

## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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MD (Pathology)
CEO & Consultant Pathologist

NAME : Mrs. MAMTA

AGE/ GENDER : 30 YRS/FEMALE PATIENT ID : 1763836

COLLECTED BY : REG. NO./LAB NO. : 012502200023

 REFERRED BY
 : 20/Feb/2025 11:04 AM

 BARCODE NO.
 : 01525824
 COLLECTION DATE
 : 20/Feb/2025 11:07 AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 20/Feb/2025 12:42 PM

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

Test Name Value Unit Biological Reference interval

## IMMUNOPATHOLOGY/SEROLOGY HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

S/CO

NEGATIVE: < 1.00 POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL

NON - REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

WERT REPORTED IN	
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-RNA PCR recommended in all reactive results to differentiate between past and present infection.

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



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