

Patient Name	: Ms. TASHI MOSALI VIKRAM	Sample UID No.	: 4099196
Age / Gender	: 21 Y 6 M / Female	Sample Collected On	: 20-07-2025 19:16
Patient ID	: QLD098958	Registered On	: 20-07-2025 19:30
Referred By	: CITY CARE	Reported on	: 21-07-2025 05:44
Referral Client	: CITICARE MEDICAL CENTER	External Patient ID	: 47437
Emirates ID / Passport No	:	Print Version	: V.1

Department of IMMUNOLOGY

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HEPATITIS B SURFACE ANTIBODY (HBsAB)	71	H	mIU/mL	Non-Reactive / Not Immune:<10 Reactive/Immune: = or > 10	ECLIA

Sample: Serum

Comments :

INTERPRETATION: 1.A positive result indicates recovery from acute or chronic hepatitis B virus (HBV) infection or acquired immunity from HBV vaccination. This assay does not differentiate between a vaccine-induced immune response and an immune response induced by infection with HBV. A positive total anti hepatitis B core (anti-HBc) result would indicate that the hepatitis B surface antibody (anti-HBs) response is due to past HBV infection. 2.Positive results, defined as anti-HBs levels of 10.0 mIU/mL or greater, indicate adequate immunity to HBV from past hepatitis B viral infection or HBV vaccination. 3. Negative results, defined as anti-HBs levels of less than 10.0 mIU/mL, indicate a lack of recovery from acute or chronic hepatitis B or inadequate immune response to HBV vaccination. 4. Indeterminate results, defined as anti-HBs levels in the range from 5 to 10.0 mIU/mL, indicate inability to determine if anti-HBs is present at levels consistent with recovery or immunity. Repeat testing is recommended in 1 to 3 months.

REFERENCE:

- 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
- 2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU
- 3).CDC,Testing for HBV infection:An update of guidance for clinicians and laboratorians.MMWR2013;62(18)

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

Maqsood Rahman

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Lab Technologist

DHA No:48036476-001



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Department of IMMUNOLOGY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
HEPATITIS C ANTIBODIES	0.04 (Non-reactive)		COI	Non-reactive : < 0.9 Borderline : >=0.9 to <1.0 Reactive: >= 1.0	ECLIA

Sample: Serum

Comments :

A non-reactive screening test result does not exclude the possibility of exposure to or infection with HCV. Non-reactive screening results in individuals with prior exposure to HCV may be due to low antibody levels that are below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay. Patients with acute or recent HCV infections (< 3 months from time of exposure) may have false-negative HCV antibody results due to the time needed for seroconversion (average of 8 - 9 weeks). Testing for HCV RNA and or RIBA is recommended.

A repeatedly reactive screening result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Testing for HCV RNA and or RIBA is recommended

INTERFERING FACTORS:

If distinction between true positivity and biologic false positivity for HCV antibody is desired ,and if the sample is repeatedly reactive in the initial test ,recommended to test with a different HCV antibody assay.

REFERENCE:

- 1) CDC, Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013; 62(18)
- 2) Tietz clinical guide to Laboratory tests (Fourth edition) ALAN H.B.WU
- 3) Clinical microbiology procedures 4th edition AMY L LEBER

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Department of SEROLOGY

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.37 (Non-reactive)		COI	< 0.9 : Non-reactive ≥ 0.90 to < 1.0 : Borderline ≥ 1.0 : Reactive	ECLIA

Sample: Serum

Comments :

CLINICAL IMPLICATIONS: 1. Hepatitis B surface antigen (HBsAg) is the first serologic marker, appearing in the serum 6 to 16 weeks following HBV infection. In acute cases, HBsAg usually disappears 1 to 2 months after the onset of symptoms with the appearance of hepatitis B surface antibody (anti-HBs). Anti-HBs also appears as the immune response following hepatitis B vaccination. 2. Detection of HBsAg is usually the first detectable marker of hepatitis B infection and remains positive in persistent infection. Therefore HBsAg should be tested in the clinical setting of both acute and chronic hepatitis. 3. With acute hepatitis B a 50% decrease in HBsAg serum concentration after 1 month indicates resolving infection, whereas an increase implies persistence. A number of mutants may cause chronic hepatitis B infections without HBsAg, in this case virus can be deduced by testing for anti-HBc, anti-HBs and HBV-DNA.

REFERENCE:

- 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
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