

A108 4705

R3

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

MMW-18

Name: <u>MO Fazar Ali Khan</u>	Age: <u>65</u> Years
Laboratory I.D.:	Sex: <u>Male</u> / Female
Registration No.:	Referred by:
Date of Receipt: <u>/ / 201</u>	Date of Report: <u>16 / 5 / 2019</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)
<input checked="" type="checkbox"/> Anti-H.C.V.	Chromatographic Immunoassay	Reactive / Nonreactive
<input checked="" type="checkbox"/> HBsAg	Chromatographic Immunoassay	Reactive / Nonreactive
Hepatitis-A (HAV)	Chromatographic Immunoassay	Reactive / Nonreactive
Rapid Plasma Reagin (RPR) Test	Flocculation Test	Reactive / Nonreactive
<input checked="" type="checkbox"/> Dengue NS1	ELISA	Reactive / Equivocal / Nonreactive
<input checked="" type="checkbox"/> Dengue IgM	MAC ELISA	Reactive / Equivocal / Nonreactive
Widal Test	Agglutination Test	
HIV \rightarrow 1 \rightarrow 2		

[Signature]
 Reporting Officer
 Department of Microbiology
 Central Laboratory

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

A108

Laboratory Test Report form for HCTS Confirmatory facility

MMW

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

Name: Surname md Middle Name Fajar First name Ali Ushan

Gender: Male Female Transgender Age: 65 (years)

PID No. 5169 Lab. ID No. : 5169

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: 12/5/19 (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>Comb Aids</u>	<u>NA</u>	<u>NA</u>	<u>NR</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

R3

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

BERHAMPORE, MURSHIDABAD

MD Fazal Ali Khan (BIO-CHEMISTRY)

Pts. Name :

Reg. No. : 57105

Age : 65/m

Date of Receipt : 16/5/19

Sex :

Pt. I.D. No. :

Ref. By : MMW-10, A108

Date of Report :

BLOOD EXAMINATION REPORT

LIVER FUNCTION TEST

LIPID PROFILE

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

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

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

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

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

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

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

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

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

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

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

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

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

Blood Sugar (Random) : 278 mg/dl
(< 200 mg/dl)

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

Urea (05-40 mg/dl) : 165 mg/dl

Creatinine (< 1.5 mg/dl) : 9.7 mg/dl

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

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

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

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

Alkaline Phosphatase : U/L
Expected range Male : 80-306 U/L

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

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

Female : 65-306 U/L

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

Child : <644 U/L

HBsAG :

Blood for Ca - 8.9 mg/dl

Na - 134.6

K

(Signature)

Reporting Officer

Central Laboratory

Msd. Medical College & Hospital

Berhampore, Murshidabad.

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

Name of the patient : MD Fazar Ali Khan
 Age : 65 yr Sex : M
 Address : Madharpur, Pathanpara, Murshidabad.
 Mobile No. : 9090914157
 OPD / IPD Registration No. : 57105 New Case / Old Case : New Case / Old Case
 Clinical Diagnosis : CKD Ward :
 Referred from :
 Investigation Reports : Blood Biochemistry : Sugar 278 Urea 165
 Creatinine 9.7 Potassium 4.24
 Serology : HBsAG NR Anti HCV : NR
 Serum Sodium 134.6
 ICTC (HIV I & II) : NR Hemoglobin Level : 6.7 Others :
 (Hb / Cr / BUN / GFR)

Advised by : K. G. Ghosh Associate Professor
 (Name in Block Letters) Department of Medicine
 Murshidabad Medical College & Hospital
 Berhampore, Murshidabad
 Designation : Asst Prof
 (Not below the rank of RMO)
 Department of 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 : 18/05/15

UCCBNT
(H.D)

Kamshir 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
 (EXCEPT DIALYSIS KIT CHARGE)

nos of Haemodialysis