

LABORATORY REPORT

DATE : 26.10.2018

AGE : 33 yrs. SEX : F

PATIENT'S NAME : MS. KALPANA SANTRA

REFERRED BY DR : S.S.K.M.

SPECIMEN STUDIED : BLOOD

SEROLOGY REPORT

TEST REFERRED : Anti HCV

RESULT : 0.11

[< 0.29 : Negative
 0.29 - 0.3 : Borderline
 > 0.30 : Positive]

REMARKS : NEGATIVE

Hepatitis C Virus is a blood borne flavivirus. It is one of the most important causes of post blood transfusion as well as community acquired non A, non B hepatitis and chronic liver failure. Although the majority of infected individuals may be asymptomatic, HCV infection may develop into chronic hepatitis, cirrhosis and/or increased risk of hepatocellular carcinoma. HCV antibody is typically not detected until approximately 14 weeks after infection (or 5 weeks after appearance of the first biochemical marker of illness) and is almost always detectable by the late convalescent stage of infection. A negative result should be evaluated cautiously with respect to clinical findings. It is to be noted that absence of HCV antibodies does not imply an active Hepatitis C infection but is indicative of both past and/or recent infection. It has been reported that as many as 90 % of individuals receiving intravenous commercial immunoglobulin test falsely positive for HCV antibody. Also patient with autoimmune liver disease may show a false positive HCV antibody result. Limitations :- This is rapid screening test and a positive result has to be confirmed by Elisa or PCR. A non reactive result does not exclude the possibility of exposure or infection with HCV. False reactive results may also occur due to non specific binding of the sample to the membrane. This is only a screening test. All reactive/positive samples should be confirmed by confirmatory test. Negative result does not exclude the possibility of HCV infection - Possibility of false positive cases can not be excluded.

Test method : Elisa

Test result relate only to the sample as received
 Please correlate results with clinical & therapeutic history.



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The final diagnosis should be made with the correlation of other clinical findings.