

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Molecular Diagnostics

Test Name	Result	Unit	Bio Ref Interval
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GeneXpert MTB/RIF Ultra *

Semi-Nested Real Time PCR

Specimen Type	Sputum		
M. Tuberculosis Complex	Not Detected		Not Detected
Rifampicin Resistance	Not Detected		Not Detected

Interpretation

 MYCOBACTERIUM RIFAMPICIN REMARKS
 TUBERCULOSIS RESISTANCE

Detected	Detected	Target DNA Detected, Resistant to Rifampicin
Not Detected	Not Detected	Target DNA Not Detected
Detected	Not Detected	Target DNA Detected, Sensitive to Rifampicin
Detected	Indeterminate	Target DNA Concentration very low to detect resistance or invalid melting curve
Indeterminate	Indeterminate	Target DNA could not be detected; may be due to esence of inhibitors

NOTE:

- When MTB is detected as "TRACE", RIF resistance can not be determined and hence reported as "INDETERMINATE".
 - In an initial "trace" positive result, a fresh specimen from the patient should undergo repeat testing and the result of the second Ultra test be used for clinical decisions along with Clinical and radiological information.
 - Limit of detection is 11.8 CFU/ml. Silent RIF mutations are considered susceptible.
 - The Xpert MTB/RIF assay is a cartridge based nucleic acid amplification test (CB-NAAT) used to detect Mycobacterium tuberculosis complex and targets rpoB gene for Rifampicin resistance. Results should be interpreted along with clinical, radiographic, and other laboratory findings.
 - This assay does not replace the need for smear with microscopy for acid-fast bacilli, culture for Mycobacteria, and growth based drug susceptibility testing, in addition to genotyping for early discovery of outbreaks. The results can be affected by prior or concurrent anti-tubercular treatment and therapeutic success or failure cannot be assessed by this test as DNA might persist following antimicrobial therapy.
- * This test is not under the scope of NABL accreditation.

Kindly correlate with clinical findings

***** End Of Report *****


SIN No: BCIP557251

Booking Centre : 1566 - BLK Superspeciality Hospital, Pusa Road Radha Swami Satsang Rajendra Place Delhi, 01130403040

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Dr. Shimpi Chopra

Consultant

Clinical Microbiology and Molecular diagnostics

(DMC Reg No. 52524)



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Microbiology
Sputum - Culture & Sensitivity

Method : Conventional culture, ID and AST by Automated method & Kirby Bauer Method

Microscopy

Microscopy	Value
Specimen	Sputum
Leukocytes	>25/LPF
Epithelial Cells	>25/LPF
Quality score	0
Gram Stain	Smear shows many polymorphonuclear leucocytes and squamous epithelial cells with gram positive cocci in pairs and budding yeast cells with pseudohyphae.
Result	No pathogenic organism grown after two overnights aerobic /CO2 incubation at 37 degree C.

NOTE: Presence of squamous epithelial cells suggests salivary contamination. Hence the specimen is not representative of lower respiratory tract secretions. Kindly correlate and repeat if clinically indicated with fresh sputum specimen, appropriately collected.



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Microbiology

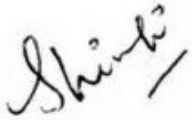
AFB Stain

Method : Staining & Microscopy

Sample Sputum
ZN Stain. No acid fast bacilli seen.

Kindly correlate with clinical findings

*** End Of Report ***



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