

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

: 17/Sep/2024 01:38PM

NAME : Mr. NAMAN

AGE/ GENDER : 22 YRS/MALE **PATIENT ID** : 1615761

COLLECTED BY :012409170032 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 17/Sep/2024 11:58 AM BARCODE NO. :01517133 **COLLECTION DATE** : 17/Sep/2024 11:58AM

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

Test Name Value Unit **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY

REPORTING DATE

ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM S/CO NEGATIVE: < 1.00 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) POSITIVE: > 1.00

HIV 1/2 AND P24 ANTIGEN RESULT NON - REACTIVE

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

CLIENT CODE.

MATERIA REPORTED	
RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE
> = 1.00	PROVISIONALLY REACTIVE

Non-Reactive result implies that antibodies to HIV 1/2 have not been detected in the sample . This menas that patient has either not been exposed to HIV 1/2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/2. **RECOMMENDATIONS:**

1. Results to be clinically correlated

2. Rarely falsenegativity/positivity may occur.



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KOS Diagnostic Lab





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

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

: 17/Sep/2024 12:30PM

NAME : Mr. NAMAN

AGE/ GENDER : 22 YRS/MALE **PATIENT ID** : 1615761

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

Test Name Value Unit **Biological Reference interval**

VDRL

REPORTING DATE

VDRL NON REACTIVE NON REACTIVE

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:

CLIENT CODE.

- 1. Does not become positive until 7 10 days after appearance of chancre.
- 2. High titer (>1:16) active disease.
- 3. Low titer (<1:8) biological falsepositive test in 90% cases or due to late or late latent syphillis.
- 4. Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.
- 5. Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment.
- 6. May be nonreactive in early primary, late latent, and late syphillis (approx. 25% of cases).
- 7. Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).

SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:

- 1. Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
- 2.M. pneumoniae; Chlamydia; Malaria infection.
- 3. Some immunizations
- 4. Pregnancy (rare)

LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:

- 1. Serious underlying disease e.g., collagen vascular diseases, leprosy, malignancy.
- 2.Intravenous drug users.
- 3. Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- 4.<10 % of patients older thanage 70 years.
- 5. Patients taking some anti-hypertensive drugs.

*** End Of Report *



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