LABORATORY TEST REPORT

Name	: Ms. LAKSHMI R		
Sample ID	: A0451525		
Age/Gender	: 24 Years/Female	Reg. No	: 0312409280007
Referred by	: Dr. SUNAINA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 09:08 AM
Primary Sample	:	Received On	: 28-Sep-2024 11:23 AM
Sample Tested In	: Capillary Tube	Reported On	: 28-Sep-2024 11:26 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Bleeding Time & Clotting Time			
Bleeding Time (BT) *(Method: Capillary Method)*	03:00	Minutes	2 - 5
Clotting Time (CT) *(Method: Capillary Method)*	05:40	Minutes	3 - 7

*** End Of Report ***

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DR.SWARNA BALA
MD PATHOLOGY

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Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Ms. LAKSHMI R			
Sample ID	: A0451524			
Age/Gender	: 24 Years/Female	Reg. No	: 0312409280007	
Referred by	: Dr. SUNAINA	SPP Code	: SPL-CV-172	
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 09:08 AM	
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 11:23 AM	
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Sep-2024 12:10 PM	
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report	

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Complete Blood Picture(CBP)			
Haemoglobin (Hb) *(Method: Cynmeth Method)*	**11.8**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**31.5**	%	40-50
RBC Count *(Method: Cell Impedence)*	**3.58**	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	88	fl	81-101
MCH *(Method: Calculated)*	32.0	pg	27-32
MCHC *(Method: Calculated)*	33.0	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.5	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	294	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	9.0	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	51	%	40-70
Lymphocytes *(Method: Cell Impedence)*	40	%	20-40
Monocytes *(Method: Microscopy)*	06	%	2-10
Eosinophils *(Method: Microscopy)*	03	%	1-6
Basophils *(Method: Microscopy)*	0	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	4.59	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	**3.6**	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.54	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.27	10^9/L	0.02-0.5
Absolute Basophil ICount *(Method: Calculated)*	0.00	10^9/L	0.0-0.3
Morphology *(Method: PAPs Staining)*	Normocytic normochromic		

*** End Of Report ***

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LABORATORY TEST REPORT

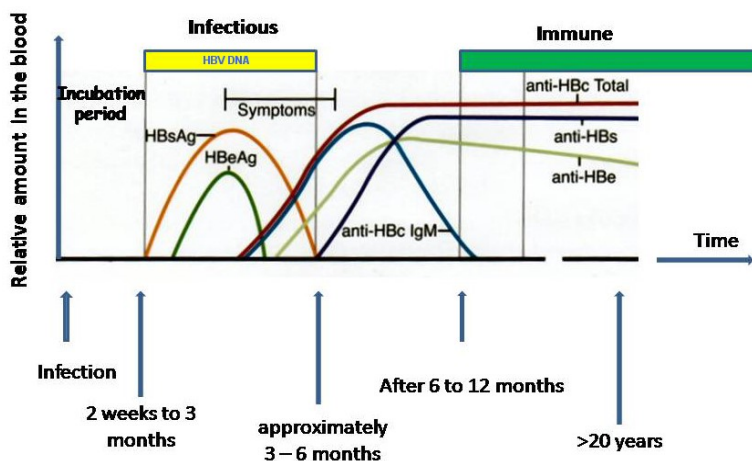|			
Name	: Ms. LAKSHMI R		
Sample ID	: A0451523		
Age/Gender	: 24 Years/Female	Reg. No	: 0312409280007
Referred by	: Dr. SUNAINA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 09:08 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 11:23 AM
Sample Tested In	: Serum	Reported On	: 28-Sep-2024 02:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) *(Method: ELISA)*	0.45	S/Co	<1.00 :Negative >1.00 :Positive

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.

- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

*** End Of Report ***

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Page 3 of 5

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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LABORATORY TEST REPORT

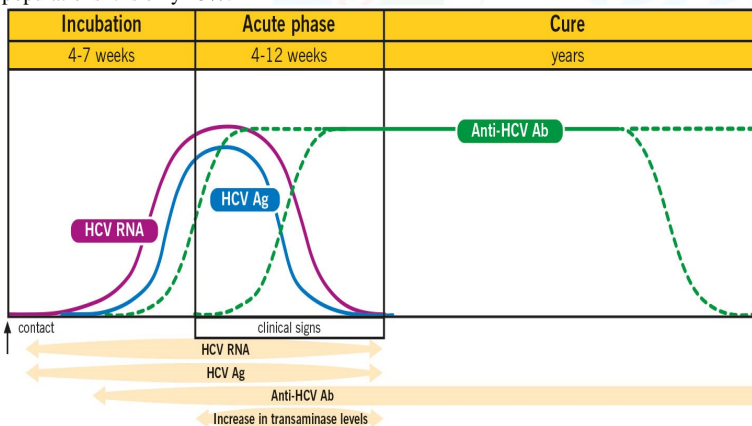|			
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Sample ID	: A0451523		
Age/Gender	: 24 Years/Female	Reg. No	: 0312409280007
Referred by	: Dr. SUNAINA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 09:08 AM
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Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody *(Method: ELISA)*	0.29	S/Co	< 1.00 : Negative > 1.00 : Positive

Interpretation:

1. Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
2. Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, 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 populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

Note:
1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
3. HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody *(Method: ELISA)*	0.34	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***

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