



Clinical Laboratory

A WELL EQUIPPED REFERRAL PATH LAB
Better Diagnosis - Healthy tomorrow

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Associate : AK001/3715
Patient's Name : ANU MAITY.
ID Number : CL/712297/J-8736
Referred By : DR / J.D. HOSP
Laboratory : JHARGRAM DIAG

Rep. Date & Time : 10/10/2018 8:01 pm
Age/Sex : 34Y/FEMALE

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Page 1 of 1

REPORT ON INFECTIOUS DISEASES

Test Description	Result	Unit	Normal Range
HEPATITIS B SURFACE ANTIGEN (HBsAg)-CMIA. Methodology : chemi luminescent Microparticle Immunoas Test done by : Architect ,Abbott.	0.32	IU/ml	Nonreactive : <1.0 IU/ml. Reactive : = > 1.0 IU/ml
ANTI HEPATITIS C VIRUS (HCV) ANTIBODY Methodology : ELISA	0.020	OD	Non Reactive <=0.39 OD Reactive : >=0.40 OD
HIV 1 & 2 ANTIBODIES Methodology : ELISA	0.030	OD	Non reactive: OD lower than 0.40 OD Reactive : OD Equivocal or higher than 0.41 OD

[** Sample as supplied **]

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ARCHITECT Plus i1000SR, USA; A fully automatic integrated system for Immunoassay; ACCESS 2, USA; A fully automated bar-coded ECLIA analyser; AU480, USA; A random access clinical chemistry analyser; BS-300, Japan; A fully automated biochemistry analyser; D-10, USA; A HbA_{1c} analyser (HPLC); EXCELL-22, USA; A 5 parts fully automated haematology analyser; BC-2800, China; A 3 parts fully automated haematology analyser; FC-500, Flowcytometry, GENIO, Italy; An automated electrophoresis instrument; Ilyte, USA & ECS-2000, USA, Fully automated electrolyte analysers; LC-96 (ROCHE), Real time PCR, VARIANT II, USA; AHPLC unit for Thalassemia & other Haemoglobinopathy screening and reliable reagents are used under IFCC, DGKC & NCCLS 37°C protocols. Several factors like individual assay procedure, method specificity & sensitivity, equipments & reagents used and quality of specimen (s) received can cause significant variation. Technical information in this report should be interpreted by qualified medical practitioner only. Please contact us for clarification and for further opinion / advice. Patient identity is not verified.