

Patient Name Centre
Age/Gender OP/IP No

Max ID/MobileCollection Date/TimeLab IDReceiving DateRef DoctorReporting Date

Passport No.

Serology

Max STD Panel

Test Name Result Unit Bio Ref Interval

HCV IgG,Serum*

CLIA

HCV, IgG Negative HCV, IgG Test Value 0.14

Ref. Range

Negative < 0.90Borderline 0.90 - 8.0Positive > 8.0

Interpretation

This test is a screening test performed on VITROS immunodiagnostic system using immunometric technique.

- 1. Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant.
- 2. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals.
- 3. This test is indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection .HCV RNA PCR recommended in all reactive results to differentiate between past and present infection
- 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.



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SIN No:B2B1097582, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block Booking Centre :1949 - Nestlings Hospitals Pvt Ltd, A1/230, Sushant Lok 2, Opposite Rapid Metro Pillar 237, Sec. 56, Gurgaon, 9811930454 The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Max Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001, Phone: +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)



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Test Name Result Unit Bio Ref Interval

Hepatitis B Surface Antigen, Serum*

CLIA

Passport No.

HBsAg Negative HBsAg Test Value 0.19

Ref. Range

Negative < 0.90 Borderline 0.90 - 5.0 Positive > 5.0

Interpretation

- This test is used to detect hepatitis B surface antigen (HBsAg) in serum sample based on VITROS immunometric immunoassay technique and aid in the laboratory diagnosis of HBV infection.
- Viral hepatitis is a major public health problem with an estimated 257 million persistent carriers of hepatitis B virus (HBV) worldwide. Infection with HBV results in a wide spectrum of acute and chronic liver diseases that may lead to cirrhosis and hepatocellular carcinoma.
- Transmission of HBV occurs by percutaneous exposure to blood products, needle stick injury, sexual contact and perinatally from HBV-infected mothers
 to baby.
- Hepatitis B surface antigen (HBsAg), derived from the viral envelope, is the first antigen to appear following infection.
- Positive results should be correlated with other potential laboratory abnormalities and clinical picture.
- A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus.
- Levels of HBsAg may be undetectable both in early infection and late after infection.
- In rare cases HBsAg tests do not detect certain HBV mutant strains.
- HBs Ag disappears with recovery from clinical disease in most patients, however, it persists for years in carriers.



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HIV Test (I and II), Serum*

CLIA

HIV (I and II) Negative

Interpretation

1) A Negative result implies that no Anti HIV-1 or HIV-2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been taken during the "WINDOW PERIOD" (before the development of detectable levels of antibodies).

2) Positive result suggests the possibility of HIV-1 or HIV-2 infection.

Advise:

To rule out false positivity, false negativity and window period, kindly perform "Confirmatory Tests" like HIV I RNA (Qualitative) Real Time PCR.



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Serology

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VDRL/RPR*, Serum

RPR(Syphilis)
Slide Flocculation

Non Reactive

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. Akash Banwari, M.D.(Path)

Pathologist

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