

(A Unit of KOS Healthcare)



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

NAME : Mr. SANJAY JAIN

AGE/ GENDER : 62 YRS/MALE **PATIENT ID** : 1621571

COLLECTED BY : REG. NO./LAB NO. : 012409220064

 REFERRED BY
 : 22/Sep/2024 01:14 PM

 BARCODE NO.
 : 01517499
 COLLECTION DATE
 : 22/Sep/2024 01:15 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 22/Sep/2024 03:04 PM

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

Test Name Value Unit Biological Reference interval

VIRAL MARKERS COMBO PANEL: 2.0 HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM

1 S/CO

NEGATIVE: < 1.00

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL

NON - REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

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

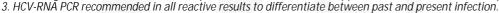
Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV, 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.
- 2. Routine screening of low and high prevelance population including blood donors.

NOTE:

- 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.





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Test Name Value Unit **Biological Reference interval**

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

REPORTING DATE

HIV 1/2 AND P24 ANTIGEN: SERUM

NEGATIVE: < 1.00

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

POSITIVE: > 1.00

: 22/Sep/2024 03:04PM

HIV 1/2 AND P24 ANTIGEN RESULT

NON - REACTIVE

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

CLIENT CODE.

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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Test Name Value Unit Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg):

0.23

S/CO

NEGATIVE: < 1.0 POSITIVE: > 1.0

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATITIS B SURFACE ANTIGEN (HBsAg)

NON REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:

WELL REPUTED		
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.



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Test Name Value Unit Biological Reference interval

VDRL

VDRL NON REACTIVE NON REACTIVE NON REACTIVE

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:

- 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 benonreactive in early primary, late latent, and late syphillis (approx. 25% ofcases).
- 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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