

# PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

# A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 pkrjainhealthcare@gmail.com

**NAME** : Mr. HARJIT SINGH

**AGE/ GENDER** : 55 YRS/MALE **PATIENT ID** : 1749543

**COLLECTED BY** : 122502080005 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 08/Feb/2025 09:04 AM BARCODE NO. : 12506893 **COLLECTION DATE** : 08/Feb/2025 12:33PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 08/Feb/2025 02:11PM

**CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

**Value** Unit **Biological Reference interval Test Name** 

### 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 NÉGATIVE RESULT SEEN IN:**

- 1. Window period
- 2. Severe immuno-suppression including advanced AIDS

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VDRI.

**VDRL** NON - REACTIVE NON REACTIVE

by IMMUNOCHROMATOGRAPHY

#### **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 syphillis.
- 4.Treatment 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% ofcases).

7. Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).

#### 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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