

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

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Name: <u>Samaun Ali</u>	Age:	35 Years
Laboratory I.D.:	Sex:	Male / Female
Registration No.: <u>2311</u>	Referred by:	
Date of Receipt: <u>17/1/2019</u>	Date of Report: <u>17/01/2019</u>	
Sample:		
Provisional Diagnosis:		

Name of Test	Type of Test	Test value / Result
<b>C-Reactive protein (C.R.P.)</b> (Normal value < 6mg/Lit)	Latex agglutination Test	6mg/Lit (Positive/Negative)
<b>Rheumatoid factors (R.A. Factor)</b> (Normal value < 10 I.U/ml)	Latex agglutination Test	10 I.U./ml (Positive/Negative)
<b>Antistreptolysin O (ASO) titre</b> (Normal value < 200 I.U/ml)	Latex agglutination Test	200 I.U./ml (Positive/Negative)
<del>Anti-H.C.V.</del>	Chromatographic Immunoassay	Reactive / <u>Nonreactive</u>
<del>HBsAg</del>	Chromatographic Immunoassay	Reactive / <u>Nonreactive</u>
<b>Hepatitis-A (HAV)</b>	Chromatographic Immunoassay	Reactive / Nonreactive
<b>Rapid Plasma Reagin (RPR) Test</b>	Flocculation Test	Reactive / Nonreactive
<b>Dengue NS1</b>	ELISA	Reactive / Equivocal / Nonreactive
<b>Dengue IgM</b>	MAC ELISA	Reactive / Equivocal / Nonreactive
<b>Widal Test</b>	Agglutination Test	
<del>HAIV</del>		

*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  
1<sup>st</sup> 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 Saman Middle Name - First name Ali

Gender:  Male  Female  Transgender Age: 35 (years)

PID No. MBD00218 658 Lab. ID No. : 658

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: 17/1/19 (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>Muiscreeen</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

*[Handwritten signature]*

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

Name of the patient: SAMAUN ALI  
 Age: 35 Sex: M  
 Address: VILL- Hasanpur, P.O- Akhriaganj P.S. Ranitaba - Dist- murshidabad  
 Mobile No.: 8295573650  
 OPD/IPD Registration No.: M.SDM/R.G.190003233/1 New Case / Old Case: MMW-6602  
 Clinical Diagnosis: m.m.ch Ward:         

Investigation Reports : Blood Biochemistry :  
 Sugar 117 Urea 160  
 Creatinine 9.6 Potassium [K+] 4.4  
 Serology : HBsAG NON Reactive Anti HCV: NON Reactive  
 Serum Sodium [NA+] 137  
 ICTC (HIV I & II) NON Reactive Hemoglobin Level (9.4) Others:         

Advised by: Dr. S UKANTA MONDAL Designation: Asst. Prof.  
 (Name in Block Letters) (Not below the rank of RMO)  
**Medical Officer**  
**Murshidabad Medical College & Hospital**  
**Berhampore, Murshidabad**

Whether patient belongs to ES/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:         

Suman Mondal 19/4/19  
 Signature of Faculty / VP / VS / RMO  
**Medical Officer**  
**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          nos of Haemodialysis  
 (EXCEPT DIALYSIS KIT CHARGE)