

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

Name of the patient: Najimul S.K  
 Age: 52 Sex: Male  
 Address: nr Dabkal P.S. Karana Subanna Dist/ Murshidabad - Ko Mobile No.: 629 402 0364  
 OPD/ IPD Registration No.: MSDM/R619004867 New Case / Old Case: .....

Clinical Diagnosis: ..... Ward: .....  
 Referred from: .....

Investigation Reports : Blood Biochemistry : Sugar 108 Urea (05-40 mg/dl) 98  
 Creatinine <1.5 mg/dl Potassium : .....  
 Serology : HBsAG NR Anti HCV : NR  
 Serum Sodium : .....

ICTC (HIV I & II) : NA Hemoglobin Level : 8.6 Others : .....

Advised by: NAJIMUL S.K Designation: Asst Prof.  
 (Name in Block Letters) (Not below the rank of RMO)  
 Assistant Professor  
 Department of General Medicine  
 Murshidabad Medical College & Hospital  
 Berhampore, Murshidabad  
 Assistant Professor  
 Department of General Medicine  
 Murshidabad Medical College & Hospital  
 Berhampore, Murshidabad

Whether patient belongs 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: Murshidabad Medical College and Hospital  
 Number of Dialysis needed (anticipated): .....  
 Date: 15/05/18

Depn to be verified  
 Signature of Faculty / VP / VS / RMO: Ranbir Ghosh

\*Place the requisition slip directly to the Dialysis centre, Msd. MCH, Berhampore for necessary action.  
 Assistant Professor  
 Department of General Medicine  
 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

**GOVT. 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

**Annexure C4 : Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)**

**NATIONAL AIDS CONTROL ORGANIZATION**

**Laboratory Test Report form for HCTS Confirmatory facility**

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Name & address of the SA-ICTC : MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

Name: Surname Nayind Middle Name - First name Su

Gender:  Male  Female  Transgender Age: 52 (years)

PID No. 4653 Lab. ID.No. : 4653

Date & time of Blood Drawn: \_\_\_\_\_ (DD/MM/YY) \_\_\_\_\_ (HH:MM)

**Test Details**

- Specimen type used for testing (tick one) : Serum / Plasma / Whole Blood
- Date & Time specimen tested: 25/19 (DD/MM/YY) \_\_\_\_\_ (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 wherever not applicable

Column 1	Column 2	Column 3	Column 4
Name of the HIV kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I: <u>Combs Aids</u>	<u>NA</u>	<u>NA</u>	<u>NR</u>
Test II:	<u>_____</u>	<u>_____</u>	<u>_____</u>
Test III:	<u>_____</u>	<u>_____</u>	<u>_____</u>

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

[Signature]  
Name & Signature  
Laboratory Technician

[Signature]  
Name & Signature  
Laboratory In-charge

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

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Name: <u>Najmul Siddiq</u>		Age: <u>52</u> Years
Laboratory I.D.:		Sex: <u>Male</u> / Female
Registration No.:	<u>8570</u>	Referred by:
Date of Receipt: <u>7/05/2019</u>		Date of Report: <u>   </u> / <u>   </u> / 201 <u>9</u>
Sample:		
Provisional Diagnosis:		

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

  
 Reporting Officer