

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. HARITA

AGE/ GENDER : 48 YRS/FEMALE **PATIENT ID** : 1711628

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012412300008

 REFERRED BY
 : 30/Dec/2024 10:19 AM

 BARCODE NO.
 : 01523196
 COLLECTION DATE
 : 30/Dec/2024 10:39 AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 31/Dec/2024 10:19 AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY HEPATITIS B VIRUS CORE ANTIBODY (HBcAb): TOTAL

HEPATITIS B CORE ANTIBODY (HBcAb) TOTAL 0.08 U/mL < 0.85

QUANTITATIVE

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

HEPATITIS B CORE ANTIBODY (HBcAb) TOTAL NON - REACTIVE NON - REACTIVE

RESULT

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

NEGATIVE	U/mL	< 0.85
EQUIVOCAL	U/mL	0.85 - 1.15
POSITIVE	U/mL	>1.15

NOTE:

1.Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy 2.For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results

COMMENTS:

- 1.Anti- HBc Total is the first antibody to appear usually 4-10 weeks after appearance of HBsAg, at the same time as clinical illness and persists for years or maybe lifetime.
- 2.It is almost always present during chronic HBV infection. It detects virtually all individuals who have been previously infected with HBV.
- 3. Detection of Anti HBc Total positive donors reduces incidence of post transmission Hepatitis and possibility of other viral infections like HIV due to frequency of dual infections.
- 4. This antibody may be seen in 2% of routine donors without any other serological marker and with normal liver enzyme levels. This indicates recovery from subclinical HBV infections.
- 5. Anti HBc Total is not protective and cannot be used to distinguish Acute from Chronic infection.

HSFS.

1.As a marker for HBV infection

2.As a screening test for blood donors



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NAME : Mrs. HARITA

AGE/ GENDER : 48 YRS/FEMALE **PATIENT ID** :1711628

COLLECTED BY : SURJESH REG. NO./LAB NO. :012412300008

REFERRED BY **REGISTRATION DATE** : 30/Dec/2024 10:19 AM BARCODE NO. :01523196 **COLLECTION DATE** : 30/Dec/2024 10:39AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE :30/Dec/2024 12:08PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval Test Name**

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM

NEGATIVE: < 1.00 POSITIVE: > 1.00

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) HEPATITIS C ANTIBODY (HCV) TOTAL

NON - REACTIVE

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:

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

NOTE:

- 1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.

 2. False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.

3. HCV-RNĀ PCR recommended in all reactive results to differentiate between past and present infection.



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REFERRED BY **REGISTRATION DATE** : 30/Dec/2024 10:19 AM BARCODE NO. :01523196 **COLLECTION DATE** : 30/Dec/2024 10:39AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE :30/Dec/2024 11:29AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval Test Name**

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg):

0.22

NEGATIVE: < 1.0 POSITIVE: > 1.0

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATITIS B SURFACE ANTIGEN (HBsAg)

NON REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

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 symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

** End Of Report ***



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