

HEPATITIS TEST REPORT FORM

Integrated Counselling and Testing Centre (ICTC)

ICMR-National Institute Of Cholera & Enteric Diseases,

KOLKATA - 10

1.1 Patient /Subject ID : GCSAICTCWBCAL0111800336

Sex :

1.2 Patient /Subject Name : ARUP MUKHERJEE

Age : yrs.

2. Referred by:

4. Date & Time Blood drawn:

/ /
dd mm yy

3. Referring Clinic Name: ID & BG HOSPITAL

:
hh mm

5. Sample Lab. Number :

/ /

6. Was result produced for the sample :

Yes

7. Date and Time sample received :

/ /
dd mm yy

If No, state reason :

:
hh mm

9. Test Result :

HCV	Positive
	Negative ✓

8. Date test conducted :

/ /
dd mm yy

10. Kit Details:

Name & Type of kit	Principle	Result
HCV TRI-DOT Lot/Batch No. - HCD091723 Exp. Dt. -- Nov ; 2018	Immunochromatography	Negative

Interpretation: Specimen is **negative** for anti-HCV antibodies.

Technician's signature:

Name of Lab.Tech :

Souvik Kar. 10/07/2018
Souvik Kar, ICMR-NICED

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