr. Yugam MD (CEO & Consultant	(Pathology)
HAEMATOLOGY BLOOD GROUP (ABO) AND RH FACTOR TYPING ABO GROUP by slide agglutination RH FACTOR TYPE POSITIVE	AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE.	: 31 YRS/MALE : : : 01515075 : KOS DIAGNOSTIC LAB	REG. N REGIS COLLE REPOR	O./LAB NO. FRATION DATE CTION DATE	: 012408140045 : 14/Aug/2024 04:00 PM : 14/Aug/2024 04:04PM
BLOOD GROUP (ABO) AND RH FACTOR TYPING ABO GROUP O by SLIDE AGGLUTINATION RH FACTOR TYPE POSITIVE	Test Name		Value	Unit	Biological Reference interval
	by SLIDE AGGLUTINAT RH FACTOR TYPE				



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST

MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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	Dr. Vinay Chop MD (Pathology & Mid Chairman & Consulta	crobiology)	Dr. Yugam MD (CEO & Consultant	Pathology)
NAME	: Mr. SIDHARTH			
AGE/ GENDER	: 31 YRS/MALE	PATIE	NT ID	: 1580633
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BARCODE NO.	: 01515075		CTION DATE	: 14/Aug/2024 04:04PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		TING DATE	: 15/Aug/2024 03:52AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMI			. 10/ Aug/ 2024 00.02/ IVI
Test Name		Value	Unit	Biological Reference interval
HAEMOGLOBIN VAR				
HAEMOGLOBIN A0 (ADULT) DRMANCE LIQUID CHROMATOGRAPHY)	84.6	%	83.00 - 90.00
HAEMOGLOBIN F (F		0	%	0.00 - 2.0
	ORMANCE LIQUID CHROMATOGRAPHY)			
HAEMOGLOBIN A2		2.2	%	1.50 - 3.70
PEAK 3	ORMANCE LIQUID CHROMATOGRAPHY)	5.2	%	< 10.0
	DRMANCE LIQUID CHROMATOGRAPHY)	5.2	70	< 10.0
OTHERS-NON SPECIE by HPLC (HIGH PERFO	TC DRMANCE LIQUID CHROMATOGRAPHY)	ABSENT	%	ABSENT
HAEMOGLOBIN S		NOT DETECTED	%	< 0.02
HAEMOGLOBIN D (P	ORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
	DRMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	70	< 0.02
HAEMOGLOBIN E		NOT DETECTED	%	< 0.02
	ORMANCE LIQUID CHROMATOGRAPHY)		0/	0.02
HAEMOGLOBIN C	ORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
UNKNOWN UNIDEN		NOT DETECTED	%	< 0.02
	MOGLOBIN (HbA1c):	5.7	%	4.0 - 6.4
by HPLC (HIGH PERFC	DRMANCE LIQUID CHROMATOGRAPHY) RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB		14.3	gm/dL	12.0 - 17.0
RED BLOOD CELL (RE	3C) COUNT	4.97	Millions/cr	nm 3.50 - 5.00
PACKED CELL VOLUN	ЛЕ (PCV)	44.5	%	40.0 - 54.0
MEAN CORPUSCULA	R VOLUME (MCV)	89.5	fL	80.0 - 100.0

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Yugam Chop

	MD (Pathology & Microbiology)		MD	r. Tugam Chopra MD (Pathology) Consultant Pathologist	
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MEAN CORPUSCULA	R HAEMOGLOBIN (MCH) Itology analyzer	28.7	pg	27.0 - 34.0	
MEAN CORPUSCULAR	R HEMOGLOBIN CONC. (MCHC)	32.1	g/dL	32.0 - 36.0	
RED CELL DISTRIBUT	ION WIDTH (RDW-CV)	15.2	%	11.00 - 16.00	
RED CELL DISTRIBUT	ION WIDTH (RDW-SD) NTOLOGY ANALYZER	50.9	fL	35.0 - 56.0	
<u>OTHERS</u>					
NAKED EYE SINGLE T OSMOTIC FRAGILITY by SINGLE RED CELL O	TEST	NEGATIVE (-v	e)	NEGATIVE (-ve)	
MENTZERS INDEX		18.01	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0	
INTERPORTATION		THE ADOLISE			

INTERPRETATION

THE ABOVE FINDINGS ARE SUGGESTIVE OF NORMAL HAEMOGLOBIN CHROMATOGRAPHIC PATTERN

INTERPRETATION:

The Thalassemia syndromes, considered the most common genetic disorder worldwide, are a heterogenous group of mandelian disorders, all characterized by a lack of/or decreased synthesis of either the alpha-globin chains (alpha thalassemia) or the beta-globin chains (beta thalassemia) of haemoglobin.

HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC):

1.HAEMOGLOBIN VARIANT ANALYSIS, BLOOD- High Performance liquid chromatography (HPLC) is a fast & accurate method for determining the presence and for quatitation of various types of normal haemoglobin and common abnormal hb variants, including but not limited to Hb S, C, E, D and Beta –thalassemia.

2. The diagnosis of these abnormal haemoglobin should be confirmed by DNA analysis.

Dr. Vinay Chopra

3. The method use has a limited role in the diagnosis of alpha thalassemia.

4. Slight elevation in haemoglobin A2 may also occur in hyperthyroidism or when there is deficiency of vitamin b12 or folate and this should be istinguished from inherited elevation of HbA2 in Beta- thalassemia trait.

NAKĚD EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST (NESTROFT):

1. It is a screening test to distinguish beta thalassemia trait. Also called as Naked Eye Single Tube Red Cell Osmotic Fragility Test.

2. The test showed a sensitivity of 100%, specificity of 85.47%, a positive predictive value of 66% and a negative predictive value of 100%. 3. A high negative predictive value can reasonably rule out beta thalassemia trait cases. So, it should be adopted as a screening test for beta thalassemia trait, as it is not practical or feasible to employ HbA2 in every case of anemia in childhood.

MENTZERS INDEX:

1. The Mentzer index, helpful in differentiating iron deficiency anemia from beta thalassemia. If a CBC indicates microcytic anemia, the Mentzer index is said to be a method of distinguishing between them.

2. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely.





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3. The principle involved is as follows: In iron deficiency, the marrow cannot produce as many RBCs and they are small (microcytic), so the RBC count and the MCV will both be low, and as a result, the index will be greater than 13. Conversely, in thalassemia, which is a disorder of globin synthesis, the number of RBC's produced is normal, but the cells are smaller and more fragile. Therefore, the RBC count is normal, but the MCV is low, so the index will be less than 13.

NOTE: In practice, the Mentzer index is not a reliable indicator and should not, by itself, be used to differentiate. In addition, it would be possible for a patient with a microcytic anemia to have both iron deficiency and thalassemia, in which case the index would only suggest iron deficiency.

*** End Of Report ***



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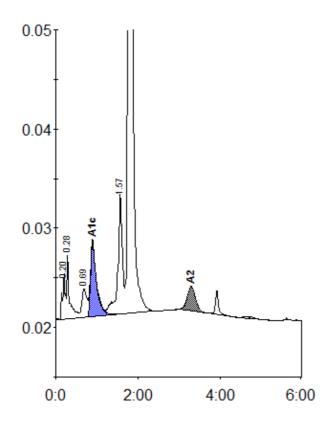
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Patient report

Bio-Rad	DATE: 08/14/2024
D-10	TIME: 03:51 PM
S/N: #DJ6F040603	Software version: 4.30-2
Sample ID:	01515075
Injection date	08/14/2024 03:48 PM
Injection #: 5	Method: HbA2/F
Rack #:	Rack position: 5



Peak table - ID: 01515075						
Peak	R.time	Height	Area	Area %		
Ala	0.20	4583	21961	1.2		
A1b	0.28	6435	27957	1.5		
LA1c/CHb-1	0.69	2835	24053	1.3		
A1c	0.89	7569	76183	5.7		
P3	1.57	12068	95251	5.2		
A0	1.77	358973	1541673	84.6		
A2	3.29	2481	34823	2.2		
Total Area:	1821900					

Concentration:	%
A1c	5.7
A2	2.2