



Laboratory Investigation Report

Name : Ms. TIFFANY IMANEH

DOB : 01/12/1996 Age / Gender : 28 Y / Female

Referred by : CITICARE MEDICAL CENTER
Centre : CITICARE MEDICAL CENTER

Ref No. : 45102

Sample No. : 2412508740

Collected : 03/12/2024 19:00 **Registered** : 04/12/2024 14:48

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 ECLIA

Borderline: =/>0.9 - <1.0 Reactive: =/>1.0

Note changes in method and

reference range. Source: Roche IFU.

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 ECLIA

Borderline: =/>0.9 - <1.0

Reactive: =/>1.0

Source: Roche IFU.

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 ECLIA

Gome V. Shah

Reactive: =/>1.0 Source: Roche IFU.

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

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

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

This is an electronically authenticated report

P.O Box: 49527

HARSHAD MANIKANDAN
Laboratory Technician

Printed on: 04/12/2024 17:58

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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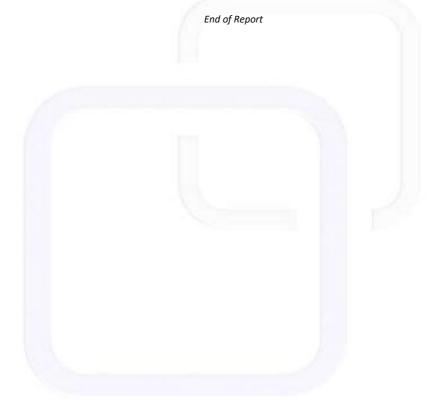
findings.

Name

3. This is a screening test.

Source: Roche Cobas IFU.

Sample Type: Serum



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

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HARSHAD MANIKANDAN Laboratory Technician Printed on: 04/12/2024 17:58

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Dubai, UAE



