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

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

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	**: Mrs. SUNITA RANI**		
AGE/ GENDER	: 50 YRS/FEMALE	**PATIENT ID**	: 1732280
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012501230021**
REFERRED BY	:	**REGISTRATION DATE**	: 23/Jan/2025 10:14 AM
BARCODE NO.	: 01524288	**COLLECTION DATE**	: 23/Jan/2025 12:23PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 27/Jan/2025 11:16AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

CYTOLOGY

PAP SMEAR BY LIQUID BASED CYTOLOGY

TEST NAME:	**PAP SMEAR BY LIQUID BASED CYTOLOGY**
SPECIMEN:	**CERVICAL/VAGINAL CYTOLOGY (THIN PREPARATION)**
CLINICAL HISTORY (IF ANY):-	
MICROSCOPIC EXAMINATION:	**BY BETHESDA SYSTEM TERMINOLOGY, 2001**
(A) Statement of adequecy:	Adequate
(B) Microscopy:	Smear show superficial & intermediate & occ. parabasal cells.In the background,inflammatory cells also present.
(C)Organism(If any):	NIL
(D)Endocervical cells:	NIL
(E)Koilocytotic cells:	
(F)Dysplastic cells:	
(G)Malignant cells:	
GENERAL CATEGORIZATION:	
IMPRESSION:	**Negative for intra-epithelial lesion or malignancy. Inflammatory smear.**
ADVISED:	

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DISCLAIMER : Gynecological cytology is a screening procedure subjected to both false positive and false negative results. It is most reliable when satisfactory sample is obtained on a regular and repetitive basis. Results must be interpreted in context of the history of the patient and current clinical information.

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BARCODE NO.	: 01524288	**COLLECTION DATE**	: 23/Jan/2025 12:23PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Jan/2025 03:42PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

MOLECULAR PATHOLOGY

HUMAN PAPILLOMA VIRUS (HPV) DNA DETECTION & GENOTYPING QUALITATIVE: RT-PCR

TYPE OF SAMPLE *by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)*	COLLECTION MEDIUM	
HUMAN PAPPILOMA VIRUS (HPV) DNA *by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)*	NEGATIVE (-ve)	NEGATIVE (-ve)

INTERPRETATION:

RESULT	REMARKS
NEGATIVE	Sample provided does not contain HPV DNA or number of Viral DNA copies are below the detection limit of assay.
INTERMEDIATE	Presence of inhibitors in the sample
POSITIVE	Sample provided contains HPV DNA

NOTE:

1.High Risk Papilloma virus detectedare 16,18,31,33,35,39.4551,52,56,58.59 and 68.
2.A positive result indicates that at least one of the 14 high risk types present in the DNA samples.
3.A positive report by this test may be followed up by a high resolution test for HPV genotypes 16 & 18, which are the most common cause of cervical cancer
4.A negative result does not exclude the possibility of HPV infection because of very low levels of infection.
5.The low risk genotype detected are 6, 11,42,43,44
6..All intermediate results are retested
7.Test conducted on cervical swabs

COMMENTS:

Over 118, Pappilloma viruses have been identified belonging to family Pappillomaviridae. HPV related cervical cancers constitutes about 12% of malignancies worldwide. Persistent infection with oncogenic types of HPV followed by HPV DNA integration into cellular genome is a required precursor in the pathway leading to cervical neoplasia. HPV types recognized as High Risk, Low Risk, Intermediate Risk. A large number of women who are High Risk HPV DNA positive do not develop cervical cancer or precursor lesion CIN-2/3. HPV infects epithelial tissue throughout the body including skin, larynx and anogenital tissue.

USES:

1.Routine screening for HPV DNA reduces the incidence of cervical cancers. High risk genotypes 16 and 18 are linked to 70% of cervical cancers.
2.The low risk genotypes 6 and 11 are associated with genital warts.

*** End Of Report ***

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