

HEPATITIS TEST REPORT FORM

Integrated Counselling and Testing Centre (ICTC)
ICMR-National Institute Of Cholera & Enteric Diseases (NICED),
KOLKATA - 10

1.1 Patient /Subject ID : GCSAICTCWBCAL0111800336

Sex : M

1.2 Patient /Subject Name : ARUP MUKHERJEE

Age : 5 7 yrs.

2. Referred by:

4. Date & Time Blood drawn:

1 0 / 0 7 / 1 8
dd mm yy

3. Referring Clinic Name : ID & BG HOSPITAL

1 2 : 5 0
hh mm

5. Sample Lab. Number :

1 8 / I C T C / 0 0 3 8 4

6. Was result produced for the sample :

Yes

7. Date and Time sample received :

1 0 / 0 7 / 1 8
dd mm yy

If No, state reason :

1 2 : 5 0
hh mm

9. Test Result :

| | |
|-------|------------|
| HBsAg | Positive |
| | Negative ✓ |

8. Date test conducted :

1 0 / 0 7 / 1 8
dd mm yy

10. Kit Details:

| Name & Type of kit | Principle | Result |
|---|----------------------|------------------|
| SD HBsAg Lot/Batch No. - N002327 Exp. Dt. -- 18/08/2019 | Immunochromatography | HBsAg - Negative |

Interpretation: Specimen is negative for HBsAg

Technician's signature :

Name of Lab. Tech. : Souvik Kar, ICMR-NICED

Souvik Kar, 10/07/2018

Dr. M. K. Saha

For Dr. M. K. Saha
In charge, ICTC & NACO-NRL