



ACC / GENDER S0 YRS/FEMALE PATIENT ID S1 659068 COLLECTED BY REG. NO./LAB NO. S1 012411020057 REFERRED BY REGISTRATION DATE S0 2/Nov/2024 04:16 PM BARCODE NO. S1 51 9943 COLLECTION DATE S0 2/Nov/2024 04:23 PM CLIENT CODE KOS DIAGNOSTIC LAB REPORTING DATE S0 2/Nov/2024 04:23 PM CLIENT ADDRESS G349/1, NICHOLSON ROAD, AMBALA CANTT S0 2/Nov/2024 04:51 PM Teste Name Value Unit Biological Reference interval HAEMOCLOBIN (HB) NUMERATION: HAEMOCLOBIN (HB) by Colorence Trice MACOURMETRIC MAEMOCLOBIN (HB) by Colorence Trice NOT PROVIDENTION: HAEMOCLOBIN (HB) by Colorence Trice Biological Reference interval HAEMOCLOBIN (HB) by Colorence Trice Biological Reference to as ANEMIA or low red blood count. ANEMIA To select the or or somach ulcer) Dion prindue fright fore to the or or somach ulcer) <th></th> <th>Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar</th> <th>robiology)</th> <th>Dr. Yugam MD CEO & Consultant</th> <th>(Pathology)</th>		Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	robiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
HAEMATOLOGY HAEMOGLOBIN (HB) by CALORIMETRIC INTERPRETATION: Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from th tissues back to the lungs. A low hemoglobin level is referred to as ANEMIA or low red blood count. ANEMIA (DECRESED HAEMOGLOBIN): 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer) 2) Nutritional deficiency (iron, vitamin B12, folate) 3) Bone marrow problems (replacement of bone marrow by cancer) 4) Suppression by red blood cell synthesis by chemotherapy drugs 5) Kidney failure 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia). POVCYTHEMIA (INCREASED HAEMOGLOBIN): 1) People in higher altitudes (Physiological) 2) Smoking (Secondary Polycythemia) 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration 4) Advanced lung disease (for example, emphysema) 5) Certain tumors 6) A disorder of the bone marrow known as polycythemia rubra vera, 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells). NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	AGE/ GENDER : 50 COLLECTED BY : REFERRED BY : BARCODE NO. : 015 CLIENT CODE. : KO	YRS/FEMALE 519943 S DIAGNOSTIC LAB	REG. N REGIS COLLI REPO	NO./LAB NO. TRATION DATE ECTION DATE	: 012411020057 : 02/Nov/2024 04:16 PM : 02/Nov/2024 04:23PM
HAEMOGLOBIN (HB) by CALORIMETRIC Maching Colspan="2">(MINERRIC Alow hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the issues back to the lungs. Alow hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the issues back to the lungs. Alow hemoglobin level is referred to as ANEMIA or low red blood count. Amemoglobin for the Inners. Austin (DECRESED HAEMOGLOBIN): 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer): 2) Nutritional deficiency (iron, vitamin B12, folate) 3) Bone marrow problems (replacement of bone marrow by cancer): 4) Suppression by red blood cell synthesis by chemotherapy drugs 5) Kidney failure: 5) Abnormal hemoglobin structure (sickle cell anemia or thalassemia). POLYCYTHEMIA (INCREASED HAEMOGLOBIN): 2) Smoking (Secondary Polycythemia) 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration 4) Advanced lung disease (for example, emphysema)	Test Name		Value	Unit	Biological Reference interval
HAEMOGLOBIN (HB) by CALORIMETRIC 7.1 ^L gm/dL 12.0 - 16.0 INTERPRETATION:- Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the lissues back to the lungs. A low hemoglobin level is referred to as ANEMIA or low red blood count. ANEMIA (DECRESED HAEMOGLOBIN): 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer) 2) Nutritional deficiency (iron, vitamin B12, folate) 3) Bone marrow problems (replacement of bone marrow by cancer) 4) Suppression by red blood cell synthesis by chemotherapy drugs 5) Kidney failure 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia). POLYCYTHEMIA (INCREASED HAEMOGLOBIN): 2) Smoking (Secondary Polycythemia) 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration 4) Advanced lung disease (for example, emphysema) 5) Certain tumors 6) A disorder of the bone marrow known as polycythemia rubra vera, 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells). NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			HAEMATO	LOGY	
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DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

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KOS Diagnostic Lab (A Unit of KOS Healthcare)

ISO 9001 : 2008 CERTIFIED LAB		EXCELLENCE IN HEALTHCARE	& DIAGNOSTICS
	Dr. Vinay Chopra MD (Pathology & Microbiolo Chairman & Consultant Path		(Pathology)
AGE/ GENDER: 50 YRS/FCOLLECTED BY:REFERRED BY:BARCODE NO.: 0151994CLIENT CODE.: KOS DIA		PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1659068 : 012411020057 : 02/Nov/2024 04:15 PM : 02/Nov/2024 04:23PM : 02/Nov/2024 04:45PM
Test Name	Valu	ie Unit	Biological Reference interval
L			
<text></text>	LC) 115 A WHOLE BLOOD	UCOCYTE COUNT (TLC) 70 ^H /стт	
		CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)	
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	Dr. Vinay Che MD (Pathology & Chairman & Cons	Microbiology)		(Pathology)
NAME	: Mrs. GURPREET KAUR			
AGE/ GENDER	: 50 YRS/FEMALE		PATIENT ID	: 1659068
COLLECTED BY	:		REG. NO./LAB NO.	: 012411020057
REFERRED BY	:		REGISTRATION DATE	: 02/Nov/2024 04:15 PM
BARCODE NO.	: 01519943		COLLECTION DATE	: 02/Nov/2024 04:23PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 02/Nov/2024 04:45PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANT	ГТ	
Test Name		Value	Unit	Biological Reference interval
	DIFFEI	RENTIAL LI	EUCOCYTE COUNT (DI	LC)
NEUTROPHILS	Y BY SF CUBE & MICROSCOPY	85 ^H	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	10 ^L	%	20 - 40
EOSINOPHILS by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	0 ^L	%	1 - 6
MONOCYTES by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	5	%	2 - 12
,	Y BY SF CUBE & MICROSCOPY TED ON EDTA WHOLE BLOOD	0	%	0 - 1





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





NAME	: Mrs. GURPREET KAUR			
AGE/ GENDER	: 50 YRS/FEMALE		PATIENT ID	: 1659068
COLLECTED BY	:		REG. NO./LAB NO.	: 012411020057
REFERRED BY	:		REGISTRATION DATE	: 02/Nov/2024 04:15 PM
BARCODE NO.	: 01519943		COLLECTION DATE	: 02/Nov/2024 04:23PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 02/Nov/2024 05:05PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	IMM	UNOPATHO	DLOGY/SEROLOGY	Y
		C-REACTIVE	PROTEIN (CRP)	
		119.62 ^H	mg/L	0.0 - 6.0

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.

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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Page 4 of 9





0 9 0 0 1 : 2 0 0 8 CERTI	FIED LAB		EXCELLENCE IN HEALTHCARE	A DIAGNOSTICS
		r Chopra ogy & Microbiology) Consultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
NAME	: Mrs. GURPREET KAUR			
AGE/ GENDER	: 50 YRS/FEMALE		FIENT ID	: 1659068
COLLECTED BY			G. NO./LAB NO.	: 012411020057
REFERRED BY			GISTRATION DATE	: 02/Nov/2024 04:15 PM
BARCODE NO.	: 01519943		LLECTION DATE	: 02/Nov/2024 04:13 PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		PORTING DATE	: 04/Nov/2024 04:25FM
CLIENT CODE. CLIENT ADDRESS	: 6349/1, NICHOLSON RC		FURTING DATE	. 04/1007/2024 04.40PM
CLIENT ADDRESS	. 0349/1, MCHOLSON KC	JAD, AMDALA CAN I I		
Test Name		Value	Unit	Biological Reference interval
		MICROBI	OLOGY	
	CULTURE AEROI	BIC BACTERIA AND	ANTIBIOTIC SENS	SITIVITY: URINE
CULTURE AND SUS	<u>CEPTIBILITY: URINE</u>			
DATE OF SAMPLE		02-11-2024		
SPECIMEN SOURCE		URINE		
INCUBATION PERIC by AUTOMATED BROTH		48 HOURS		
GRAM STAIN by MICROSCOPY	TOOLTONE	GRAM NEGA	TIVE (-ve)	
CULTURE		POSITIVE (+	-ve)	
by AUTOMATED BROT ORGANISM	HCULTURE	FSCUEDICUI	A COLI (E.COLI)	
by AUTOMATED BROTH	HCULTURE	ESCHEMICH	A COLI (E.COLI)	
AEROBIC SUSCEPT				
AMOXICILLIN+CLA	VULANIC ACID	RESISTANT		
	H MICRODILUTION, CLSI			
Concentration: 8/4 µg	/mL			
AMPICILLIN		RESISTANT		
	H MICRODILUTION, CLSI			
Concentration: 8 µg/m	IL			
AMPICILLIN+SULB		SENSITIVE		
<i>by AUTOMATED BROT</i> Concentration: 8/4 μg	TH MICRODILUTION, CLSI /ml			
concentration. σ/ + μg				
CHLORAMPHENIC	OL TH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 8 µg/m				
CIPROFLOXACIN by AUTOMATED BROTH	H MICRODILUTION, CLSI	RESISTANT		
Concentration: 1 µg/m				
DOXYCYCLINE		SENSITIVE		
	TH MICRODILUTION, CLSI	JE14JIIIVE		
NAMES OF T	201	Λ		
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ISING ACTORNAL INC.		T		
	am	_		
	am	+		
	DR.VINAY CHOPRA CONSULTANT PATHOLOGIST	DR.YUGAM CONSULTAT	CHOPRA NT PATHOLOGIST	

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0 9001 : 2008 CERT	IFIED LAB	E	XCELLENCE IN HEALTHCARE	& DIAGNOSTICS
	Dr. Vinay Ch MD (Pathology & Chairman & Con	Microbiology)	Dr. Yugan MD CEO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mrs. GURPREET KAUR : 50 YRS/FEMALE : : : 01519943 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD,	REGISTI COLLECT REPORT	F ID ./LAB NO. RATION DATE FION DATE TNG DATE	: 1659068 : 012411020057 : 02/Nov/2024 04:15 PM : 02/Nov/2024 04:23PM : 04/Nov/2024 04:46PM
Test Name		Value	Unit	Biological Reference interval
Concentration: 4 µg/r	mL			
NALIDIXIC ACID by AUTOMATED BROT Concentration: 16 μg	TH MICRODILUTION, CLSI /mL	RESISTANT		
GENTAMICIN <i>by AUTOMATED BRO</i> Concentration: 16 μg	TH MICRODILUTION, CLSI /mL	SENSITIVE		
NITROFURATOIN by AUTOMATED BROT Concentration: 16 μg	TH MICRODILUTION, CLSI /mL	RESISTANT		
NORFLOXACIN by AUTOMATED BROT Concentration: 4 µg/r	TH MICRODILUTION, CLSI mL	RESISTANT		
MINOCYCLINE by AUTOMATED BRO Concentration: 4 µg/r	TH MICRODILUTION, CLSI mL	SENSITIVE		
TOBRAMYCIN <i>by AUTOMATED BRO</i> Concentration: 4 μg/r	TH MICRODILUTION, CLSI mL	SENSITIVE		
AMIKACIN <i>by AUTOMATED BRO</i> Concentration: 16 μg	TH MICRODILUTION, CLSI /mL	SENSITIVE		
AZETREONAM by AUTOMATED BRO Concentration: 4 µg/r	TH MICRODILUTION, CLSI mL	SENSITIVE		
CEFAZOLIN by AUTOMATED BROT Concentration: 16 µg	TH MICRODILUTION, CLSI /mL	RESISTANT		
	Br	Guopra		

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NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mrs. GURPREET KAUR : 50 YRS/FEMALE : : : 01519943 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, A	REGIST COLLEC REPOR	IT ID D./LAB NO. RATION DATE TION DATE TING DATE	: 1659068 : 012411020057 : 02/Nov/2024 04:15 PM : 02/Nov/2024 04:23PM : 04/Nov/2024 04:46PM
Test Name		Value	Unit	Biological Reference interval
CEFIXIME by automated broth CEFOXITIN	H MICRODILUTION, CLSI H MICRODILUTION, CLSI NL	RESISTANT RESISTANT		
CEFTAZIDIME <i>by AUTOMATED BROT</i> Concentration: 4 μg/m	H MICRODILUTION, CLSI	SENSITIVE		
FOSFOMYCIN	TH MICRODILUTION, CLSI TH MICRODILUTION, CLSI TML	SENSITIVE SENSITIVE		
LEVOFLOXACIN by AUTOMATED BROTH Concentration: 2 µg/m	H MICRODILUTION, CLSI IL	RESISTANT		
NETLIMICIN SULPI by AUTOMATED BROT Concentration: 8 μg/m	H MICRODILUTION, CLSI	SENSITIVE		
PIPERACILLIN+TA <i>by AUTOMATED BROT</i> Concentration: 16/4 μ	TH MICRODILUTION, CLSI	SENSITIVE		
TICARCILLIN+CLAN by AUTOMATED BROTH Concentration: 16/2 µ	HMICRODILUTION, CLSI	RESISTANT		
	SULPHAMETHAZOLE <i>H MICRODILUTION, CLSI</i> g/mL	SENSITIVE		
CEFIPIME <i>by AUTOMATED BROT</i> Concentration: 2 µg/m	H MICRODILUTION, CLSI IL	SENSITIVE		
	DR.VINAY CHOPRA CONSULTANT PATHOLOGIST	DR.YUGAM CHOP CONSULTANT PA BIOLOGY) MBBS MD (PAT		

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MBBS, MD (PATHOLOGY & MICROBIOLOGY) MBBS , MD (PATHOLOGY)

2







	Dr. Vinay Ch MD (Pathology & Chairman & Con	Microbiology)	u gam Chopra MD (Pathology) ultant Pathologist
NAME	: Mrs. GURPREET KAUR		
AGE/ GENDER	: 50 YRS/FEMALE	PATIENT ID	: 1659068
COLLECTED BY	:	REG. NO./LAB NO.	: 012411020057
REFERRED BY	:	REGISTRATION DA	TE : 02/Nov/2024 04:15 PM
BARCODE NO.	: 01519943	COLLECTION DATE	: 02/Nov/2024 04:23PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 04/Nov/2024 04:46PM
Test Name DORIPENEM <i>by AUTOMATED BRO</i> Concentration: 1 μg/r	TH MICRODILUTION, CLSI nL	Value Unit SENSITIVE	Biological Reference interval
DORIPENEM by AUTOMATED BRO Concentration: 1 μg/r IMIPINEM	nL TH MICRODILUTION, CLSI		Biological Reference interval
DORIPENEM by AUTOMATED BRO Concentration: 1 μg/r IMIPINEM by AUTOMATED BROT Concentration: 1 μg/r MEROPENEM	nL <i>H MICRODILUTION, CLSI</i> nL TH MICRODILUTION, CLSI	SENSITIVE	Biological Reference interval

INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection. 2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

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..
 A test interpreted as **INTERMEDIATE** implies that the" Infection due to the isolate may be appropriately treated in body sites where the drugs are

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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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



AGE/ GENDER : 50 COLLECTED BY : REFERRED BY : BARCODE NO. : 01 CLIENT CODE. : KC CLIENT ADDRESS : 63 Test Name), AMBALA CANTT Value		: 1659068 : 012411020057 : 02/Nov/2024 04:15 PM : 02/Nov/2024 04:23PM : 07/Nov/2024 06:02PM Biological Reference interval (CONVENTIONAL): BLOOD
COLLECTED BY : REFERRED BY : BARCODE NO. : 01 CLIENT CODE. : KC CLIENT ADDRESS : 63 Test Name CULTURE BLOOD CULTURE AND S DATE OF SAMPLE SPECIMEN SOURCE INCUBATION PERIOD	1519943 OS DIAGNOSTIC LAB 349/1, NICHOLSON ROAD, E AEROBIC BACTERI	0, AMBALA CANTT Value IA AND ANTIBI 02-11-20 BLOOD	REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE Unit	: 012411020057 : 02/Nov/2024 04:15 PM : 02/Nov/2024 04:23PM : 07/Nov/2024 06:02PM Biological Reference interval
REFERRED BY : BARCODE NO. : 01. CLIENT CODE. : KC CLIENT ADDRESS : 63 Test Name CULTURE BLOOD CULTURE AND S DATE OF SAMPLE SPECIMEN SOURCE INCUBATION PERIOD	OS DIAGNOSTIC LAB 349/1, NICHOLSON ROAD, E AEROBIC BACTERI	0, AMBALA CANTT Value IA AND ANTIBI 02-11-20 BLOOD	REGISTRATION DATE COLLECTION DATE REPORTING DATE Unit OTIC SENSITIVITY (: 02/Nov/2024 04:15 PM : 02/Nov/2024 04:23PM : 07/Nov/2024 06:02PM Biological Reference interval
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CLIENT CODE. : KO CLIENT ADDRESS : 63 Test Name CULTURE BLOOD CULTURE AND S DATE OF SAMPLE SPECIMEN SOURCE NCUBATION PERIOD	OS DIAGNOSTIC LAB 349/1, NICHOLSON ROAD, E AEROBIC BACTERI	0, AMBALA CANTT Value IA AND ANTIBI 02-11-20 BLOOD	REPORTING DATE Unit OTIC SENSITIVITY (: 07/Nov/2024 06:02PM Biological Reference interval
CLIENT ADDRESS : 63 Test Name CULTURE BLOOD CULTURE AND S DATE OF SAMPLE SPECIMEN SOURCE INCUBATION PERIOD	349/1, NICHOLSON ROAD, E AEROBIC BACTERI), AMBALA CANTT Value IA AND ANTIBI 02-11-20 BLOOD	Unit OTIC SENSITIVITY (Biological Reference interval
Test Name CULTURE BLOOD CULTURE AND S DATE OF SAMPLE SPECIMEN SOURCE INCUBATION PERIOD	E AEROBIC BACTERI	Value IA AND ANTIBI 02-11-20 BLOOD	OTIC SENSITIVITY (
CULTURE BLOOD CULTURE AND S DATE OF SAMPLE SPECIMEN SOURCE NCUBATION PERIOD		IA AND ANTIBI 02-11-20 BLOOD	OTIC SENSITIVITY (
BLOOD CULTURE AND S DATE OF SAMPLE SPECIMEN SOURCE INCUBATION PERIOD		02-11-20 BLOOD		(CONVENTIONAL): BLOOD
by AUTOMATED BROTH CUL ORGANISM by AUTOMATED BROTH CUL	LTURE		BIC PYOGENIC ORGANI ON AT 37*C	SM GROWN AFTER 5 DAYS OF
recommended for that type 2. A test interpreted as INTE physiologically concentrate 3.A test interpreted as RESI	NSTITIVE implies that infect be of infection and infecting TERMEDIATE implies that the red or when a high dosage ISTANT implies that the "is Fall in the range where spect eatment studies. Se a false Negative cultures Please repeat culture post ection. eria which are not able to g s, at least in 25-40 % of cast e confirmed by AFB studies	g species, unless ot ne" Infection due to of drug can be user solates are not inhit cific microbial resis st therapy. grow on routine cu ses there is no dire	herwise indicated. the isolate may be approp ". ited by the usually achiev tance mechanism are like ture media. ct correlation between in	ted with the dosage of an antimicrobial agent priately treated in body sites where the drugs ar vable concentration of the agents with normal ely (e.g. beta-lactamases), and clinical efficacy vivo clinical picture.

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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