

Urgent PT is waiting for H/O. (EKD).

Murshidabad Medical College & Hospital

Berhampore, Murshidabad, West Bengal

Patient Name : <u>SUFIA KHATUN</u>	Laboratory ID :
Age/Sex : <u>25 Yr / F</u>	Registration No. : <u>134021</u>
Ward/OPD : <u>AMW / QVA / 1A</u>	Receiving Date : <u>29/10/18</u>
Bed No. :	Reporting Date :

BLOOD INVESTIGATION REPORTS (DEPARTMENT OF PATHOLOGY)

TEST	RESULT	UNIT	REFERENCE INTERVALS
Haemoglobin	8.0 8.0	gm/dl	Male : 13-17, Female : 11.5-15.5 Children (>1 year) : 11.0-14.5
Total Leucocytes Count	6500	/cumm	Adult : 4000-10000, Infant 1 st Day : 10000-26000, Infant 1 yr. : 6000-18000, Children : 4500-13000
<u>Differential Leucocytes Count :</u>			
Neutrophils		63%	
Lymphocytes		31%	
Monocytes		02%	
Eosinophils		04%	
Basophils		0%	
ESR - 1 st hr.		mm	Male : Upto 12, Female : Upto 20,
Platelets count	1.42	$\times 10^5$ /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)			

S. Mukherjee

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

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HIV TEST REPORT FORM

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

Name and address of ICTC Centre: _____

Name: First Name Sufian Middle Name — Surname ur Rahman

Gender: M/F/TG F Age: 25 (Years), Date and time blood drawn: _____ (DD/MM/YYYY) _____ (HH:MM)

PID No. GC/PW SAICTC WB MBD00218 08550 Lab ID No. 08550

Test Details

Specimen type used for testing: Serum / Plasma / Whole Blood
Date and time specimen tested: 30/10/18 (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	M102180 & 7/19
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

BERHAMPORE RED PLUS SOCIETY
PATHOLOGICAL DIAGNOSTIC CENTRE

Unit - 1, Opp. MMC & HOSPITAL
2, Sagardighi, Santoshpur, Murshidabad

PATIENT NAME : Sufia Khatun	Date of Receipt: 31/10/2018
AGE : 25 YEARS SEX : F	Date of Report: 31/10/2018
Ref. From: Hospital	

REPORT ON THE EXAMINATION OF BLOOD.

DEPARTMENT OF IMMUNOLOGY

SERUM HIV - 1 Abs : NON REACTIVE

SERUM HIV - 2 Abs : NON REACTIVE

TEST DEVICE : HIV TRI-DOT IMMUNOASSAY.

SERUM ANTI HCV : NON REACTIVE

TEST DEVICE : HCV TRI-DOT IMMUNOASSAY.

SERUM HBsAg : NON REACTIVE

TEST DEVICE : HBsAg IMMUNOCHROMATOGRAHY ASSAY

Signature
31/10/18