biosytech
MEDICAL LABORATORY

BML467399

Laboratory Investigation Report

Name	:	Mr. LIKHITH NARAYANA NARAYANA	**Ref No.**	:	44225
DOB	:	08/10/1998	**Sample No.**	:	2409477764
Age / Gender	:	25 Y / Male	**Collected**	:	18/09/2024 20:00
Referred by	:	DR HUMAIRA	**Registered**	:	18/09/2024 22:21
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	18/09/2024 23:50

IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.34		COI	Non-Reactive: <0.9 Borderline: =/>0.9 - <1.0 Reactive: =/>1.0 Note changes in method and reference range. Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

A positive HBsAg test result means that the patient is infected with acute or chronic hepatitis B virus or chronic HBV carrier state.
A negative result implies the patient is not infected with hepatitis B.

HEPATITIS C ANTIBODIES	0.05		COI	Non-Reactive: <0.9 Borderline: =/>0.9 - <1.0 Reactive: =/>1.0 Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

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

HIV I & II ANTIBODY AND P24 ANTIGEN	0.15		S/CO	Non-Reactive: <1.0 Reactive: =/>1.0 Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

1. A negative test result does not completely rule out the possibility of an infection with HIV. Serum or plasma samples from the very early (preseroconversion) phase or the late phase of HIV infection can occasionally
yield negative findings. Yet unknown HIV variants can also lead to a negative HIV finding. The presence of antibodies to HIV is not a diagnosis of AIDS.

2. For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

HARSHAD MANIKANDAN
Laboratory Technician
Printed on: 18/09/2024 23:56

This is an electronically authenticated report

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology

3. This is a screening test.

Source: Roche Cobas IFU.

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SEROLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
RPR (RAPID PLASMA REAGEN)	Non - reactive			Non-reactive	Carbon flocculation

INTERPRETATION NOTES :

Syphilis is a disease caused by infection with the spirochete Treponema pallidum. The infection is systemic and the disease is characterized by periods of latency.

Patients with primary or secondary syphilis should be reexamined clinically and serologically 6 months and 12 months following treatment. Typically, rapid plasma reagin (RPR) titers decrease following successful treatment, but this may occur over a period of months to years.

Biological false-positive reactions with cardiolipin-type antigens have been reported in disease such as infectious mononucleosis, leprosy, malaria, lupus erythematosus, vaccinia, and viral pneumonia. Pregnancy, autoimmune diseases, and narcotic addictions may give false-positives. Pinta, yaws, bejel, and other treponemal diseases may also produce false-positive results with this test.

False negatives tend to be more common in the initial and end stages of infection. Among people who are in the secondary (middle) stage of infection, the RPR test result is nearly always positive. (Interpretation added on 28 Dec 2019).

Sample Type : Serum

End of Report

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Pathologist

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NAZAR MOHAMED ALI
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