biosytech
MEDICAL LABORATORY

BML496925

Laboratory Investigation Report

Name	:	Ms. TIFFANY IMANEH	**Ref No.**	:	45102
DOB	:	01/12/1996	**Sample No.**	:	2412508740
Age / Gender	:	28 Y / Female	**Collected**	:	03/12/2024 19:00
Referred by	:	CITICARE MEDICAL CENTER	**Registered**	:	04/12/2024 14:48
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	04/12/2024 17:08

IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.33		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	0.04		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	0.21		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

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

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

HARSHAD MANIKANDAN
Laboratory Technician
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This is an electronically authenticated report

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

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COLLEGE of AMERICAN PATHOLOGISTS

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology

findings.

3. This is a screening test.

Source: Roche Cobas IFU.

Sample Type : Serum

End of Report

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