

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 : GCSAICTCWBCAL0111800381

Sex :

1.2 Patient /Subject Name : DEBASIS BOSE

Age : yrs.

2. Referred by:

4. Date & Time Blood drawn:

/ /
dd mm yy

3. Referring Clinic Name : SELF

:
hh mm

5. Sample Lab. Number :

/ /

6. Was result produced for the sample :

7. Date and Time sample received :

/ /
dd mm yy

If No, state reason :

:
hh mm

9. Test Result :

HBsAg	Positive
	Negative ✓

8. Date test conducted :

/ /
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 : *Souvik Kar* 25/07/2018
Name of Lab. Tech. : Souvik Kar, ICMR-NICED

M. K. Saha 25/7/18
For Dr. M. K. Saha
In charge, ICTC & NACO-NRL