

DIAGNOSTICS REPORT



Name Ms. R<mark>AJEMA</mark> BIBI Client Name: PATIENT DETAILS MURS-II Barcode No.: 681532 Age/G**end** 41 Y/Female DETAIL DETAIL Client Address: Registered on: 04/Sep/2018 05:17H Lab No: 011809040734 Receiving on: 04/Sep/2018 00:049 Referred By Self REPORT CLIENT Ref Hospital.: Reported on: 04/Sep/2018 08:520 Self@1 Test Name Result Unit Biological Ref.Interval Method HIV 4th Gen (P24 Antigen & HIV 0.21 COL Non Reactive. < 0.90 ECLIA Antibody) Border Line: 0.90-0.99 Reactive: >=1 Sample Type:Serum Hepatitis B Surface Antigen (HBsAg) COI Negative <= 0.90 ELICA Equivocal 0.91-0.99 Positive >= 1.00 Sample Type: Seru

Interpretation:

This assay detects the first serological marker of Hepatitis B as early as 4-16 weeks after exposure. It persists during acute illness and disappears 12.20 after onset of symptoms. The titers rise rapidly during the period of viral replication and is frequently associated with infectivity. Persistence of this more than 6 months indicates development of carrier state or chronic liver disease.

The enzyme immuncassay method for the detection of Hapatitis B surface antigen is a highly sensitive screening test and can therefore yield, also results. The proportion of false reactives will depend on the sensitivity and specificity of the test kit. Hence it is recommended that a positive result of must be be confirmed using a different enzyme immunoassay kit or by using a confirmatory assay based on neutralisation with human anti-hepotics is supported.

Based upon dlinical history it may become necessary to test for presence of other markers of hepatics of virus infection NOTE: It is a so learning test result may be confirmed by another methods if indicated.

Hepatitis C Virus Antibody 3rd Gen (HCV)

0.03

CO

Non Reactive < 0.89

Boderline 0.90 - 0.99

Reactive > = 1.00

Sample Type:Serum

Interpretation

A positive result is indicative of HCV infection and therefore the patient should be treated accordingly. Any positive result should be co-alternative method capable to detect IgG and IgM antibodies (confirmatory test).

All positive tests held further testing for HCV by amplification tests RNA (PCR).

For test performed or specimens, received or collected from non-HPDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the containentest request and such verifical or point generation of the said specimen by the sender, HPDPL will be responsible only for the analytical part of test, carried out. All other responsibility will be of reforming Laboratory

*** End Of Report ***

Dr. N.R. Chowdhary, MD

Dr. Sudip Roy, MD

ECLIA



SHIB POLYCLINIC

&
DIAGNOSTIC CENTRE

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DIAGNOSTIC CENTRE

Patient Name

RAJEMA BIBI

1819/05035

Case No Ref. By

Dr. HABIBUR RAHAMAN

Sample status:

out side

Age : 41 Y Sex : F Billing Date : 26/08/2018 Report Date : 26/08/2018

EXAMINATION OF BLOOD

DEPARTMENT OF HAEMATOLOGY

HAEMOGLOBIN (Cyanmethaemoglobin method)

Normal ranges

(Both sex) At birth: 14-22 gm% Infants:14.0-20.0 gm% Up to 1 year: 11 1-14.1 gm%

2-6 years: 11.0-14.0 gm% 6-12 years: 11.5-15.5 gm% Adult male: 13.0-18.0 gm% Adult female: 11.0-16.0 gm% : 8.8 gm/dl.

Methodology: Test done by medonic (Merck) M series fully automatic 3part haematological analyzer. &Cross Checked Manually.

REPORTS SHOULD BE CORRELATED CLINICALLY. THESE REPORTS ARE USED FOR CLINICAL PURPOSE NOT FOR MEDICO LEGAL PURPOSE.

DR. S.B.MUKYERJEE M.B.B.S (CAL)

D T M E H

DR.BALARAM TUDU M.D.(PATH)



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Patient's Name

: RAJEMA BIBI

Patient ID.

: **SPDC** 1<mark>8</mark>19/05035

Reffered By

Male: 0.

: Dr. HABIBUR RAHAMAN

Age : 41 Y Sex : Female

Collection Date : 26/08/2018

Reporting Date : 26/08/2018

DEPARTMENT OF BIO-CHEMISTRY

INVESTIGATION	RESULT	U.O.M.
CREATININE	13.3	mg/dl
Female : 0.6 - 1.2 lmg/dl		

** End of Report **

Please correlate clinically Committed to your valuable referral

DR.BALARAM TUDU M.D.(PATH)

DR. S.B.MUKHERJEE M.B.B.S (CAL) D.T.M & H (CAL)

^{**} Sample Status: OUTSIDE