

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

Name of the patient: Kalu SK
 Age: 59 Sex: M
 Address: Basa para PO - Radhatohet, m. SD
 Mobile No.: 9933845491
 OPD / IPD Registration No.: 6200 New Case / Old Case: New Case
 Clinical Diagnosis: C.K.D Ward: O.P.D.
 Referred from: M.M.C.H.
 Investigation Reports: Blood Biochemistry: Sugar 117 Urea 59
 Creatinine 4.8 Potassium 4.6
 Serology: HBsAG NON Anti HCV: NON
 Serum Sodium 144
 ICTC (HIV I & II) NA Hemoglobin Level: 0.3 Others: VP

Advised by: [Signature]
 Assistant Professor
 (Name in Block Letters) Medicine
 Department of General Medicine
 Murshidabad Medical College & Hospital
 Berhampore, Murshidabad

Designation: VP
 (Not below the rank of RMO)
 Assistant Professor
 Department of General Medicine
 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:

[Signature]
 Signature of Faculty / VPTVS / 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)
 nos of Haemodialysis
 Allowed free for
 (EXCEPT DIALYSIS KIT CHARGE)

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

Murshidabad Medical College & Hospital

Berhampore, Murshidabad, West Bengal (28)

Patient Name : <i>bd/m</i> <i>Slx</i>	Laboratory ID :
Age / Sex : <i>52</i> <i>30</i> <i>M</i>	Registration No. : <i>6299</i>
Ward / OPD :	Receiving Date : <i>3-4-19</i>
Bed No. :	Reporting Date :

BLOOD INVESTIGATION REPORTS (DEPARTMENT OF PATHOLOGY)

TEST	RESULT	UNIT	REFERENCE INTERVALS
Haemoglobin	:	<i>9.3</i> gm/dl	male : 13-17, Female : 11.5-15.5 Children (>1 year) : 11.0-14.5
Total Leucocytes Count	:	/cumm	Adult : 4000-10000, Infant 1 st Day : 10000-26000, Infant 1 yr. : 6000-18000, Children : 4500-13000
<u>Differential Le Leucocytes Count :</u>			
Neutrophils	:	%	
Lymphocytes	:	%	
Monocytes	:	%	
Eosinophils	:	%	
Basophils	:	%	
ESR-1st hr.	:	mm	Male : Upto 12, Female : upto 20
Platelets count	:	$\times 10^5$ /cumm	Adult : 1.5-4.5, Children : 2.0-5.0
Total Erythrocytes Count	:	$\times 10^6$ /cumm	Male : 4.5-5.5, Female : 4.0-5.0
<u>RBC Indices :</u>			
PCV	:	%	
MCV	:	fl	
MCH	:	pg	
MCHC	:	gm/dl	
RDW-CV	:	%	
<u>Peripheral Smear :</u>			
Abnormal Cell	:		
Malaria Parasites	:		
<u>Malaria Antigens:</u>			
Plasmodium vivax	:		
Plasmodium falciparum	:		
Blood Group	:		
Rh (D) Typing	:		
Bleeding Time (BT)	:		
Clotting Time (CT)	:		

[Signature]
Reporting Officer Central Laboratory

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

Name: <i>Wain</i> <i>Sh</i>	Age: <i>52</i> Years
Laboratory I.D.:	Sex: <i>Male</i> / Female
Registration No.: <i>6299</i>	Referred by:
Date of Receipt: <i>03</i> / <i>1</i> / <i>2019</i>	Date of Report: <i>1</i> / / <i>2019</i>
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	
<i>HIV</i>		

[Signature]
Reporting Officer
 Department of Microbiology

GOVT. OF WEST BENGAL

Form to be filled in duplicate

Department of Health & Family Welfare

West Bengal State AIDS Prevention & Control Society

1st 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

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Laboratory Test Report form for HCTS Confirmatory facility

Name & address of the SA-ICTC : _____

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

Name: Surname Wadhwa Middle Name _____ First name Suk

Gender: Male Female Transgender Age: 52 (years)

PID No. 3468 Lab. ID No. : 3468

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: 3/4/19 (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>Mer Screen</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

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

BERHAMPORE, MURSHIDABAD

(BIO-CHEMISTRY)

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Pts. Name : *Koim SK*
 Age : *52*
 Sex : *M*
 Ref. By :

Reg. No. : *6299*
 Date of Receipt : *3.4.19*
 Pt. I.D. No. :
 Date of Report :

BLOOD EXAMINATION REPORT

LIVER FUNCTION TEST

LIPID PROFILE

Total Protein (Serum) :
 Expected range 5.7-7.9 G/dl

Albumin (Serum) :
 Expected range 3.8-5.0 G/dl

Globulin (Serum) :
 Expected range 2.0-3.05 G/dl

Total Bilirubin (Serum) :
 Expected range <1.0mg/dl

Indirect Bilirubin (Serum) :
 Expected range 0.2-0.7 mg/dl

Direct Bilirubin (Serum) :
 Expected range 0.1-0.3 mg/dl

S.G.P.T. (A.L.T.) :
 Expected range 5-40 IU/L

S.G.O.T. (A.S.T.) :
 Expected range 3-40 IU/L

Alkaline Phosphatase :
 Expected range Male : 80-306 U/L
 Female : 65-306 U/L
 Child : <644 U/L

Triglycerides : mg/dl
 Expected range Male 65-170mg/dl
 Expected range Female 45-145 mg/dl

Total Cholesterol : mg/dl
 Expected range 100-200 mg/dl

HDL Cholesterol (direct) : mg/dl
 Expected range Male 30-65 mg/dl
 Expected range Female 40-70 mg/dl

LDL Cholesterol (Direct) : mg/dl
 Expected range less than 100 mg/dl

V.L.D.L. Cholesterol : mg/dl
 Expected range best below 30mg/dl

Blood Sugar (F) : mg/dl
 (70-100 mg/dl)

Blood Sugar (PP) : mg/dl
 (80-140)

Blood Sugar (Random) : mg/dl
 (<200 mg/dl)

Urea (05-40 mg/dl) : *89* mg/dl

Creatinine (<1.5 mg/dl) : *4.8* mg/dl

Sr. Uric Acid : mg/dl
 (Male 2.0-7.0 mg/dl/Female 2.0-6.0 mg/dl)

Sr. Amylase (25-140 I.U/I) : I.U/L

Sr. Lypase (<60 U/L) : U/L

Rheumatoid Factor (<10 I.U/ml) : I.U/ml

ASO Titre (<200 I.U/ml) : I.U/ml

C.R.P. (< 6 mg/I) : mg/I

HBsAG :

not
not
 } I.Q.

[Signature]
Reporting Officer
Central Laboratory
Msd. Medical College & Hospital