

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



Dr. Vinay Chopr MD (Pathology & Micr Chairman & Consultar		crobiology)	Dr. Yugam MD (EO & Consultant	(Pathology)
NAME	: Mr. SAHIL KUMAR			
AGE/ GENDER	: 28 YRS/MALE	PATIENT	ID	: 1687449
COLLECTED BY	:	REG. NO.	/LAB NO.	: 042412010002
REFERRED BY	:		ATION DATE	: 01/Dec/2024 08:56 AM
BARCODE NO.	: A1260015		TON DATE	: 01/Dec/2024 12:18PM
CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC SHAHBAD : 6349/1, NICHOLSON ROAD, AMH		ING DATE	: 02/Dec/2024 06:04PM
Test Name		Value	Unit	Biological Reference interval
		HAEMATOLO	GY	
H	IAEMOGLOBIN - HIGH PERF	ORMANCE LIQUI	D CHROMATO)GRAPHY (HB-HPLC)
HAEMOGLOBIN VA	ARIANTS			
HAEMOGLOBIN AO		85.6	%	83.00 - 90.00
HAEMOGLOBIN F (DRMANCE LIQUID CHROMATOGRAPHY) FOETAL) DRMANCE LIQUID CHROMATOGRAPHY)	0	%	0.00 - 2.0
HAEMOGLOBIN A2		3	%	1.50 - 3.70
PEAK 3	DRMANCE LIQUID CHROMATOGRAPHY)	4.8	%	< 10.0
OTHERS-NON SPEC		ABSENT	%	ABSENT
HAEMOGLOBIN S	RMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
HAEMOGLOBIN D (NOT DETECTED	%	< 0.02
HAEMOGLOBIN E	ORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
HAEMOGLOBIN C	ORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
UNKNOWN UNIDE	NTIFIED VARIANTS	NOT DETECTED	%	< 0.02
GLYCOSYLATED HA WHOLE BLOOD	AEMOGLOBIN (HbA1c):	4.9	%	4.0 - 6.4
RED BLOOD CELLS	S (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (H		14.4	gm/dL	12.0 - 17.0
RED BLOOD CELL ((RBC) COUNT	5.24 ^H	Millions/	cmm 3.50 - 5.00
PACKED CELL VOLU	UME (PCV)	45.3	%	40.0 - 54.0
MEAN CORPUSCUL	AR VOLUME (MCV)	86.4	fL	80.0 - 100.0



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







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Test Name		Value	Unit	Biological Reference interval
MEAN CORPUSCUL	AR HAEMOGLOBIN (MCH) ATOLOGY ANALYZER	27.4	pg	27.0 - 34.0
MEAN CORPUSCUL by AUTOMATED HEM	AR HEMOGLOBIN CONC. (MCHC)	31.7 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIB	UTION WIDTH (RDW-CV) atology analyzer	14.2	%	11.00 - 16.00
RED CELL DISTRIB	UTION WIDTH (RDW-SD) ATOLOGY ANALYZER	45.9	fL	35.0 - 56.0
<u>OTHERS</u>				
NAKED EYE SINGL OSMOTIC FRAGILI by SINGLE RED CELL	FY TEST	NEGATIVE (-ve)	NEGATIVE (-ve)
MENTZERS INDEX by CALCULATED		16.49	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA:
				>13.0
INTERPRETATION	V		FINDINGS ARE SUGG GRAPHIC PATTERN	ESTIVE OF NORMAL HAEMOGLOBIN

INTERPRETATION:

The Thalassemia syndromes, considered the most common genetic disorder worldwide, are a heterogenous group of mandelian disorders, all characterized by a lack of/or decreased synthesis of either the alpha-globin chains (alpha thalassemia) or the beta-globin chains (beta thalassemia) of haemoglobin.

HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC):

1.HAEMOGLOBIN VARIANT ANALYSIS, BLOOD- High Performance liquid chromatography (HPLC) is a fast & accurate method for determining the presence and for quatitation of various types of normal haemoglobin and common abnormal hb variants, including but not limited to Hb S, C, E, D and Beta –thalassemia.

2. The diagnosis of these abnormal haemoglobin should be confirmed by DNA analysis.

3. The method use has a limited role in the diagnosis of alpha thalassemia.

4.Slight elevation in haemoglobin A2 may also occur in hyperthyroidism or when there is deficiency of vitamin b12 or folate and this should be istinguished from inherited elevation of HbA2 in Beta- thalassemia trait.

NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST (NESTROFT):

1.It is a screening test to distinguish beta thalassemia trait. Also called as Naked Eye Single Tube Red Cell Osmotic Fragility Test.

2. The test showed a sensitivity of 100%, specificity of 85.47%, a positive predictive value of 66% and a negative predictive value of 100%. 3. A high negative predictive value can reasonably rule out beta thalassemia trait cases. So, it should be adopted as a screening test for beta thalassemia trait, as it is not practical or feasible to employ HbA2 in every case of anemia in childhood.

MENTZERS INDEX:

1. The Mentzer index, helpful in differentiating iron deficiency anemia from beta thalassemia. If a CBC indicates microcytic anemia, the Mentzer index is said to be a method of distinguishing between them.

2. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more





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NAME	: Mr. SAHIL KUMAR			
	MD (Pathology & I Chairman & Consu	Microbiology)	MD (Pathology) Consultant Pathologist	
	Dr. Vinay Cho	ora I E	Dr. Yugam Chopra	

likely.

3. The principle involved is as follows: In iron deficiency, the marrow cannot produce as many RBCs and they are small (microcytic), so the RBC count and the MCV will both be low, and as a result, the index will be greater than 13. Conversely, in thalassemia, which is a disorder of globin synthesis, the number of RBC's produced is normal, but the cells are smaller and more fragile. Therefore, the RBC count is normal, but the MCV is low, so the index will be less than 13.

NOTE: In practice, the Mentzer index is not a reliable indicator and should not, by itself, be used to differentiate. In addition, it would be possible for a patient with a microcytic anemia to have both iron deficiency and thalassemia, in which case the index would only suggest iron deficiency.



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Page 3 of 7





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Test Name		Value Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODIES SCREENING

HEPATITIS C ANTIBODY (HCV) TOTAL

NON - REACTIVE

RESULT by IMMUNOCHROMATOGRAPHY

INTERPRETATION:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT

1.Anti HCV total antibody assay identifies presence IgG antibodies in the serum. It is a useful screening test with a specificity of nearly 99%. 2.It becomes positive approximately 24 weeks after exposure. The test can not isolate an active ongoing HCV infection from an old infection that has been cleared. All positive results must be confirmed for active disease by an HCV PCR test. FALSE NEGATIVE RESULTS SEEN IN:

1.Window period

2.Immunocompromised states.





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Test Name	V	alue Unit	Biological Reference interva

ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODIES HIV (1 & 2) SCREENING

HIV 1/2 AND P24 ANTIGEN RESULT by IMMUNOCHROMATOGRAPHY NON - REACTIVE

INTERPRETATION:-

1.AIDS is caused by at least 2 known types of HIV viruses, HIV-1 and HIV HIV-2.

2. This NACO approved immuno-chromatographic solid phase ELISA assay detects antibodies against both HIV-1 and HIV-2 viruses.

3. The test is used for routine serologic screening of patients at risk for HIV-1 or HIV-2 infection.

4.All screening ELISA assays for HIV antibody detection have high sensitivity but have low specificity.

5.At this laboratory, all positive samples are cross checked for positivity with two alternate assays prior to reporting.

NOTE:-

1. Confirmatory testing by Western blot is recommended for patients who are reactive for HIV by this assay.

2. Antibodies against HIV-1 and HIV-2 are usually not detectable until 6 to 12 weeks following exposure (window period) and are almost always detectable by 12 months.

3. The test is not recommended for children born to HIV infected mothers till the child turns two years old (as HIV antibodies may be transmitted passively to the child trans-placentally).

FALSE NEGATIVE RESULT SEEN IN:

1. Window period

2.Severe immuno-suppression including advanced AIDS.





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Test Name		Value Unit	Biological Reference interva

KOS Diagnostic Lab (A Unit of KOS Healthcare)

HEPATITIS B SURFACE ANTIGEN (HBsAg) SCREENING

HEPATITIS B SURFACE ANTIGEN (HBsAg)

NON REACTIVE

RESULT

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:-

1.HBsAG is the first serological marker of HBV infection to appear in the blood (approximately 30-60 days after infection and prior to the onset of clinical disease). It is also the last viral protein to disappear from blood and usually disappears by three months after infection in self limiting acute Hepatitis B viral infection.

2.Persistence of HBsAg in blood for more than six months implies chronic infection. It is the most common marker used for diagnosis of an acute Hepatitis B infection but has very limited role in assessing patients suffering from chronic hepatitis.

FALSE NEGATIVE RESULT SEEN IN:

1. Window period.

2.Infection with HBsAg mutant strains

3. Hepatitis B Surface antigen (HBsAg) is the earliest indicator of HBV infection. Usually it appears in 27 - 41 days (as early as 14 days).

4.Appears 7 - 26 days before biochemical abnormalities. Peaks as ALT rises. Persists during the acute illness. Usually disappears 12- 20 weeks after the onset of symptoms / laboratory abnormalities in 90% of cases.

5.Is the most reliable serologic marker of HBV infection. Persistence > 6 months defines carrier state. May also be found in chronic infection. Hepatitis B vaccination does not cause a positive HBsAg. Titers are not of clinical value.

NOTE:-

1.All reactive HBsAG Should be reconfirmed with neutralization test(HBsAg confirmatory test).

2.Anti - HAV IgM appears at the same time as symptoms in > 99% of cases, peaks within the first month, becomes nondetectable in 12 months (usually 6 months). Presence confirms diagnosis of recent acute infection.





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



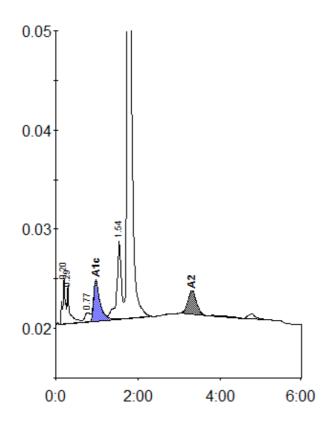
KOS Diagnostic Lab (A Unit of KOS Healthcare)

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Chairman & Consultant Pathologist NAME :: Mr. SAHIL KUMAR ACE/ GENDER :: 28 YRS/MALE PATIENT ID :: 1687449 COLLECTED FY :: REG. NO./LAB NO. :: 042412010002 REFERRED BY :: REG. NO./LAB NO. :: 042408:56 AM BARCODE NO. :: A1260014 COLLECTION DATE :: 01/Dec/202408:56 AM CLENT CODE :: KOS DIAGNOSTIC SHAHBAD REPORTING DATE :: 01/Dec/202401:03PM CLENT ADDRESS :: 6349/1. NICHOLSON ROAD, AMBALA CANTT :: 01/Dec/202401:03PM VDRL VDRL NON REACTIVE NON REACTIVE <i>VDRL</i> NON REACTIVE NON REACTIVE NON REACTIVE <i>VDRL</i> NON REACTIVE NON REACTIVE NON REACTIVE <i>VDRL</i> NON REACTIVE NON REACTIVE Selection (16/16)- 0/16/2014111/0/16/16/16/16/16/16/16/16/16/16/16/16/16/						
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VDRL NON REACTIVE NON REACTIVE by IMMUNOCHROMATOGRAPHY NON REACTIVE NON REACTIVE THERPRETATION: 1.00es not become positive until 7 - 10 days after appearance of chancre. 2.High titer (-1:16) - active disease. 3.Low titer (-1:3) - biological falsepositive test in 90% cases or due to late or late latent syphillis. 4.Freatment of primary syphillis causes progressive decline tonegative VDRL within 2 years. 5.Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment. 6.May benonreactive in early primary. late latent, and late syphillis (approx. 25% of cases). 7.Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest). SMONTHERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURINE 1.Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis) 2.M. pneumoniae: Chlamydia: Malaria infection. 3.Some immunizations 4.Pregnancy (rare) CONCERENTEST RESULTS (<6 MONTHS DURATION) MAY OCCUR IN: 1.Acute viral 1.Sorious underlying disease e.g., collagen vascular diseases, leprosy , malignancy. 2.Intravenous drug users. 3.Rheumatoid arthritis, thyroiditis, ADS, Sjogren's syndrome. 400 % of patients older thanage 70 years. 5.Patients taking some anti-hypertensive drug	CLIENI ADDRESS	: 0349/1, NICHOLSON KOAD, AN	IDALA CANTI			
VDRL by IMUNOCHROMATOGRAPHYNON REACTIVENON REACTIVEMUTERPRETATION:1. Loos not become positive until 7 - 10 days after appearance of chancre.2. High titre (-51:6) - active disease.3. Jow titer (-1:3) - biological falsepositive test in 90% cases or due to late or late latent syphillis.4. Treatment of primary syphillis causes progressive decline tonegative VDR. within 2 years.5. Rising titre (43:16) - divier disease, reinfection, or treatment failure and need for retreatment.6. May benonreactive in early primary, late latent, and late syphillis (approx. 25% of cases).7. Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest).8. Storter FLSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:1. Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)3. One immunizations4. Pregnancy (tare)Menter MENTER FLSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCUR IN:1. Acute viral illnesses (e.g., hopatitis, measles, infectious mononucleosis)9. Pregnancy (tare)8. Pregnancy (tare)9. Reumatoia et chlying disease e.g., collagen vascular diseases, leprosy malignancy.1. Aravenous drug users.9. Reumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.4. J0% of patients older thanage 70 years.9. Patients taking some anti-hypertensive drugs.	Test Name		Value	Unit	Biological Reference interval	
VDRL by IMUNOCHROMATOGRAPHYNON REACTIVENON REACTIVEMUTERPRETATION:1. Loos not become positive until 7 - 10 days after appearance of chancre.2. High titer (-51:6) - active disease.3. Jow titer (-13) - biological falsepositive test in 90% cases or due to late or late latent syphillis.4. Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.5. Rising titer (43) indicates relapse,reinfection, or treatment failure and need for retreatment.6. May benonreactive in early primary, late latent, and late syphillis (approx. 25% of cases).7. Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest).SUPPORTING FOSTIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURINE1. Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)3. One immunizations4. Pregnancy (rare)MENTENT FEST RESULTS (<6 MONTHS DURATION) MAY OCCUR IN:1. Acute viral illnesses (e.g., collagen vascular diseases, leprosy, malignancy.2. M. pneumoniae: Chlamydia: Malaria infections3. One immunizations4. Pregnancy (rare)3. Reumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.4. Jo of patients older thanage 70 years.3. Apatients inder other thanage 70 years.3. Patients taking some anti-hypertensive drugs.			VDI	21		
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DR.VINAY CHOPRA DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) MBBS , MD (PATHOLOGY)		CONSULTANT PATHOLOGIST	CONSULTA	NT PATHOLOGIST		



Patient report

Bio-Rad	DATE: 12/02/2024
D-10	TIME: 06:03 AM
S/N: #DJ6F040603	Software version: 4.30-2
Sample ID:	A1260015
Injection date	12/02/2024 02:57 AM
Injection #: 22	Method: HbA2/F
Rack #:	Rack position: 3



Peak table - ID: A1260015						
Peak	R.time	Height	Area	Area %		
Ala	0.20	4576	20753	1.6		
A1b	0.29	3834	15105	1.2		
LA1c/CHb-1	0.77	941	8383	0.7		
A1c	0.98	4104	44570	4.9		
P3	1.54	7982	61274	4.8		
A0	1.75	258970	1095337	85.6		
A2	3.31	2357	34851	3.0		
Total Area:	1280273					

Concentration:	%
A1c	4.9
A2	3.0