

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 : Mr. GIAN CHAND

AGE/ GENDER : 50.1 YRS/MALE PATIENT ID : 1751599

COLLECTED BY : REG. NO./LAB NO. : 012502100037

 REFERRED BY
 : DR R.K ANEJA
 REGISTRATION DATE
 : 10/Feb/2025 01:43 PM

 BARCODE NO.
 : 01525279
 COLLECTION DATE
 : 10/Feb/2025 01:44 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 11/Feb/2025 11:52 AM

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

DOB: 01-Jan-1975

Test Name Value Unit Biological Reference interval

MOLECULAR PATHOLOGY

HEPATITIS C VIRAL (HCV) RNA VIRAL LOAD (QUANTITATIVE): RT-PCR

HEPATITIS C VIRUS (HCV) RNA (QUANTITATIVE): UNDETECTABLE OR < IU/mL UNDETECTABLE OR < 30.0

EDTA PLASMA 30.0

by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)

DETECTION LIMIT 30 IU/mL < 30.0

by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)

INTERPRETATION:

RESULT IN IU/mL	REMARKS
< 30.0	HCV RNA Below the detection limit of the assay or not present
>= 30.0 OR < 40.0	< 40 IU/mL quantitation not possible since the quantitative result is
	below the linear range of the assay
>= 40 AND 4 X 10 ⁹	HCV RNA Detected within the linear range of the assay
>= 4 X 10 ⁹	HCV RNA Detected above the linear range of the assay

- 1. Hepatitis C is an infectious disease caused by Hepatitis C virus (HCV), which can lead to inflammation and significant damage in the liver.
- 2. Although it predominantly infects the cells of the liver, it can also affect other parts of the body. During the acute phase following the initial infection of HCV, it is generally asymptomatic and clinically undetectable.
- 3. About 85 % of the acute infections become chronic and the remaining naturally get cured. In rare cases, acute hepatitis is accompanied by jaundice, malaise, weakness and anorexia.
- 4. It is estimated that 74 to 86 % of individuals with the acute infection develop persistent viremia, which subsequently leads to chronic infection and possibly to cirrhosis or hepatocellular carcinoma. The conventional diagnostic methods include serological testing and liver biopsy. Since HCV cannot be cultured in the clinical laboratory, a sensitive molecular testing is needed to confirm the presence of the virus such as quantitative real-time PCR.

NOTE:

Sensitivity: 30 IU/ml

Sensitivity & Dynamic range: 4 X 10⁹

A "DETECTED" result will be reported with quantification in IU/ml. It indicates the degree of active HCV viral replication in the patient.

A "LESS THAN DETECTABLE LIMIT" result indicates that either absence of HCV RNA in patient~s specimen or HCV RNA level is below the lower limit of quantification of this assay.



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A "Inconclusive Result" indicates that inhibitory substances may be present in the specimen and collection and testing of a new specimen is recommended.

CONVERSION FACTOR FOR COPIES: Result (copies/ml) = Result (IU/ml) x 2.7

METHODOLOGY DETAILS:

- 1. HCV RNA is extracted from plasma by US FDA approved Automatic Extraction machine based on magnetic bead technology.
- 2. Purified RNA is then amplified and quantified using CE- IVD approved Real time PCR.
- 3. Extraction and Amplification controls (IC) are incorporated in each run to ensure more accurate and precise detection of RNA

*** End Of Report ***



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