

GOVT. OF WEST BENGAL

Form No. HSA/MS/10/11

Department of Health & Family Welfare
West Bengal State AIDS Prevention & Control Society

A75

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

HIV TEST REPORT FORM

FMW

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

Name and address of ICTC Centre: _____

Name: First Name Rafik Middle Name _____ Surname SK

Gender: M/F/TG M Age: 23 (Years), Date and time blood drawn: _____

PID No. GC/PW SA/ICTC WB MBD00218 10027 Lab ID No. 10024

Test Details

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

Date and time specimen tested: 15/12/18 (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:	NR	NR	NA	KTD021829, 27/11/19
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

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

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Name: <u>RITIK SU</u>	Age: <u>23</u> Years
Laboratory I.D.:	Sex: <u>Male</u> / Female
Registration No.: <u>12105</u>	Referred by: <u>Dr</u>
Date of Receipt: <u>24/12/201</u>	Date of Report: <u> </u> / <u> </u> / 201
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)
<input checked="" type="checkbox"/> Anti-H.C.V.	Chromatographic Immunoassay	Reactive / Nonreactive
<input checked="" type="checkbox"/> HBsAg	Chromatographic Immunoassay	Reactive / Nonreactive
<input checked="" type="checkbox"/> 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>WIK</u>		

Reporting Officer
Department of Microbiology
Central Laboratory

R8 E2 N/A

Murshidabad Medical College & Hospital

Berhampore, Murshidabad, West Bengal

Patient Name : <u>RADIKSH</u>	Laboratory ID : _____
Age / Sex : <u>23y, M</u>	Registration No. : <u>152101</u>
Ward / OPD : <u>PHW/TY</u>	Receiving Date : <u>26.12.18</u>
Bed No. : <u>2</u>	Reporting Date : _____

BLOOD INVESTIGATION REPORTS (DEPARTMENT OF PATHOLOGY)

TEST	RESULT	UNIT	REFERENCE INTERVALS
Haemoglobin	<u>7.4</u>	gm/dl	male : 13-17, Female : 11.5-15.5 Children (<1 year) : 11.0-14.5
Total Leucocytes Count	<u>6400</u>	/cumm	Adult : 4000-10000, Infant 1 st Day 10000-26000, Infant 1 yr. : 6000-18000 Children : 4500-13000
<u>Differential Leucocytes Count :</u>			
Neutrophils		<u>61 %</u>	
Lymphocytes		<u>35 %</u>	
Monocytes		<u>2 %</u>	
Eosinophils		<u>2 %</u>	
Basophils		<u>0 %</u>	
ESR-1st hr.		<u>2.0 mm</u>	Male : Upto 12, Female : upto 20
Platelets count		<u>0.4</u> x 10 ⁵ /cumm	Adult : 1.5-4.5, Children : 2.0-5
Total Erythrocytes Count	<u>3.5</u>	x 10 ⁶ /cumm	Male : 4.1-5.9, Female : 4.0-5.0
<u>RBC Indices :</u>			
PCV	<u>22.5</u>	%	
MCV	<u>74.6</u>	fl	
MCH	<u>23.5</u>	pg	
MCHC	<u>31.5</u>	gm/dl	
RDW-CV	<u>13.9</u>	%	
<u>Peripheral Smear :</u>			
Abnormal Cell			
Malaria Parasites			
<u>Malaria Antigen :</u>			
Plasmodium vivax			
Plasmodium falciparum			
Blood Group			
Rh (D) Typing			
Bleeding Time (BT)			
Clotting Time (CT)			

Reporting Officer Central Laboratory
Murshidabad Medical College & Hospital

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 (For O.P.D. & I.P.D. Patients, Msd. MCH, Berhampore)

The patient: RAFIK SK.

Age: 23 Sex: M

Address: KRISHNASHAL PO - TEGHORI PS - ROGHUSA

Mobile No.:

OTIPD Registration No.: MSD/M/18/123845 New Case / Old Case:

Clinical Diagnosis: CHD Ward:

Referred from: INDIA HOSPITAL

Investigation Reports - Blood Biochemistry:

Sugar	Urea <u>225</u>
Creatinine <u>21.4</u>	Potassium <u>4.5</u>
Serology:	Anti HCV: <u>NEG</u>
HBsAG <u>NEG</u>	
Serum Sodium <u>134</u>	

CTC (HIV 1&2) NR Hemoglobin Level: 7.4 g/dl Others:

Referred by: INDIA HOSPITAL
 (Name of Referring Center)
 Department of General Medicine
 Murshidabad Medical College & Hospital
 Murshidabad

Designation: Asst Prof
 (Not below the rank of RMO)
 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:

Number of Dialysis needed (anticipated):

Date: 14/01/2018
[Signature]

Kaushik Ghosh
 Signature of Faculty / VP / VLS / RMO
 Department of General Medicine
 Murshidabad Medical College & Hospital
 Berhampore, Murshidabad

*Place the requisition slip directly to the Dialysis centre, Msd. MCH, Berhampore for necessary action.

Registration No.: Date:

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

Allowed free for (EXCEPT DIALYSIS KIT CHARGE) nos of Haemodialysis