

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

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

**NAME** : Mr. PARVEEN  
**AGE/ GENDER** : 26 YRS/MALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 01521076  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1675853  
**REG. NO./LAB NO.** : 012411190024  
**REGISTRATION DATE** : 19/Nov/2024 09:46 AM  
**COLLECTION DATE** : 19/Nov/2024 10:00AM  
**REPORTING DATE** : 19/Nov/2024 12:50PM

Test Name	Value	Unit	Biological Reference interval
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### IMMUNOPATHOLOGY/SEROLOGY

#### HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM 0.04 S/CO NEGATIVE: < 1.00  
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL NON - REACTIVE  
RESULT  
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

#### INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
> =1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

#### USES:

- Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
- Routine screening of low and high prevalence population including blood donors.

#### NOTE:

- False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
- False negative results are seen in early Acute infection, Immunosuppression and Immuno— incompetence.
- HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.



*Dr. Vinay Chopra*

DR.VINAY CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

*Dr. Yugam Chopra*

DR.YUGAM CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS , MD (PATHOLOGY)



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Test Name	Value	Unit	Biological Reference interval
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### HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): **2834.67<sup>H</sup>** S/CO  
 SERUM  
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

NEGATIVE: < 1.0  
 POSITIVE: > 1.0

**HEPATITIS B SURFACE ANTIGEN (HBsAg)**  
**RESULT**  
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

**REACTIVE**

#### INTERPRETATION:


RESULT IN INDEX VALUE	REMARKS
< 1.30	NEGATIVE (-ve)
>=1.30	POSITIVE (+ve)

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

\*\*\* End Of Report \*\*\*



  
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