LABORATORY REPORT

Name	: **CORY ANTHONY THWAITES**	File. No.	: **AAL02-401415**
DOB/Gender	: **31-08-1973 (50 Yrs 9 Month 22 Days/Male)**	Referral Doctor	: **Self**
Lab No.	: **22241740363**	Referral Clinic	: **Peshawar(Irham Medical Center)**
Request Date	: **22-06-2024 21:20:10**	Clinic File No	: **43420**
Insurance	: **No**		

SEXUALLY TRANSMITTED DISEASES (STD) SCREEN I

IMMUNOLOGY/SEROLOGY/INFECTIOUS DISEASES

Test Name	Result	Units	Ref. Range	Method
Hepatitis B surface Ag	0.53	Cutoff Index (COI)	Non Reactive: <0.90 Borderline: >= 0.90 to < 1.0 Reactive: >= 1.0	ECLIA
Hepatitis B "s" Ag Interpretation	Non-Reactive		Non-Reactive	

Full HepB profile is recommended in case of a Reactive result. HBs Ag Index value is an instrument dependant value and should not be used for monitoring.

For monitoring HepB levels (track treatment), a quantitative viral load by PCR is advised.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

Please note Reference Range Reviewed w.ef 20/10/23

HIV I & II Abs + p24 Ag	0.26	Cutoff Index (COI)	Non Reactive: <1.0 Reactive: >=1.0	ECLIA
HIV Interpretation	Non-Reactive		Non-Reactive	

Kindly note above test is just a screening test.

Note: Patients at a very early stage of infection may still be non-reactive for HIV Abs or detect p24 antigen. If HIV is suspected, a control sample is recommended in 4-6 weeks.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

Please note Reference Range Reviewed w.ef 15/10/23

RPR (Syphilis Screen)	Non-Reactive	Titer	Non-Reactive	Carbon Agglutination

•This is a screening test for syphilis .Reactive RPR test specimens should be tested with further serological test. (i.e TPHA and FTA-abs), as with any serological procedure ,the diagnosis should not be made on a single reactive result.

•Conversely, a Non-Reactive result by itself does not rule out the diagnosis of syphilis. A diagnosis should always be made in conjunction with clinical findings.

•Biological false positive reactions have been reported in diseases such as infectious mononucleosis, viral pneumonia and toxoplasmosis, pregnancy and autoimmune diseases. This test is useful in determining the effectiveness of antibiotic therapy.

Sample Type : Serum

These tests are accredited under ISO 15189:2012 unless specified by (*)
Sample processed on the same day of receipt unless specified otherwise.
Test results pertains only the sample tested and to be correlated with clinical history.
Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

Patient Sample Collected On : 22-06-2024 21:00:00
Authenticated On : 22-06-2024 22:54:41
Printed On : 25-06-2024 13:05:45

Received On : 22-06-2024 21:49:00
Released On : 22-06-2024 23:01:25
Reprinted On : 25-06-2024 13:06:01

Padmapriya Kumareshan
Sr. Technician
DHA/LS2992011/243822

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Insurance	: **No**		

MICROBIOLOGY/BACTERIOLOGY/BODY FLUIDS

Test Name	Result	Units	Ref. Range	Method
Chlamydia trachomatis Ag	Negative		Negative	Immunochromatographic
Chlamydia sample type	Urine			

Detection of Chlamydia depends on the number of bacteria present in the specimen. This may be affected by specimen collection methods and patient factors such as age, history of STD, presence of symptoms, etc. Especially in chronic infections without clear symptoms the number of pathogens may be low. The minimum detection level of this test may vary according to the serovar. If bacterial burden is very low in the sample, false negative results cannot be excluded. Samples containing high amounts of mucus or blood may cause false positive results.

As with all diagnostic tests, a definitive clinical diagnosis should not be based on the results of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.

Sample Type : Swab

---------- End Of Report ----------

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