

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

Name of the patient : DELSAD ALI  
Age : 27 Yr Sex : M  
Address : VILL - RATNPUR P.O - BELDANGA, P.S - BELDANGA  
P.S - MSD Mobile No. :  
OPD / IPD Registration No. : 12402 New Case / Old Case :  
Clinical Diagnosis : CKD Ward : 16  
Referred from :  
Investigation Reports : Blood Biochemistry : Sugar ..... Urea .....  
Creatinine ..... Potassium .....  
Serology : HBsAG NR Anti HCV : NR  
Serum Sodium .....  
ICTC (HIV I & II) : NR Hemoglobin Level : ..... Others : .....

Advised by : K. Ghosh Designation : Asst Prof  
(Name in Block Letters) (Not below the rank of RMO)  
Murshidabad Medical Murshidabad Medical  
College & Hospital College & Hospital  
Berhampore, Murshidabad 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 : 2/2/19

A.D  
repe

Kamran Ghosh  
Signature of Faculty / VP / VS / RMO  
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 ..... nos of Haemodialysis  
(EXCEPT DIALYSIS KIT CHARGE)

MSVP/Dy. Superintendent  
Murshidabad Medical College & Hospital, Berhampore

**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**

A108

MMW

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

Name: Surname Delsad Middle Name \_\_\_\_\_ First name Ali

Gender:  Male  Female  Transgender

PID No. MBD00219 1205 Age: 27 (years)

Date & time of Blood Drawn: \_\_\_\_\_ Lab. ID No. : 1205  
 (DD/MM/YY) (HH:MM)

**Test Details**

- Specimen type used for testing (tick one) : Serum / Plasma / Whole Blood
- Date & Time specimen tested: 2/2/19 (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>MexiScreen</u>	<u>NR</u>	<u>NR</u>	<u>NA</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 2 weeks
- \*Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres

Name & Signature  
 Laboratory Technician

Name & Signature  
 Laboratory In-charge

A106

1066

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

mmw

R1

Name: <u>DELSAD ALI</u>	Age: <u>27 yr</u> Years
Laboratory I.D.:	Sex: <u>Male</u> / Female
Registration No.: <u>12402</u>	Referred by: <u>Tit</u>
Date of Receipt: <u>01/02/2019</u>	Date of Report: <u>1/201</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	<u>-</u> Reactive / Nonreactive
<u>HBsAg</u>	Chromatographic Immunoassay	<u>+</u> 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 - I</u>		

Reporting Officer  
 Department of Microbiology