

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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NAME	: Mr. SUMIT	PATIENT ID	: 1672229
AGE/ GENDER	: 19 YRS/MALE	REG. NO./LAB NO.	: 012411140054
COLLECTED BY	:	REGISTRATION DATE	: 14/Nov/2024 05:05 PM
REFERRED BY	:	COLLECTION DATE	: 14/Nov/2024 05:05PM
BARCODE NO.	: 01520808	REPORTING DATE	: 16/Nov/2024 08:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS B VIRUS SURFACE ANTIBODY (HBsAb)

HEPATITIS B SURFACE ANTIBODY (HBsAb) QUANTITATIVE by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	> 1000.0 ^H	mIU/mL	< 10.00
HEPATITIS B SURFACE ANTIBODY (HBsAb) RESULT by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	REACTIVE		NON - REACTIVE

INTERPRETATION:

- 1.The test is primarily indicated to assess the efficacy of vaccination against the Hepatitis B virus.
- 2.A value of > 100 mIU/ml is considered good immunity.
- 3.A value between 10 and 100 mIU/ml is considered poor immunity and warrants a booster dose.
- 4.A value of < 10 mIU/ml is considered as vaccine failure.

CAUTION:

Poor response to vaccination may be associated with old age at the time of vaccination, chronic smoking, alcoholism, advanced liver disease, renal dialysis and immunocompromised states. A break in the cold chain of the administered vaccine must also be ruled out as the primary cause of poor or no response.

NOTE:

A positive result is also seen in people who have had past infection (clinical or sub-clinical) and in the absence of antigenic markers is indicative of complete recovery and continued immunity

*** End Of Report ***




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