

REPORT

Patient Name : Mr. DHARMINDER	Reg. No. : 00261812130018
Age and Sex : 34 Yrs / Male	PCC Code : PCL-HR-075
Referring Doctor : NA	Sample Drawn Date : 13-Dec-2018 11:01 AM
Referring Customer : KOS LAB AMBALA	Registration Date : 13-Dec-2018 02:37 PM
Vial ID : H1857473	Report Date : 13-Dec-2018 06:05 PM
Sample Type : WB-EDTA	Report Status : Final Report
Client Address : 1936 , NEW HOUSING BOARD COLONY , NEAR BADA PARK. PANIPAT	

FLOW CYTOMETRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
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[PDF Attached](#)
CD3/CD4/CD8

Absolute Lymphocyte Count (CD 45 +)	2783	10 ⁶ /L	1000-3000
CD3+ Absolute Count (T Lymphocytes)	2262	10 ⁶ /L	600-2500
CD3+ %	81	%	60-85
CD4+ T helper Cells (Absolute Count)	993	10 ⁶ /L	400-1500
CD4+ %	35	%	30-50
CD8+ Absolute Count (T Suppressor Cells)	1239	10 ⁶ /L	200-1100
CD8+ %	44	%	10-35
CD4 / CD8 Ratio	0.80		0.7-3.5

Comments:

- CD 4 counts > 500 cells/mm³ progressed as rapidly to AIDS and death as those with much lower counts when their viral load levels were > 10,190 copies/mL. In current clinical practice, a CD 4 cell count of fewer than 500 CD 4 cells/mm³ is commonly used as the trigger to start anti-HIV treatment. This recommendation needs to be reconsidered, given the researchers' finding that 50% of the men in the study with greater than 500 CD 4 cells/mm³ (median CD 4 count 781 cells/mm³) at study entry and a viral load greater than 10,190 copies/mL died within 6 years after entering the study.
- The decision to begin anti-HIV therapy should not be based solely on CD 4 cell counts. Individuals should consider starting anti-HIV therapy when their viral load is greater than 10,000 copies/mL, regardless of their CD 4 cell count. These conclusions do not diminish the value of CD 4 cell testing in the management of HIV disease, which continues to serve as a reliable marker for predicting the risk of opportunistic infections and for determining the appropriate timing of initiating preventive treatment for these infections. In addition, many clinicians believe that a CD 4 count less than 350 cells/mm³ represents an indication for starting anti-HIV therapy, regardless of HIV viral load.

Method : Immunofluorescence-Flow Cytometry

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

*** End Of Report ***




DR. PRATAP PATIL
MD PATHOLOGY

H1857473

Mr. DHARMINDER

04

Director:

Panel: 3/8/45/4 + TruC
 Acquired: 13-Dec-18 6:00:52 PM
 Analyzed: 13-Dec-18 6:00:52 PM
 TruC Lot ID: 8169549
 Bead/Pellet: 49350
 Operator: MD.NAZEER
 Results: 13122018.csv

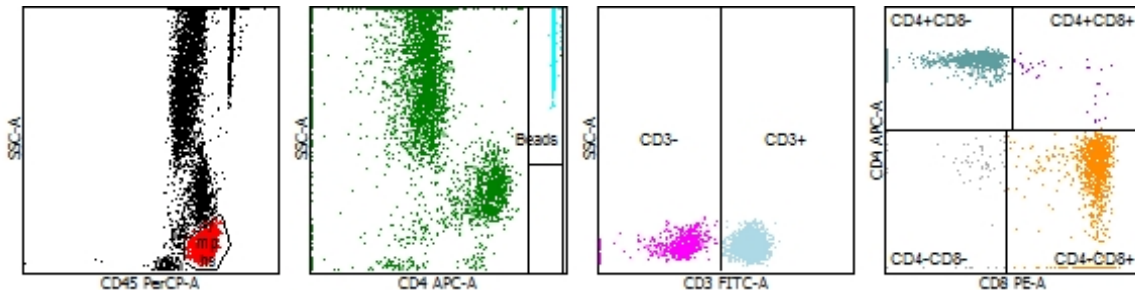
Column #1: AGE 34 YRS/Male

BD FACSCanto II V33896202252

BD FACSCanto v.3.0.4894.41215

CD3/CD8/CD45/CD4 TruC

Total Events: 10058



Mr. DHARMINDER005.001.fcs

Reagent Lot ID: 81038

Parameter	Percent	Value/AbsCnt
Lymph Events		3302
Bead Events		1171
CD3+	81.28	2262.26
CD3+CD8+	44.52	1239.02
CD3+CD4+	35.68	992.90
CD3+CD4+CD8+	1.03	28.66
CD45+		2783.16
4/8 Ratio		0.80

QC Messages

% T-Sum is: 1.09

4/8 ratio is: 0.80

Comments