

**LABORATORY TEST REPORT**

Name	: Mr. ABHISHEK NIRANJAN		
Sample ID	: A0787974		
Age/Gender	: 28 Years/Male	Reg. No	: 0312410270002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Oct-2024 08:18 AM
Primary Sample	: Whole Blood	Received On	: 27-Oct-2024 02:30 PM
Sample Tested In	: Serum	Reported On	: 27-Oct-2024 07:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Biological Reference Interval
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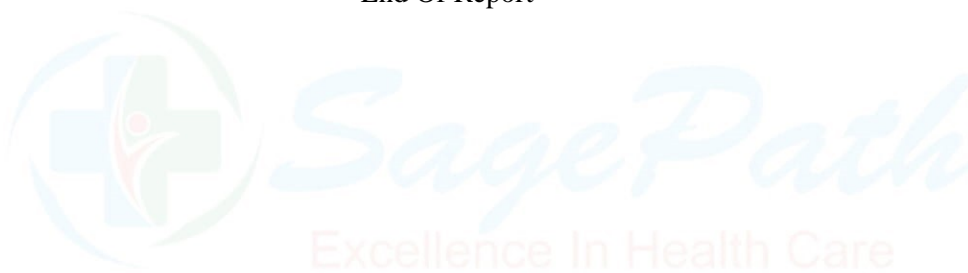
VDRL- Syphilis Antibodies  
(Method: Slide Flocculation)

Non Reactive

Non Reactive

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to *T. pallidum* in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with *Treponema pallidum* but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

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



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST

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**VIRAL SCREENING**

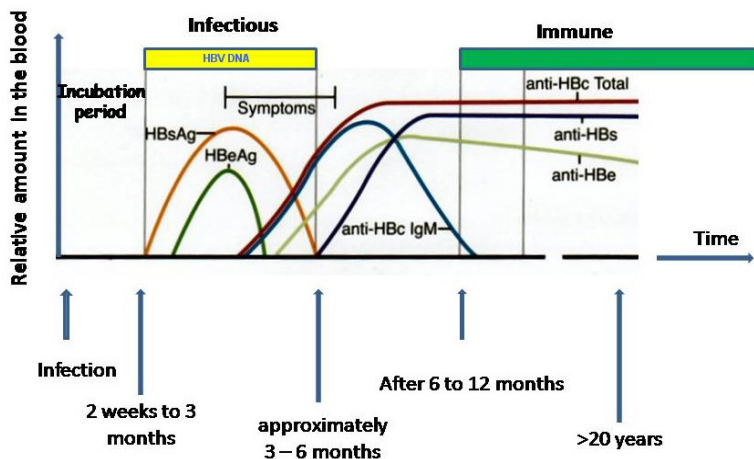
Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) (Method: ELISA)	0.25	S/Co	<1.00 :Negative >1.00 :Positive

**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.

**HBV antigens and antibodies in the blood**



**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

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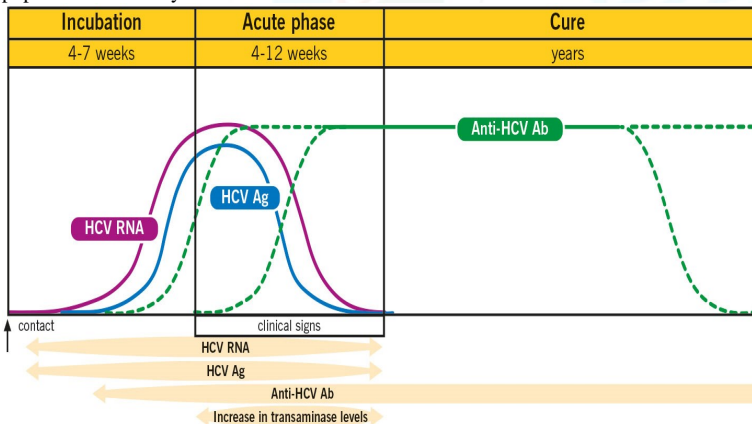
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody (Method: ELISA)	0.23	S/Co	< 1.00 : Negative > 1.00 : Positive

**Interpretation:**

- 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.
- 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:**

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

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



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*[Signature]*

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Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody <small>(Method: ELISA)</small>	0.30	S/Co	< 1.00 : Negative > 1.00 : Positive

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