## **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

	oort form for HCTS		0
Name & address of the SA-ICTC :	MURAHIDARAD MEI	MAN CALLECE & HOODITH	
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Boll and a vary of	april .		01
entit con	liddle Name		
	insgender		
PID No. MBD00219	2439 Lab. ID	No. :	2439
Date & time of Blood Drawn:			
Test Details			Tannual Topye
Specimen type used for testing (tice)	k one) Serum / Plasma	/ Whole Blood	
Date & Time specimen tested:	Ala/ V	a little	
Date & Time specimen tested:	71 X 1 1 °		
<ul> <li>Date &amp; Time specimen tested:</li> </ul> Note:	1/8/1	(DD/MM/YY)	(HH:MM
Note:			
Note:	nen HIV 1 & 2 antibody o	liscriminatory test(s) us	
Note:  Column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 2 and 3 to be filled only when the column 3 and 3 to be filled only when the column 3 and 3 an	nen HIV 1 & 2 antibody o	liscriminatory test(s) us	
Column 2 and 3 to be filled only when No cell has to be left blank; indicated.	nen HIV 1 & 2 antibody of as NA wherever not ap	discriminatory test(s) us	Sed Column 4
Note:  Column 2 and 3 to be filled only when the No cell has to be left blank; indicate Column 1	column 2  Reactive/Nonreactive (R/NR) for HIV-1	discriminatory test(s) use plicable  Column 3  Reactive/Nonreactive (R/NR) for HIV-2	Column 4  Reactive/Nonreactive (R/NR) for HIV
Note:  Column 2 and 3 to be filled only when the No cell has to be left blank; indicate Column 1  Name of the HIV kit	column 2  Reactive/Nonreactive (R/NR) for HIV-1 antibodies	discriminatory test(s) use plicable  Column 3  Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Column 4  Reactive/Nonreactive (R/NR) for HIV antibodies
Note:  Column 2 and 3 to be filled only when the No cell has to be left blank; indicate Column 1  Name of the HIV kit  Test I:  Comb Alds	column 2  Reactive/Nonreactive (R/NR) for HIV-1 antibodies	discriminatory test(s) use plicable  Column 3  Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Column 4  Reactive/Nonreactive (R/NR) for HIV antibodies
Note:  Column 2 and 3 to be filled only when the No cell has to be left blank; indicate to blank.  Column 1  Name of the HIV kit  Test I:  Comb Ards  Test II:	column 2  Reactive/Nonreactive (R/NR) for HIV-1 antibodies	discriminatory test(s) use plicable  Column 3  Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Column 4  Reactive/Nonreactive (R/NR) 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** 

Reporting Officer **Department of Microbiology Central Laboratory** 

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

Vame: all Bhownik Caboratory I.D.: Age: 60 Years Registration No..: Sex: 6624 Male / Female Date of Receipt: Referred by: MOPD (Stoff) 12019 Sample: Date of Report: Provisional Diagnsois: /201

Name of Test			
C-Reactive protein (C.R.P.)	Type of Test	Test value / Result	
walke < 6mg/Lit	agglutination Tect	6mg/Lit (Positive/Negative)	
Rheumatoid factors (R.A. Factors (Normal value < 10 I.U/ml)	-39 MOUDI MUNICE		
Antistreptolysin O (ACC)		10 I.U./ml (Positive/Negative	
200 I.U/ml)	Latex agglutination Test	200 I.U./ml (Positive/Negative	
Anti-H.C.V.	Chromatographic		
HBsAg	immunoassay	Reactive / Nonreactive	
	Chromatographic Immunoassay	Reactive / Nonreactive	
Hepatitis-A (HAV)	Chromatographic	The second secon	
Rapid Plasma Reagin (RPR)	immunoassay	Reactive / Nonreactive	
est	Flocculation Test	Reactive / Nonreactive	
Dengue NS1	ELISA		
Dengue IgM	MAGENT	Reactive / Equivocal / Nonreacti	
Widal Test	MAC ELISA	Reactive / Equivocal / Nonreactive	
voidal lest	Agglutination Test	- TOTH CACTIVE	
HIV			
		No. of the State o	

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Reporting Officer
Department of Microbiology
Central Laboratory
Murshidabad Modical Officer

# ro Pathological Laboratory

Ilmoni Shome Street, Bhadrakali, Hooghly-712232 Phone: 033-2664 9813 ochemistry & Haematology & Clinical Pathology & Serology & Microbiology

Test Result

Associate Name:

AR

Patient's Name :

MRS. JHARNA BHOWMIK

ID Number

MPL/19/2/B-1683/13

Referred By

DR. P. SENGUPTA

Received On:

20/02/2019

Reported On:

20/02/2019

Age/Sex/Wt/Ht:

69 YRS/FEMALE

Sample Source:

O.S.S.

### HAEMATOLOGICAL EXAMINATION

Test Description	Result	<u>Unit</u>	Normal Range
Hb% (Haemoglobin)  Methodology: Cyanmethemoglobin	11.0	g/dl	M: 13.5-18, F: 11.5 - 16.4 100% = 14.5 g/dl
Specimen : EDTA			8/ 61

# End of Report #

Consultant Bio-Chemist :-

Dr. S. K. Chakraborty
MD. (Bio Chemistry)

Consultant Pathologist :-

Dr. D. Bhattacharya
MD. (Pathology)

<sup>ুঁ</sup>This laboratory, only for guidance, depends on assay procedures, equipments used & quality of samples as application. The final diagnosis should be made with co-relation of other clinical findings. For any kind of technical queries relevant to this report, please contact immediately. Patient identity verification is not possible for those sample coming from outside.

# ro Pathological Laboratory

moni Shome Street, Bhadrakali, Hooghly-712232 🕒 Phone: 033-2664 9813 chemistry ⊕ Haematology ⊕ Clinical Pathology ⊕ Serology ⊕ Microbiology

Test Result

Associate Name Patient's Name

MRS. JHARNA BHOWMIK MPL/19/2/B-1683/13

**ID** Number Referred By

DR. P. SENGUPTA

Received On:

20/02/2019

Reported On:

20/02/2019

Age/Sex/Wt/Ht:

69 YRS/FEMALE

Sample Source:

O.S.S.

### **BIOCHEMICAL EXAMINATION**

Test Description	Result	<u>Unit</u>	Normal Range
Sugar Fasting  Methodology : GOD POD  Specimen : Oxalate - Fluoxide / Oxalate	79	mg/dl	60 - 110
Sugar PP (Post Prandial) Methodology : GOD POD	** 143	mg/dl	80 - 145
Specimen: Oxalate - Fluoxide / Oxalate			
Urea(Serum) Specimen : Serum	** 82.0	mg/dl	15 - 45
Creatinine(Serum) Specimen: Serum	** 4.2	mg/dl	0.9 - 1.5
Uric Acid(Serum) Specimen : Serum	4.9	mg/dl	Male: 3.4 - 7.0 mg/dl. Female: 2.4 - 5.7 mg/dl.

\*\* Checked Twice

# End of Report #

Consultant Bio-Chemist :-

Dr. S. K. Chakraborty

MD. (Bio Chemistry)

Consultant Pathologist :-

Dr. D. Bhattacharya MD. (Pathology)

This laboratory, only for guidance, depends on assay procedures, equipments used & quality of samples as application. The final diagnosis should be made with co-relation of other clinical findings. For any kind of technical queries relevant to this report, please contact immediately. Patient identity verification is not possible for those sample coming from outside. This report is not valid for medico-legal purpose.