LB-MED-305

Patient Name	:	Mr. PUTU ARYA RESTIAWAN	**Sample UID No.**	:	4102395
Age / Gender	:	23 Y / Male	**Sample Collected On**	:	29-07-2025 18:24
Patient ID	:	QLD102152	**Registered On**	:	29-07-2025 18:27
Referred By	:	CITY CARE	**Reported on**	:	30-07-2025 07:29
Referral Client	:	CITICARE MEDICAL CENTER	**External Patient ID**	:	41281
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of IMMUNOLOGY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
HIV I & II ANTIBODY AND P24 ANTIGEN	0.23 (Non-reactive)		COI	< 1.00 : Non-reactive ≥ 1.00 : Reactive	ECLIA

Sample: Serum

Interpretation Notes :

Specimens with COI values <1.00 are considered Nonreactive(NR) Specimens with COI values > OR equal to 1.00 are considered reactive®

CLINICAL IMPLICATIONS: 1. The method is a fourth generation assay which detects HIV1and 2/p24 antigen based on chemiluminescent microparticle immunoassay.The result does not distinguish between the detection of HIV p24 antigen,HIV-1 antibody,or HIV-2 antibody reactivity.Since the combo can detect the anti-HIV p24 antigen in the reagent ,thereby decreasing the seroconversion window and improving early detection of HIV infection. 2. A repeatedly reactive specimen should be investigated further with sensitive,supplemental HIV-specific tests,such as immunoblots,antigen tests,and HIV nucleic acid tests.HIV Ag/Ab combo and supplemental assay results should be interpreted in conjunction with the patients clinical presentation,history and other laboratory results. 3. Specimens which are repeatedly reactive on a fourth generation screening procedure but which test negative on the second step assay may either have a false positive result or be positive for p24 antigen only.The new algorithm is that the specimen is subjected to further qualitative RNA molecular assay.

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)Clinical microbiology procedures 4th edition AMY L LEBER

"QLabs compliance with ISO 15189:2022 standards"

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Department of SEROLOGY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.36 (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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- END OF REPORT -

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