

## **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

**NAME** : Mr. RIPU DAMAN

**AGE/ GENDER** : 68 YRS/MALE **PATIENT ID** : 1604953

**COLLECTED BY** :012409070010 REG. NO./LAB NO.

REFERRED BY : CIVIL HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 07/Sep/2024 08:28 AM BARCODE NO. **COLLECTION DATE** : 07/Sep/2024 08:30AM : 01516463 CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 07/Sep/2024 10:29AM

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

Value Unit **Biological Reference interval** Test Name

## IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

16.38<sup>H</sup>

REACTIVE

NEGATIVE: < 1.00

POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL

**RESULT** 

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

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

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.

\*\*\* End Of Report \*\*\*



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

