


for a waiting for #0 A160

R3 mmw

**GOVERNMENT OF WEST BENGAL**  
**Department of Microbiology**  
**(Serology & Immunology Section)**  
**Murshidabad Medical College & Hospital**  
**Berhampore, Murshidabad, West Bengal**

Name: <u>Suren Mondal</u>	Age: <u>35</u> Years
Laboratory I.D.:	Sex: <u>Male</u> / Female
Registration No.: <u>134861</u>	Referred by: <u>J B</u>
Date of Receipt: <u>5/11/2018</u>	Date of Report: <u>1</u> / <u>2018</u>
Sample:	
Provisional Diagnosis:	

Name of Test	Type of Test	Test value / Result
C-Reactive protein (C.R.P.) (Normal value < 6mg/Lit)	Latex agglutination Test	6mg/Lit (Positive/Negative)
Rheumatoid factors (R.A. Factor) (Normal value < 10 I.U./ml)	Latex agglutination Test	10 I.U./ml (Positive/Negative)
Antistreptolysin O (ASO) titre (Normal value < 200 I.U./ml)	Latex agglutination Test	200 I.U./ml (Positive/Negative)
<u>Anti-H.C.V.</u>	Chromatographic Immunoassay	Reactive / Nonreactive ✓
<u>HBsAg</u>	Chromatographic Immunoassay	Reactive / Nonreactive ✓
Hepatitis-A (HAV)	Chromatographic Immunoassay	Reactive / Nonreactive
Rapid Plasma Reagin (RPR) Test	Flocculation Test	Reactive / Nonreactive
Dengue NS1	ELISA	Reactive / Equivocal / Nonreactive
Dengue IgM	MAC ELISA	Reactive / Equivocal / Nonreactive
Widal Test	Agglutination Test	
<u>HIV T&amp;O</u>		

  
**Reporting Officer**  
**Department of Microbiology**

GOV. OF WEST BENGAL

Form to be filled in duplicate

Department of Health & Family Welfare

West Bengal State AIDS Prevention & Control Society

1<sup>st</sup> Floor, Swasthya Bhawan, Block GN-29, Sector-V, Salt Lake, Kolkata-700 091

MMW

A160

HIV TEST REPORT FORM

Name and address of ICTC Centre: \_\_\_\_\_

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

Name: First Name Susen Middle Name \_\_\_\_\_ Surname Mondal

Gender: M/F/TG M Age: 55 (Years), Date and time blood drawn: DD/MM/YYYY HH:MM

PID No. GC/PW SAICTC WB MBD00218 08796 Lab ID No. 08796

Test Details

Specimen type used for testing: Serum/ Plasma/ Whole Blood

Date and time specimen tested: 6/11/18 (DD/MM/YYYY) (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used.
- No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4	Column 5
Name of HIV test kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies	Batch No. with Expiry Date
Test I:	<u>NR</u>	<u>NR</u>	<u>NA</u>	<u>MBD0218 08796</u>
Test II:				
Test III:				

Interpretation of the result: Tick (✓) relevant

- Specimen is negative for HIV antibodies
- Specimen is positive for HIV-1 antibodies
- \*Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
- Specimen is indeterminate for HIV antibodies. Collect fresh sample in two weeks.

\*Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres

-- End of report --

Name & Signature with stamp of Laboratory Technician

Name & Signature with stamp of Laboratory In-Charge/MOIC

URGENT  
P. is waiting for HD R3

MMW

# Murshidabad Medical College & Hospital

Berhampore, Murshidabad, West Bengal

Patient Name :	Buren Mondal	Laboratory ID :	
Age/Sex :	55 yr	Registration No. :	134 861
Ward/OPD :	Ø	Receiving Date :	
Bed No. :	IB	Reporting Date :	5/11/18

## BLOOD INVESTIGATION REPORTS (DEPARTMENT OF PATHOLOGY)

TEST	RESULT	UNIT	REFERENCE INTERVALS
Haemoglobin <i>CBL</i>	8.1	gm/dl	Male : 13-17, Female : 11.5-15.5 Children (>1 year) : 11.0-14.5
Total Leucocytes Count	9400	/cumm	Adult : 4000-10000, Infant 1 <sup>st</sup> Day : 10000-26000, Infant 1 yr. : 6000-18000, Children : 4500-13000
<u>Differential Leucocytes Count :</u>			
Neutrophils		44 %	
Lymphocytes		46 %	
Monocytes		02 %	
Eosinophils		08 %	
Basophils		0 %	
ESR-1 <sup>st</sup> hr.		mm	Male : Upto 12, Female : Upto 20,
Platelets count	2.5	$\times 10^5$ /cumm	Adult : 1.5-4.5, Children : 2.0- 5.0
Total Erythrocytes Count	2.45	$\times 10^6$ /cumm	Male : 4.5-5.5, Female : 4.0-5.0
<u>RBC indices :</u>			
PCV		25.7 %	
MCV		104.9 fl	
MCH		33.1 pg	
MCHC		31.5 gm/dl	
RDW-CV		%	
<u>Peripheral Smear :</u>			
Abnormal Cell			
Malaria Parasites			
<u>Malaria Antigens :</u>			
Plasmodium vivax			
Plasmodium fliciperum			
Blood Group			
Rh (D) Typing			
Bleeding Time (BT)			
Clotting Time (CT)			

**Abhanga Sarkar O HEALTH POINT er Joutha Udyog**  
(For O.P.D. & I.P.D. Patients, Msd. MCH, Berhampore)

Name of the patient : SUREN MONDAL  
Age : 55 yrs Sex : M  
Address : .....

Mobile No. : .....  
OPD / IPD Registration No. : 134861 New Case / Old Case : New Case  
Clinical Diagnosis : CKD Ward : .....

Referred from : Med IB

Investigation Reports : Blood Biochemistry : Sugar 92 mg/dl Urea 111 mg/dl  
Creatinine 6.20 mg/dl Potassium : 3.2  
Serology : HBsAG NR Anti HCV : NR  
Serum Sodium 135

ICTC (HIV I & II) NR Hemoglobin Level : 9.6 g/dl Others : .....

Advised by : KAUSHIK GHOSH  
(Name in Block Letters)  
Medical Officer  
Murshidabad Medical College & Hospital  
Berhampore, Murshidabad

Designation : Asst. Prof.  
(Not below the rank of RMO)  
Murshidabad Medical College & Hospital  
Berhampore, Murshidabad

Whether patient belong to BPL : YES / NO (Documents to be submitted)

Whether entitled to RSBY Scheme : YES / NO

Whether patient belongs to JSSK : YES / NO

Whether the patient is referred from any Govt. Hospital : YES / NO

Name of the referral Hospital :

Number of Dialysis needed (anticipated)

Date :

*Report to be verified*  
*ag*

*Pankaj Choudhary*

Signature of Faculty / VP / VS / RMO

\*Place the requisition slip directly to the Dialysis centre, Msd. MCH, Berhampore for necessary action.  
Murshidabad Medical College & Hospital  
Berhampore, Murshidabad

Registration No. : ..... Date : .....

Forwarded to Dialysis Centre (Health point Dialysis Centre, Msd. MCH)

Allowed free for  
(EXCEPT DIALYSIS KIT CHARGE)

nos of Haemodialysis

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PID No. GC/PW SAICTC WB MBDC0218<sup>\*</sup>08796 Lab ID No. 08796

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Laboratory Technician

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Laboratory In-Charge/MOIC