

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

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CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

>1 - Reactive

Patient Name : Mr. IKBAL AHMAD

Age/Gender : 51 Y/M

Lab No : 10131364

Referred By : Dr.KGMU Refer Lab/Hosp : CHARAK NA

PR

. HIV,HCV,HBSAg,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD) Doctor Advice

Visit No : CHA250034068

Registration ON : 25/Feb/2025 01:58PM

Sample Collected ON : 25/Feb/2025 01:59PM

Sample Received ON : 25/Feb/2025 02:20PM

Report Generated ON : 25/Feb/2025 04:46PM



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Test Name	Result	Unit	Bio. Ref. Range	Method
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
Sample Type : SERUM				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		<1 - Non Reactive	CMIA

Note: This is only a Screening test. Confirmation of the result (Non Reactive/Reactive) should be

COMMENTS:

-HBsAg is the first serological marker after infection with Hepatitis B Virus appearing one to ten weeks after exposure and two to eight weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and clears late in the convalescence phase. Failure to clear HBsAg within six months indicates a chronic HBsAg carrier state. HBsAg assays are used to identify the persons infected with HBV and to prevent transmission of the virus by blood and blood products as well as to monitor the status of infected individuals in combination with other hepatitis B serological markers

-Borderline cases must be confirmed with confirmatory neutralizing assay

done by performing a PCR based test.

LIMITATIONS:

- -Results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infections.
- -Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA) which may produce anomalous values when tested with assay kits that employs mouse monoclonal antibodies
- -Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous results may be observed. -Cross reactivity for specimens from individual with medical conditions (Pregnancy, HIV etc) has been observed.
- -HBsAg mutations may result in a false negative result in some HBsAg assays.

-If HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.





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Patient Name : Mr.IKBAL AHMAD

Age/Gender : 51 Y/M

Lab No : 10131364

Referred By : Dr.KGMU Refer Lab/Hosp : CHARAK NA

. HIV,HCV,HBSAg,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD) Doctor Advice

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Test Name	Result	Unit	Bio. Ref. Range	Method
HIV				

HIV-SEROLOGY NON REACTIVE < 1.0 : NON REACTIVE >1.0: REACTIVE

Done by: Vitros ECI (Sandwich Assay)

Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.

Hence confirmation: "Western Blot" method is advised.

HEPATITIS C VIRUS (HCV) ANTIBODIES

HEPATITIS C VIRUS (HCV) ANTIBODIES NON REACTIVE

Non Reactive

(TRIO DOT ASSAY)

Note: This is only a Screening test. Confirmation of the result (Non Reactive/Reactive) should be done by performing a PCR based test.







: 51 Y/M

: Dr.KGMU

: CHARAK NA

: Mr.IKBAL AHMAD

: 10131364

Patient Name

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Refer Lab/Hosp

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Certificate No. MIS-2023-0218 Visit No : CHA250034068

Registration ON : 25/Feb/2025 01:58PM

Sample Collected ON : 25/Feb/2025 01:59PM : 25/Feb/2025 02:28PM Sample Received ON

Report Generated ON : 25/Feb/2025 04:26PM

Doctor Advice : HIV,HCV,HBSAg,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD)

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.20	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	43.2	%	36 - 45	Pulse hieght
				detection
MCV	83.4	fL	80 - 96	calculated
MCH	28.8	pg	27 - 33	Calculated
MCHC	34.5	g/dL	30 - 36	Calculated
RDW	13.6	%	11 - 15	RBC histogram
				derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7480	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	40 - 75	Flowcytrometry
LYMPHOCYTES	20	%	25 - 45	Flowcytrometry
EOSINOPHIL	5	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	298,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	298000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	5,311	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,496	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	374	/cmm	20-500	Calculated
Absolute Monocytes Count	299	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.







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Patient Name : Mr. IKBAL AHMAD

Age/Gender : 51 Y/M

Lab No : 10131364

Referred By : Dr.KGMU
Refer Lab/Hosp : CHARAK NA

P.R.

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	118.9	mg/dl	70 - 170	Hexokinase







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