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Excellence In Health Care

Sagepath Labs Pvt. Ltd.

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	: Mr. NAVEEN		
Sample ID	: 24202508		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	:	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Capillary Tube	Reported On	: 13-Nov-2024 02:13 PM
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)*	05:30	Minutes	3 - 7

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DR.SWARNA BALA
MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202459		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Nov-2024 02:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Blood Grouping (A B O) *(Method: Tube Agglutination)*	O		
Rh Typing *(Method: Tube Agglutination)*	Positive		

Comments:

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .

*** End Of Report ***

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202459		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Nov-2024 02:05 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)*	15.2	g/dL	13-17
Haematocrit (HCT) *(Method: Calculated)*	47.0	%	40-50
RBC Count *(Method: Cell Impedence)*	5.42	10^12/L	4.5-5.5
MCV *(Method: Calculated)*	87	fl	81-101
MCH *(Method: Calculated)*	28.0	pg	27-32
MCHC *(Method: Calculated)*	**32.3**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.3	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	225	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	6.3	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	65	%	40-70
Lymphocytes *(Method: Cell Impedence)*	30	%	20-40
Monocytes *(Method: Microscopy)*	03	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	4.1	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.89	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	**0.19**	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.13	10^9/L	0.02-0.5
Absolute Basophil lCount *(Method: Calculated)*	0.00	10^9/L	0.0-0.3
Morphology *(Method: PAPs Staining)*	Normocytic normochromic		

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202462, 24202461		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Semen	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Urine, Semen	Reported On	: 13-Nov-2024 04:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
Complete Urine Analysis (CUE)			
Physical Examination			
Colour	Pale Yellow		Straw to light amber
Appearance	Clear		Clear
Chemical Examination			
Glucose *(Method: Strip Reflectance)*	Negative		Negative
Protein *(Method: Strip Reflectance)*	Negative		Negative
Bilirubin (Bile) *(Method: Strip Reflectance)*	Negative		Negative
Urobilinogen *(Method: Ehrlichs reagent)*	Negative		Negative
Ketone Bodies *(Method: Strip Reflectance)*	Negative		Negative
Specific Gravity *(Method: Strip Reflectance)*	1.025		1.000 - 1.030
Blood *(Method: Strip Reflectance)*	Negative		Negative
Reaction (pH) *(Method: Reagent Strip Reflectance)*	6.0		5.0 - 8.5
Nitrites *(Method: Strip Reflectance)*	Negative		Negative
Leukocyte esterase *(Method: Reagent Strip Reflectance)*	Negative		Negative
Microscopic Examination (Microscopy)			
PUS(WBC) Cells *(Method: Microscopy)*	02-03	/hpf	00-05
R.B.C. *(Method: Microscopic)*	Nil	/hpf	Nil
Epithelial Cells *(Method: Microscopic)*	01-02	/hpf	00-05
Casts *(Method: Microscopic)*	Absent		Absent
Crystals *(Method: Microscopic)*	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells *(Method: Microscopy)*	Nil		Absent

Comments : Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

SEMEN ANALYSIS

Time of Collection	11:26AM	AM/PM
Period of Abstinence (In Days)	3	Days

Physical Examination

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202462, 24202461		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Semen	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Urine, Semen	Reported On	: 13-Nov-2024 04:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
Volume	1.50	mL	>1.5
Colour	Pearly white		Pearly White
Viscosity	Viscous		Viscous
Liquifaction Time	30 mins	Mins	15 - 60
Chemical Examination			
Semen Fructose *(Method: Chemical)*	Present		
PH *(Method: Chemical)*	Alkaline		
Microscopic Examination			
Total Sperm Concentration *(Method: Neubauer chamber)*	< 02	million/ml	over 15 million
Total Sperm count	Not Applicable	Millions/ejaculate	over 40 million
Pus Cells	01-02	/HPF	
Epithelial Cells	0-01	/HPF	
Rbc	01-02		
Sperm vitality *(Method: Dye exclusion)*	NA	%	>58
Morphology *(Method: PAPs Staining)*			
Normal morphology *(Method: Microscopy)*	Not Applicable	%	>4.0%
Abnormal Morphology *(Method: Microscopy)*	Not Applicable	%	
head defects *(Method: Microscopy)*	Not Applicable	%	
Neck & mid piece *(Method: Microscopy)*	Not Applicable	%	
Tail defects *(Method: Microscopy)*	Not Applicable	%	
Motility			
Progressive (P) *(Method: Microscopy of Wet mount)*	Not Applicable	%	>32
Non Progressive (NP) *(Method: Microscopy of Wet mount)*	Not Applicable	%	
Total Motility(P+NP) *(Method: Microscopy of Wet mount)*	Not Applicable	%	>40
Non Motile *(Method: Microscopy of Wet mount)*	Not Applicable	%	

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202462, 24202461		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Semen	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Urine, Semen	Reported On	: 13-Nov-2024 04:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
Others	-		
Impression	Oligozoospermia with motile sperms seen		

Comments: This assay helps in determining male fertility status. Male infertility can be due to decrease in the number of viable sperms, abnormal sperm morphology and abnormalities of the seminal fluid.

Sperm count:

- Sperm count measures the concentration of sperm in a man's ejaculate, distinguished from total sperm count, which is the sperm count multiplied with volume.

Motility:

- Grade a: Sperm with progressive motility. These are the strongest and swim fast in a straight line. Sometimes it is also denoted motility IV.
- Grade b: (non-linear motility): These also move forward but tend to travel in a curved or crooked motion. Sometimes also denoted motility III.
- Grade c: These have non-progressive motility because they do not move forward despite the fact that they move their tails. Sometimes also denoted motility II.
- Grade d: These are immotile and fail to move at all. Sometimes also denoted motility .

Morphology:

- The WHO criteria as described in 2010 state that a sample is normal (samples from men whose partners had a pregnancy in the last 12 months) if 4% (or 5th centile) or more of the observed sperm have normal morphology.

Liquifaction:

- The liquefaction is the process when the gel formed by proteins from the seminal vesicles is broken up and the semen becomes more liquid. It normally takes less than 20 minutes for the sample to change from a thick gel into a liquid

Abnormalities:

- Aspermia: absence of semen.
- Azoospermia: absence of sperm.
- Oligozoospermia: Very low sperm count.

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202460		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 13-Nov-2024 02:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval
Glucose Random (RBS) *(Method: Hexokinase (HK))*	106	mg/dL	70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202459, 24202458		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 13-Nov-2024 02:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) *(Method: HPLC)*	5.1	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose *(Method: Calculated)*	99.67	mg/dL	

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: ***The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.***

INTERPRETATION

Method: Analyzer Fully automated **HPLC** platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: *Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.*

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202459, 24202458		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 13-Nov-2024 02:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
TSH -Thyroid Stimulating Hormone (Method: CLIA)	1.144	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL)	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202458		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 06:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
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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LABORATORY TEST REPORT

Name	: Mr. NAVEEN		
Sample ID	: 24202458		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 09:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

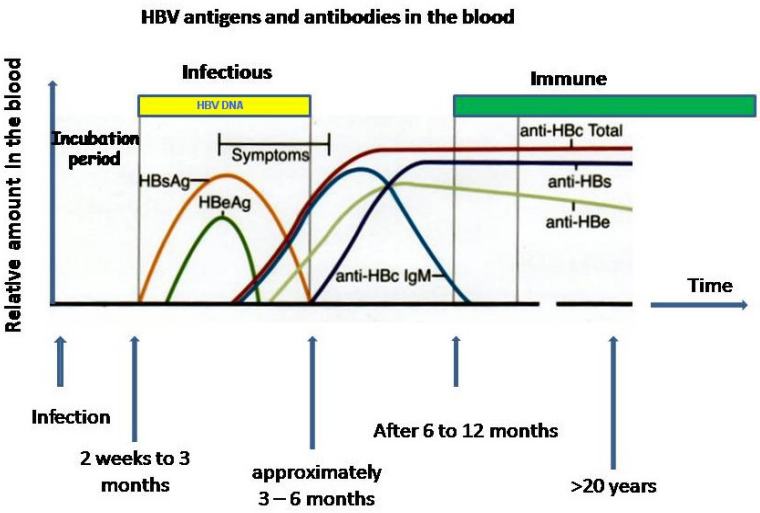
VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) *(Method: ELISA)*	0.32	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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Sample ID	: 24202458		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 06:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

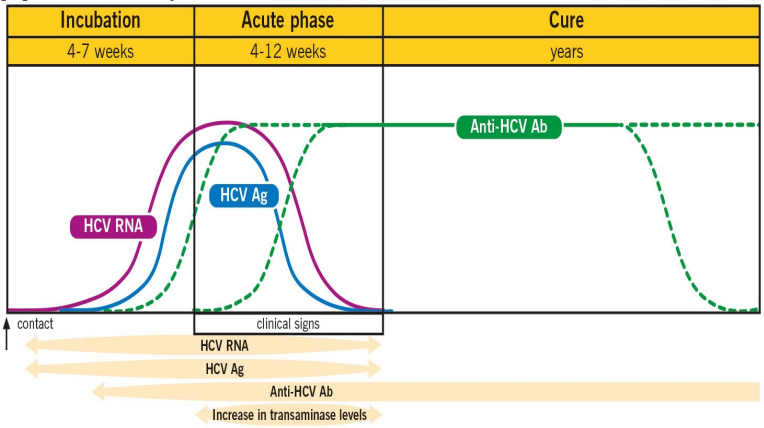
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody *(Method: ELISA)*	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive

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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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	: Mr. NAVEEN		
Sample ID	: 24202458		
Age/Gender	: 29 Years/Male	Reg. No	: 0312411130022
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 01:09 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 06:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody *(Method: ELISA)*	0.33	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***

MC 3633

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST