

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
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NAME : Mr. ROHIT KUMAR

AGE/ GENDER : 31 YRS/MALE PATIENT ID : 1628522

COLLECTED BY : REG. NO./LAB NO. : 012409280058

 REFERRED BY
 : DR PARAAG KUMAR
 REGISTRATION DATE
 : 28/Sep/2024 05:11 PM

 BARCODE NO.
 : 01517902
 COLLECTION DATE
 : 28/Sep/2024 05:17PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 28/Sep/2024 10:11PM

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

Test Name Value Unit Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY HELICOBACTER PYLORI ANTIGEN DETECTION - STOOL

HELICOBACTER ANTIGEN DETECTION - STOOL by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

0.2 INDEX NEGATIVE: <0.90 EQUIVOCAL: 0.90-1.10 POSITIVE: >=1.10

INTERPRETATION:

CLINICAL BACKGROUND:

H pylori infection is associated with peptic ulcer disease (duodenal and gastric) and chronic active gastritis. H pylori infection is also an independent risk factor for gastric cancer and primary malignant lymphoma of the stomach. However, many people who are infected with H. pylori may not show any symptoms of the disease.

NOTE:

1. It is a chemiluminescent Immunoassay (CLIA) for detection of Helicobacter pylori antigen in faecal samples and can be used for diagnosis, therapeutic monitoring and to assess eradication of H. pylori infection post treatment.

2. It is a qualitative test.

3. A positive result (antigen detected) is indicative of H pylori presence in stool sample.

4. A negative result does not exclude the possibility of Helicobacter pylori infection.

- 5. Assay results should be utilized in conjuction with other clinical and laoratory data to assist the clinician in making individual patient management decisions.
- 6. Antimicrobials, proton pump inhibitors and bismuth preparations are known to supress H.pylori and if ingested may give a false negative result.
- 7. Fecal specimens preserved in 10 % formalin,merthiolate formalin,sodium acetate formalin,or polyvinyl alchohol or specimens that are in transport media such as Cary Blair or C & S cannot be used.

*** End Of Report ***



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