

**LABORATORY TEST REPORT**

Name	: Mr. ANAND		
Sample ID	: A1841802		
Age/Gender	: 30 Years/Male	Reg. No	: 0312503100046
Referred by	: Dr. B PRATHIMA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Mar-2025 06:52 PM
Primary Sample	: Whole Blood	Received On	: 10-Mar-2025 10:46 PM
Sample Tested In	: Serum	Reported On	: 11-Mar-2025 12:02 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
C-Reactive protein-(CRP)	3.8	mg/L	Upto:6.0

(Method: Immunoturbidimetry)

**Interpretation:**

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

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



  
DR. LAVANYA LAGISETTY  
MD BIOCHEMISTRY

Page 1 of 3

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**LABORATORY TEST REPORT**

Name	: Mr. ANAND		
Sample ID	: A1841804		
Age/Gender	: 30 Years/Male	Reg. No	: 0312503100046
Referred by	: Dr. B PRATHIMA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Mar-2025 06:52 PM
Primary Sample	: Whole Blood	Received On	: 10-Mar-2025 10:46 PM
Sample Tested In	: Lithium Heparin	Reported On	: 12-Mar-2025 01:18 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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**QuantiFeron TB Gold (Interferon Gamma Release Assay)**

Gamma Interferon Nil Tube	0.51		
Gamma Interferon Antigen	1.81		
TB IGRA (IFN-γ) Levels <small>(Method: ELISA)</small>	<b>1.30</b>	IU/mL	Negative: < 0.35 Positive: ≥ 0.35
TB IGRA (IFN-γ) Results <small>(Method: ELISA)</small>	Positive		

**Interpretation :**

Nil (pg/mL)	TB Antigen minus Nil (pg/mL)	Results	Report/ Interpretation
≤ 8.0	≥ 0.35 and ≥ 25 % N	Positive	M. tuberculosis infection likely
	< 0.35	Negative	M. tuberculosis infection not likely
	≥ 0.35 and ≤ 25 % N	Negative	M. tuberculosis infection not likely
> 8.0	Any Value	Indeterminate	Results are indeterminate for Antigen responsiveness

- A Negative QFT result does not preclude the possibility of M.tuberculosis infection or tuberculosis disease.False negative can be due to stage of infection (e.g ., specimen obtained prior to the development of cellular immune responses).
- A Positive QFT should not be the sole or definitive basis for determining M.tuberculosis.A Positive result should be followed by further medical evaluation and diagnostic evaluation for active tuberculosis disease (such as chest radiograph) are needed to exclude TB disease and confirm the diagnosis of LTBI.

**This Test has**
**been Performed on QuantiFeron-TB Gold (QFT) ELISA test kit (FDA Approved)**
**Comments:**

QuantiFeron TB Gold (Interferon Gamma Releasing Assay) test is whole blood test for detection of infection to *Mycobacterium tuberculosis* as occurs in active tuberculosis and latent tuberculosis infection (LTBI).If not detected and treated, LTBI may later develop into TB disease. This test measures the patient's immune reactivity to *M. tuberculosis*, the bacterium that causes TB. Blood samples are mixed with TB specific antigens and incubated for 20 to 24 hours. The antigens include ESAT-6 and CFP-10, proteins specific to tuberculosis complex. These antigens are not found in BCG strains or atypical Mycobacteria. If the patient is infected with *M. tuberculosis*, the patient's lymphocytes will recognize the antigens and release interferon -gamma in response.

**Note: IGRA Test is approved as an in vitro diagnostic aid for detection of *Mycobacterium tuberculosis* infection (active disease and LTBI) and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluations. The IGRA test does not differentiate between active and latent TB so latent patient will also be picked by IGRA. IGRA cannot be used as standalone test to diagnose TB infection. IGRA test is not established for any prognostic use.**

Disclaimer : It cannot differentiate between latent infection and active tuberculosis.

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



Page 2 of 3

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

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**LABORATORY TEST REPORT**

Name	: Mr. ANAND		
Sample ID	: A1841801		
Age/Gender	: 30 Years/Male	Reg. No	: 0312503100046
Referred by	: Dr. B PRATHIMA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Mar-2025 06:52 PM
Primary Sample	: Whole Blood	Received On	: 10-Mar-2025 10:44 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Mar-2025 12:30 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**HAEMATOLOGY**

Test Name	Results	Units	Biological Reference Interval
 Erythrocyte Sedimentation Rate (ESR) (Method: Westergren method)	6	mm/hr	10 or less

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



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Page 3 of 3  
Swarnabala - M  
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