

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



ACC / GENDER : 57 YRS/MALE PATIENT ID : 1623561 COLLECTED BY : SURJESH REG. NO./LAB NO. : 012409240044 REFERRED BY : REGISTRATION DATE : 24/Sep/2024 11:47 AM BARCODE NO. : 01517623 COLLECTION DATE : 24/Sep/2024 11:54AM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 24/Sep/2024 01:23PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT : 24/Sep/2024 01:23PM IMMUNOPATHOLOGY/SEROLOGY IMMUNOPATHOLOGY/SEROLOGY ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTIC CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTICY SENSITIVE (71%) & more specific (98%) than Anti-CCP1. ANTI-CCP2 & ANTI-CCP2 & ANTI-CCP3. ANTI-CCP2 & ANTI-CCP3 & ANTI-CCP2. Sonor Conside	AGE/ GENDER : 57 YRS/MA COLLECTED BY : SURJESH REFERRED BY : BARCODE NO. : 01517623 CLIENT CODE. : KOS DIAGE CLIENT ADDRESS : 6349/1, N Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMMAL INTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI	ALE NOSTIC LAB ICHOLSON ROAD, AMBALA CANT Value	REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 012409240044 : 24/Sep/2024 11:47 AM : 24/Sep/2024 11:54AM : 24/Sep/2024 01:23PM
COLLECTED BY : SURJESH REG. NO, /LAB NO. : 012409240044 REFERRED BY : REGISTRATION DATE : 24/Sep/2024 11:54AM BARCODE NO. : 01517623 COLLECTION DATE : 24/Sep/2024 01:23PM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 24/Sep/2024 01:23PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Biological Reference interval INMUNOPATHOLOGY/SEROLOGY ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTICOPY & ANTICOPY & ANTICOPY & ANTICOPY ANTICOPY & ANTICOPY ANTICOPY & ANTICOPY & ANTICOPY ANTICOPY & ANTICOPY & ANTICOPY <td< th=""><th>COLLECTED BY : SURJESH REFERRED BY : BARCODE NO. : 01517623 CLIENT CODE. : KOS DIAGE CLIENT ADDRESS : 6349/1, N Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML INTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCP</th><th>NOSTIC LAB ICHOLSON ROAD, AMBALA CANT Value</th><th>REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE</th><th>: 012409240044 : 24/Sep/2024 11:47 AM : 24/Sep/2024 11:54AM : 24/Sep/2024 01:23PM</th></td<>	COLLECTED BY : SURJESH REFERRED BY : BARCODE NO. : 01517623 CLIENT CODE. : KOS DIAGE CLIENT ADDRESS : 6349/1, N Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML INTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCP	NOSTIC LAB ICHOLSON ROAD, AMBALA CANT Value	REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 012409240044 : 24/Sep/2024 11:47 AM : 24/Sep/2024 11:54AM : 24/Sep/2024 01:23PM
REFERENCE BY I::::::::::::::::::::::::::::::::::::	REFERRED BY : BARCODE NO. : 01517623 CLIENT CODE. : KOS DIAGI CLIENT ADDRESS : 6349/1, N Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML <u>NTERPRETATION:</u> 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI	ICHOLSON ROAD, AMBALA CANT [®] Value	REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 24/Sep/2024 11:47 AM : 24/Sep/2024 11:54AM : 24/Sep/2024 01:23PM
ARCODE NO. : 191517623 COLLECTION DATE : 24/Sep/2024 11:54AM REPORTING DATE : 24/Sep/2024 01:23PM REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING ANTI-CCP : 84/Sec : 25/Sec :	BARCODE NO. : 01517623 CLIENT CODE. : KOS DIAGI CLIENT ADDRESS : 6349/1, N Fest Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML NTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCP	ICHOLSON ROAD, AMBALA CANT [®] Value	COLLECTION DATE REPORTING DATE	: 24/Sep/2024 11:54AM : 24/Sep/2024 01:23PM
ELERT CODE KOS DIAGNOSTIC LAB REPORTING DATE : 24/Sep/2024 01:23PM ELERT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Fest Name Value Unit Biological Reference interval IMMUNOPATHOLOGY/SEROLOGY ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI-CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI-CYCLIC ON 0.9 AU/mL 0.00 - 5.00 NTERPERTATION: ANTI-CCP I NUMOASSAY! MICH-CP2 INTO COLSPAN ANTI-CCP Antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). ANTI-CCP1 & ANTI-CCP1. ANTI-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset theumatoid Arthritis and Arthritis and Arthritis also show ANTI CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with theuromatoid Arthritis also show ANTI CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with theur	CLIENT CODE. : KOS DIAGI CLIENT ADDRESS : 6349/1, N Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML NTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCP	ICHOLSON ROAD, AMBALA CANT [®] Value	REPORTING DATE	: 24/Sep/2024 01:23PM
ELERT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval INTUNUOPATHOLOGY/SEROLOGY INTUNUOPATHOLOGY/SEROLOGY ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) 0.9 AU/mL 0.00 - 5.00 ANTIBODY: SERUM 0.9 AU/mL 0.00 - 5.00 INTERPERTATIONE 0.9 0.9 0.9 0.9 0.9 INTERPERTATIONE 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 </th <th>CLIENT ADDRESS : 6349/1, N Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML INTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI</th> <th>ICHOLSON ROAD, AMBALA CANT[®] Value</th> <th>Г</th> <th></th>	CLIENT ADDRESS : 6349/1, N Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML INTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI	ICHOLSON ROAD, AMBALA CANT [®] Value	Г	
Test Name Value Unit Biological Reference interval IMMUNOPATHOLOGY/SEROLOGY ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) 0.9 AU/mL 0.00 - 5.00 ANTIBODY: SERUM by CMA (CHEMILLUNINESCENCE IMMUNOASSAY) MITERPETATION: ANTI-CCP is of two types: Anti-CCP1 & Anti-CCP2. Anti-CCP anay be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset Rheumatoid Arthritis from Polymyalgia Rheumatic & Erosive SLE. O.The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with Breunatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of th membrane lining (Synovium) joints which leads to progressive Joint destruction and in	Test Name ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML INTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCP	Value		Piological Deference interval
IMMUNOPATHOLOGY/SEROLOGY ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) 0.9 AU/mL 0.00 - 5.00 ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMMUNOASSAY) INTERPERTATION: 1. ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). 2. Anti-CCP is fluchtly SENSITIVE (71%) & more specific (98%) than Anti-CCP1. 4. Anti-CCP2 is HIGHLY SENSITIVE (71%) & more specific (98%) than Anti-CCP1. 5. Anti-CCP2 predict the eventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis 5. Anti-CCP2 predict the eventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis 5. Anti-CCP2 is HIGHLY SENSITIVE (71%) & more specific (98%) than Anti-CCP1. 5. Anti-CCP2 predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with theumatoid Arthritis from Polymyalgia Rheumatic & Erosive SLE. 5. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with thermore Rheumatoid Arthritis also show Anti CCP antibodies RHEUMATOID ARTHIRITS: 1. Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of th membrane lining (synovium) joints which leads to progressive joint destruction and in most cases to disability and reduction of quality life. 2. The disease spreads from small to large joints, with greatest damage in early phase. 3. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor. 4. RA factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic infections. 5. ANTI-CCP have been discovered in joints of patients with RA, but not in other form of joint disease.	ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM <i>by CMIA (CHEMILUMINESCENCE IMML</i> I. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI		Unit	Biological Deference interval
ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) 0.9 AU/mL 0.00 - 5.00 ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMMUNOASSAY) INTERPRETATION: 1. ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). 2. Anti-CCP2 is of two types: Anti-CCP1. 3. Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset Rheumatoid Arthritis form Polymyalgia Rheumatic & Erosive SLE. 5. Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of th membrane lining (synovium) joints which leads to progressive joint destruction and in most cases to disability and reduction of quality life. 2. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor. 4. Af factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic A factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic A factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic A factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic A factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic A factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic A factor is not specific for rheumatoid arth	ANTI CYCLIC CITRULLINATED PEPT ANTIBODY: SERUM <i>by CMIA (CHEMILUMINESCENCE IMML</i> INTERPRETATION: 1. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI	ΙΜΜΙΙΝΟΡΔΤΙ		biological Reference Interval
ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE) NNTI CYCLIC CITRULLINATED PEPTIDE (CCP) 0.9 AU/mL 0.00 - 5.00 NITIBODY: SERUM by CMA (CHEMILUMINESCENCE IMMUNOASSAY) METERPERTATION: ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). Anti-CCP1 & Anti-CCP2. Anti-CCP2 predict the eventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis. Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset theumatoid Arthritis for Polymyalgia Rheumatic & Erosive SLE. Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset theumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with theraronegative Rheumatoid Arthritis also show Anti CCP antibodies MILION ON ATHINES Network of anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with therareongative Rheumatoid Arthritis as oshow Anti CCP antibodies MILION ON ATHINES Network of Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of th nembrane lining (synovium) joints which leads to	NTI CYCLIC CITRULLINATED PEPT NTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML NTERPRETATION: . ANTI-CCP antibodies are potenti . ANTI-CCP is of two types: Anti-CCI			
 ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) 0.9 AU/mL 0.00 - 5.00 NTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMMUNOASSAY) NTERPRETATION: ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). Anti-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). Anti-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). Anti-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). Anti-CCP and the ventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis Anti-CCP2 may be detected in healthy individual's years before conset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset the umatoid Arthritis from Polymyalig aRheumatic & Erosive SLE. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with eronegative Rheumatoid Arthritis also show Anti CCP antibodies Heumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with eronegative Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of th nembrane lining (synovium) joints which leads to progressive joint destruction and in most cases to disability and reduction of quality life. The disease spreads from small to large joints, with greatest damage in early phase. The disease spreads from small to large joints, with greatest damage in early phase. The disease spreads from small to large joints, with greatest damage in early phase. The disease spreads from specific for rheumatoid arthritis, as it is often present in healthy individuals with ot	NTI CYCLIC CITRULLINATED PEPT NTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML NTERPRETATION: . ANTI-CCP antibodies are potenti . ANTI-CCP is of two types: Anti-CCI			' SENSITIVE)
ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMMUNOASSAY) INTERPRETATION: 1. ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). 2. Anti-CCP is of two types: Anti-CCP1 & Anti-CCP2. 3. Anti-CCP2 is HIGHLY SENSITIVE (71%) & more specific (98%) than Anti-CCP1. 4. Anti-CCP2 predict the eventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis 5. Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset theumatoid Arthritis from Polymyalgia Rheumatic & Erosive SLE. 5. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with seronegative Rheumatoid Arthritis also show Anti CCP antibodies RHEUMATOID ARTHHRITS: 1. Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of th membrane lining (synovium) joints which leads to progressive joint destruction and in most cases to disability and reduction of quality life. 2. The disease spreads from small to large joints, with greatest damage in early phase. 3. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor. 4. RA factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic 5. ANTI-CCP have been discovered in joints of patients with RA, but not in other form of joint disease.	ANTIBODY: SERUM by CMIA (CHEMILUMINESCENCE IMML INTERPRETATION: I. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI		•	
 NTERPRETATION: ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA). Anti-CCP is of two types: Anti-CCP1 & Anti-CCP2. Anti-CCP2 is HIGHLY SENSITIVE (71%) & more specific (98%) than Anti-CCP1. Anti-CCP2 predict the eventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset sheumatoid Arthritis from Polymyalgia Rheumatic & Erosive SLE. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with seronegative Rheumatoid Arthritis also show Anti CCP antibodies RHEUMATOID ARTHIRITS: Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of th membrane lining (synovium) joints which leads to progressive joint destruction and in most cases to disability and reduction of quality life. The disease spreads from small to large joints, with greatest damage in early phase. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor. RA factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic infections. ANTI-CCP have been discovered in joints of patients with RA, but not in other form of joint disease. 	NTERPRETATION: I. ANTI-CCP antibodies are potenti 2. Anti-CCP is of two types: Anti-CCI			
	 Anti-CCP2 predict the eventual d Anti-CCP2 may be detected in he Rheumatoid Arthritis from Polymya The positive predictive value of A seronegative Rheumatoid Arthritis RHEUMATOID ARTHIRITS: Rheumatoid Arthritis is a system membrane lining (synovium) joints The disease spreads from small is The diagnosis of RA is primarily measurement of RA factor. Ra factor is not specific for rheu infections. 	evelopment in Rheumatoid Arthriti althy individual's years before ons ligia Rheumatic & Erosive SLE. Inti-CCP antibodies for Rheumatoid also show Anti CCP antibodies ic autoimmune disease that is mu which leads to progressive joint c o large joints, with greatest dama based on clinical, radiological & im matoid arthritis, as it is often pres	s (RA), when found in undiff set of clinical Rheumatoid Ar I Arthritis is far greater than Iti-functional in origin and is destruction and in most case ge in early phase. Inmunological features. The ent in healthy individuals w	rthritis as well as to differentiate elderly onset Rheumatoid factor. Up to 30% patients with as characterized by chronic inflammation of the es to disability and reduction of quality life. most frequent serological test is the ith other autoimmune diseases and chronic

KOS Diagnostic Lab (A Unit of KOS Healthcare)





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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







NAME	Chairman & Consu	ultant l'atholog	ist CEO & Consultant	
AGE/ GENDER	: 57 YRS/MALE		PATIENT ID	: 1623561
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012409240044
REFERRED BY	:		REGISTRATION DATE	: 24/Sep/2024 11:47 AM
BARCODE NO.	:01517623		COLLECTION DATE	: 24/Sep/2024 11:54AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 25/Sep/2024 05:38AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANT	Т	
Test Name		Value	Unit	Biological Reference interval
	ANTI NU	CLEAR ANTI	BODY/FACTOR (ANA/A	NF)
	IBODIES (ANA): SERUM NKED IMMUNOASSAY)	0.45	INDEX VA	ALUE NEGATIVE: < 1.0 BORDERLINE: 1.0 - 1.20 POSITIVE: > 1.20

INTERPRETATION:-

1.For diagnostic purposes, ANA value should be used as an adjuvant to other clinical and laboratory data available.

KOS Diagnostic Lab (A Unit of KOS Healthcare)

2. Measurement of antinuclear antibodies (ANAs) in serum is the most commonly performed screening test for patients suspected of having a systemic rheumatic disease, also referred to as connective tissue disease.

3.ANAs occur in patients with a variety of autoimmune diseases, both systemic and organ-specific. They are particularly common in the systemic rheumatic diseases, which include lupus erythematosus (LE), discoid LE, drug-induced LE, mixed connective tissue disease, Sjogren syndrome scleroderma (systemic sclerosis), CREST (calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia) syndrome, polymyositis/dermatomyositis, and rheumatoid arthritis. NOTE:

1. The diagnosis of a systemic rheumatic disease is based primarily on the presence of compatible clinical signs and symptoms.

The results of tests for autoantibodies including ANA and specific autoantibodies are ancillary. Additional diagnostic criteria include consistent histopathology or specific radiographic findings. Although individual systemic rheumatic diseases are relatively uncommon, a great many patients present with clinical findings that are compatible with a systemic rheumatic disease ANA screening may be useful for ruling out the disease.

2.Secondary, disease specific auto antibodies maybe ordered for patients who are screen positive as ancillary aids for the diagnosis of specific auto-immune disorders.





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





	MD (Pathology Chairman & Col	nsultant Pathologis		(Pathology) Pathologist
NAME	: Mr. MANOJ JOSHI			
AGE/ GENDER	: 57 YRS/MALE		PATIENT ID	: 1623561
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012409240044
REFERRED BY	:		REGISTRATION DATE	: 24/Sep/2024 11:47 AM
BARCODE NO.	:01517623		COLLECTION DATE	: 24/Sep/2024 11:54AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 24/Sep/2024 01:23PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		C-REACTIVE	E PROTEIN (CRP)	
C-REACTIVE PROTEIN SERUM by NEPHLOMETRY	N (CRP) QUANTITATIVE:	4.66	mg/L	0.0 - 6.0

INTERPRETATION:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.

KOS Diagnostic Lab

(A Unit of KOS Healthcare)

2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic

proliferation. 3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant

rejection, and to monitor these inflammatory processes. 4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process. NOTE:

Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.
 Oral contraceptives may increase CRP levels.





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	M	r. Vinay Cho D (Pathology & 1 airman & Consu			(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. MANOJ JOS : 57 YRS/MALE : SURJESH : : 01517623 : KOS DIAGNOST : 6349/1, NICHO	IC LAB	MBALA CANTT	PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1623561 : 012409240044 : 24/Sep/2024 11:47 AM : 24/Sep/2024 11:54AM : 24/Sep/2024 01:23PM
Test Name			Value	Unit	Biological Reference interval
		RHEUMATO	ID FACTOR (RA): QUANTITATIVE - S	SERUM
 Over 75% of patier iseful although it ma Inflammatory Mark The titer of RF corr The test is useful for the test is useful for Rheumatoid Arthin nembrane lining (syr The disease spreda The diagnosis of R 	R (RA): s (RF) are antibodie its with rheumatoi y not be etiologica cers such as ESR & elates poorly with or diagnosis and pr ITIS: itis is a systemic au iovium) joints whic is from small to lar A is primarily based	es that are direct d arthritis (RA) lly related to RA C-Reactive prot disease activity, ognosis of rhec utoimmune disc ch ledas to prog ge joints, with c	have an IgM an A. ein (CRP) are no , but those patie umatoid arthriti ease that is mul gressive joint de greatest damag	ormal in about 60 % of pati ents with high titers tend to is. ti-functional in origin and estruction and in most case e in early phase	ulin. This autoantibody (RF) is diagnostically
 Non rheumatoid an Patients have a no Patients with variou upus erythematosus, Anti-CCP have been pecific (98%) than RA Upto 30 % of patier 	FIVE):- cific for Rheumatoid d rheumatoid arthr nreactive titer and us nonrheumatoid d polymyositis, tuber discovered in joints factor. hts with Seronegativ	itis (RA) populat 8% of nonrheum iseases,characte culosis, syphilis, s of patients wit ve Rheumatoid a	tions are not clea hatoid patients h erized by chronic viral hepatitis, i h RA, but not in arthiritis also sho	arly separate with regard to have a positive titer). : inflammation may have po nfectious mononucleosis, ar	Anti-CCP2 is HIGHLY SENSITIVE (71%) & more
· ·			* End Of Re	°,	

KOS Diagnostic Lab (A Unit of KOS Healthcare)





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com

