

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

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

NAME : Mr. MAHINDER
AGE/ GENDER : 50 YRS/MALE
COLLECTED BY :
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)
BARCODE NO. : 01519318
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1649405
REG. NO./LAB NO. : 012410210072
REGISTRATION DATE : 21/Oct/2024 04:05 PM
COLLECTION DATE : 21/Oct/2024 04:23PM
REPORTING DATE : 21/Oct/2024 05:43PM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY


BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP
by SLIDE AGGLUTINATION
RH FACTOR TYPE
by SLIDE AGGLUTINATION

O
NEGATIVE




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BARCODE NO.	: 01519318	REPORTING DATE	: 24/Oct/2024 05:38AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SEMEN

CULTURE AND SUSCEPTIBILITY - SEMEN

DATE OF SAMPLE 22-10-2024
 SPECIMEN SOURCE SEMEN
 INCUBATION PERIOD 48 HOURS
 CULTURE STERILE
 by AUTOMATED BROTH CULTURE

ORGANISM NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF
 by AUTOMATED BROTH CULTURE INCUBATION AT 37°C

AEROBIC SUSCEPTIBILITY - SEMEN

INTERPRETATION

SUSCEPTIBILITY:


1. A test interpreted as **SENSITIVE** 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.
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".
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.


CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies




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*** End Of Report ***




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