

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Chopra		Dr. Yugam Chopra	
	MD (Pathology & Microbiology) Chairman & Consultant Pathologist		MD (Pathology) CEO & Consultant Pathologist	
		rathologist		ratiologist
NAME	: Mr. SHAKTI SINGH			
AGE/ GENDER	: 27 YRS/MALE		ATIENT ID	: 1630919
COLLECTED BY	:		EG. NO./LAB NO.	: 012410010047
REFERRED BY	:		EGISTRATION DATE	: 01/Oct/2024 11:01 AM
BARCODE NO.	:01518117		DLLECTION DATE	: 01/Oct/2024 11:03AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		EPORTING DATE	: 03/Oct/2024 10:09AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBA	LA CANTT		
Test Name		Value	Unit	Biological Reference interval
MICROBIOLOGY				
CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SEMEN				
CULTURE AND SUSCE				
DATE OF SAMPLE		01-10-2024		
SPECIMEN SOURCE		SEMEN		
INCUBATION PERIOD		48 HOURS		
CULTURE		STERILE		
by AUTOMATED BROTH	ICULTURE			
ORGANISM by AUTOMATED BROTH	I CULTURE	37*C	PTOGENIC ORGANISIVI	GROWN AFTER 48 HOURS OF INCUBATION AT
AEROBIC SUSCEPTIBI	LITY - SEMEN	0. 0		
<ul> <li>SUSCEPTIBILITY:</li> <li>1. A test interpreted as SENSTITIVE implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated.</li> <li>2. A test interpreted as INTERMEDIATE implies that the" Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".</li> <li>3.A test interpreted as RESISTANT implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.</li> <li>CAUTION:</li> <li>Conditions which can cause a false Negative culture:</li> <li>1. Patient is on antibiotics. Please repeat culture post therapy.</li> <li>2. Anaerobic bacterial infection.</li> <li>3. Fastidious aerobic bacteria which are not able to grow on routine culture media.</li> <li>4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.</li> <li>5. Renal tuberculosis to be confirmed by AFB studies</li> </ul>				
*** End Of Report ***				
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