



Laboratory Investigation Report

Patient Name	: Mr. Preet Singh	Centre	: 2281 - Home Collection Tricity
Age/Gender	: 22 Y 1 M 1 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML03524761/2036032300037	Collection Date/Time	: 07/Mar/2023 07:50AM
Ref Doctor	: Self	Reporting Date/Time	: 07/Mar/2023 01:53PM

Serology



Complete STD Package

Test Name	Result	Unit	Bio Ref Interval
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VDRL/RPR, Serum

RPR(Syphilis) Slide Flocculation	Non Reactive
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Comment

Interpretation

1. It is a screening test for syphilis which is useful for following the progression of disease and response to therapy. Rising titers are of immense value in confirming the diagnosis.
2. Biological false positive reactions exhibit low titers and are seen in conditions like Viral fevers, Mycoplasma infection, Chlamydia infection, Malaria, Immunizations, Pregnancy, Autoimmune disorders & past history of Treponemal infection.
3. It is advisable to confirm the diagnosis by tests such as TPHA & FTA-ABS.
4. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Manpreet Kaur, MD
Consultant (Microbiology & Molecular Diagnostics)
Max Lab



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Ref Doctor	: Self	Reporting Date/Time	: 08/Mar/2023 03:03PM

SEROLOGY SPECIAL.



Complete STD Package

Test Name	Result	Unit	Bio Ref Interval
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Chlamydia Trachomatis IgG Antibody*, Serum

EIA

Chlamydia Trachomatis IgG 0.01

EIA

Ref Range

Negative < 0.9
 Equivocal 0.9 - 1.1
 Positive > 1.1

Interpretation

Chlamydia Trachomatis is most common sexually transmitted disease. It is major cause of genital and urinary infection.

TPHA*, Serum

TPHA Negative Negative

Comment

1. Syphilis infection is caused by the Spirochaete Treponema. It is a chronic infection that progresses through distinct stages namely Primary, Secondary, Tertiary & Quaternary producing diverse clinical symptoms.
2. Positive results indicate both past or present infections.
3. False positive results are seen in patients suffering from Leprosy, Infectious mononucleosis and Connective tissue disorders.
4. This test does not distinguish between Syphilis and other pathogenic treponemal infections. All positive results should be confirmed with FTA-ABS (Fluorescent Treponemal Antibodies) test.
5. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Poonam S. Das, M.D.
 Principal Director-
 Max Lab & Blood Bank Services



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 Associate Director
 Microbiology & Molecular Diagnostics



Dr. Sonu Kumari Agrawal, MD
 Associate Consultant
 Microbiology



Dr. Nidhi Malik, MD
 Consultant Microbiology



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Serology Special Complete STD Package

Test Name	Result	Unit	Bio Ref Interval
HIV P24 Antigen (Screening)*, Serum CLIA			
HIV P24 CMIA	Non Reactive		Non Reactive

Comment Interpretation -

p24 antigen can generally be detected in serum within next two weeks following exposure to HIV-1. Its presence reflects multiplication of the virus and hence provides an early diagnosis of the disease at the pre-sero conversion stage. In children from HIV-1 positive mothers, the presence of p 24 antigen at birth indicates early and severe forms of the disease. All p24 antigen reports should be correlated with HIV antibody and / or HIV viral load results.

Kindly correlate with clinical findings

*** End Of Report ***



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SEROLOGY SPECIAL.
Complete STD Package



Test Name	Result	Unit	Bio Ref Interval
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HSV Type 1 IgG & IgM Panel*, Serum

CLIA

HSV 1 IgG	0.19	Index
HSV 1 IgM	4.17	NTU

ELISA

Ref Range:

Infection	Negative	Borderline	Positive
HSV 1,IgG	< 0.9	0.9 - 1.10	> 1.10
HSV 1,IgM	< 9	9.0 - 11.0	> 11

HSV-1 IgM

Interpretation :-

- This assay is a qualitative ELISA done for the presence or absence of IgM antibodies against Herpes simplex virus-1 (HSV-1)
- Positive test could indicate a recent or current infection with HSV-1.Further confirmation can be done by a HSV -1 PCR.
- Negative test indicates that there has been no recent exposure to the virus.
- However ,results should be correlated with clinical findings.
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**SEROLOGY SPECIAL.
Complete STD Package**



Test Name	Result	Unit	Bio Ref Interval
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HSV Type 2 IgG & IgM Panel*, Serum
CLIA

HSV 2 IgG	<0.500	Index	
HSV 2 IgM	1.54	NTU	

Ref. Range:

Infection	Negative	Equivocal	Positive
HSV 2,IgG	< 0.90	0.90 - 1.10	> 1.10
HSV 2,IgM	< 9	9 - 11	> 11

HSV-2 IgM

Interpretation :

- This assay is a qualitative ELISA done for the presence or absence of IgM antibodies against Herpes simplex virus-2 (HSV-2)
- Positive test could indicate a recent or current infection with HSV-2.Further confirmation can be done by HSV-2 PCR.
- Negative test indicates that there has been no recent exposure to the virus.
- However ,results should be correlated with clinical findings.

Kindly correlate with clinical findings

*** End Of Report ***



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