

**LABORATORY TEST REPORT**

Name	: Mrs. K MOUNIKA		
Sample ID	: B2675647		
Age/Gender	: 32 Years/Female	Reg. No	: 0312504080030
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Apr-2025 11:03 AM
Primary Sample	:	Received On	: 08-Apr-2025 12:39 PM
Sample Tested In	: Sputum	Reported On	: 10-Apr-2025 12:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**MICROBIOLOGY**

**Culture, Aerobic, Sputum**

Nature Of Sample : Sputum  
Organism isolated : Enterococcus species

**Antibiogram**

Antibiotics	Interpretation
Penicillin	Resistant
Ampicillin	Resistant
Vancomycin	Sensitive
Teicoplanin	Sensitive
Linezolid	Sensitive

Method : Aerobic Culture ABST; Disc Diffusion Method

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



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

\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Apr-2025 11:03 AM
Primary Sample	:	Received On	: 08-Apr-2025 12:39 PM
Sample Tested In	: Sputum	Reported On	: 10-Apr-2025 12:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Interim



**MICROBIOLOGY (PRELIMINARY REPORT)**

**AFB Culture (BD MGIT)-Sputum**

Nature of Sample. : Sputum  
Preliminary Z-N Stain Result : Acid Fast Bacilli not seen

**WEEKLY RESULT**

1st Week Result : Due on 15-04-2025  
2nd Week Result : Due on 22-04-2025  
3rd Week Result : Due on 29-04-2025  
4th Week Result : Due on 06-05-2025  
5th Week Result : Due on 13-05-2025  
6th Week Result : Due on 20-05-2025  
Finel Report : Pending

Final report will be released on 20-05-2025

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



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Apr-2025 11:03 AM
Primary Sample	:	Received On	: 08-Apr-2025 12:39 PM
Sample Tested In	: Sputum	Reported On	: 08-Apr-2025 03:00 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**MICROBIOLOGY**

**AFB Stain (ZN Stain)-Sputum**

Nature Of Sample : Sputum  
Microscopic Examination : Acid Fast Bacilli not seen

As per RNTCP guidelines minimum of two consecutive sputum samples should be examined

Method : ZN Stain & Microscopic Examination



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Apr-2025 11:03 AM
Primary Sample	:	Received On	: 08-Apr-2025 12:39 PM
Sample Tested In	: Sputum	Reported On	: 09-Apr-2025 10:41 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**MOLECULAR BIOLOGY**

<b>Test Name</b>	<b>GeneXpert MTB WITH RIFAMPICIN RESISTANCE, QUALITATIVE @ (Real Time PCR)</b>
<b>Type of Specimen</b>	Sputum
<b>Mycobacterium tuberculosis complex</b>	Not Detected
<b>Rifampicin resistance</b>	Not Detected

**Interpretation:**

MYCOBACTERIUM TUBERCULOSIS	RIFAMPICIN RESISTANCE	REMARKS
Detected	Detected	Target DNA detected resistant to Rifampicin
Not Detected	Not Detected	Target DNA not detected
Detected	Not Detected	Target DNA detected sensitive to Rifampicin
Detected	Indeterminate	Target DNA concentration very low to determine Rifampicin resistance
Indeterminate	Indeterminate	Target DNA could not be detected may be due to presence of inhibitors

**Note:**

1. A positive result does not necessarily indicate presence of viable organisms. However it indicates a presumptive presence of MTB.
2. A negative result does not preclude Mycobacterium Tuberculosis infection because results depend on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.
3. Results may be affected by antecedent or concurrent antibiotic therapy. Hence therapeutic success or failure cannot be assessed by this test as DNA might persist following antimicrobial therapy .

**Comments:**

Mycobacterium tuberculosis complex (M. tuberculosis, M.bovis, M.microti & M.africanum) are the only Mycobacteria that are transmitted from person to person and therefore are of public health importance. These infections are usually treated by 4 common first line drugs - Rifampicin, Ethambutol, Pyrazinamide & Isoniazid.

As documented by WHO Rifampicin resistance is rarely encountered by itself and usually indicates resistance to a number of other anti-tubercular drugs. Resistance to Rifampicin or other first -line drugs usually indicates the need for full susceptibility testing, including testing against second-line agents.

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



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