



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961 ✉ [pkrajainhealthcare@gmail.com](mailto:pkrajainhealthcare@gmail.com)

<b>NAME</b>	: Mrs. MEETA	<b>PATIENT ID</b>	: 1361932
<b>AGE/ GENDER</b>	: 26 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 122408100017
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 10/Aug/2024 10:09 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 10/Aug/2024 10:27AM
<b>BARCODE NO.</b>	: 12504093	<b>REPORTING DATE</b>	: 10/Aug/2024 01:33PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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## IMMUNOPATHOLOGY/SEROLOGY

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

HIV 1/2 AND P24 ANTIGEN RESULT NON - REACTIVE

by IMMUNOCHROMATOGRAPHY

#### 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 PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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VDRL by IMMUNOCHROMATOGRAPHY	NON - REACTIVE		NON REACTIVE
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#### INTERPRETATION:

- 1.Does not become positive until 7 - 10 days after appearance of chancre.
- 2.**High titer (>1:16) - active disease.**
- 3.**Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphilis.**
- 4.Treatment of primary syphilis 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 syphilis (approx. 25% ofcases).
- 7.**Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest).**

#### **SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:**

- 1.Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
- 2.M. pneumoniae; Chlamydia; Malaria infection.
- 3.Some immunizations
- 4.Pregnancy (rare)


#### **LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:**

- 1.Serious underlying disease e.g., collagen vascular diseases, leprosy ,malignancy.
- 2.Intravenous drug users.
- 3.Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- 4.<10 % of patients older thanage 70 years.
- 5.Patients taking some anti-hypertensive drugs.

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



  
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