

Patient Name : Mr. MOHD YUNUS	Visit No : CHA250034432
Age/Gender : 65 Y/M	Registration ON : 26/Feb/2025 08:05AM
<b>Lab No : 10131728</b>	Sample Collected ON : 26/Feb/2025 08:10AM
Referred By : Dr. KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 26/Feb/2025 09:23AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 26/Feb/2025 11:43AM
Doctor Advice : WIDAL, HBSAg, HCV, TYPHOID IGM, MP BY CARD, GBP	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>MP BY CARD</b>				
Plasmodium vivax	Negative			
Plasmodium falciparum antigen	Negative		Negative	



[Checked By]

Print.Date/Time: 26-02-2025 13:37:06

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*Sharma*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 26/Feb/2025 11:09AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TYPHOID IGM</b>				
TYPHOID IGM	Negative		NEGATIVE	



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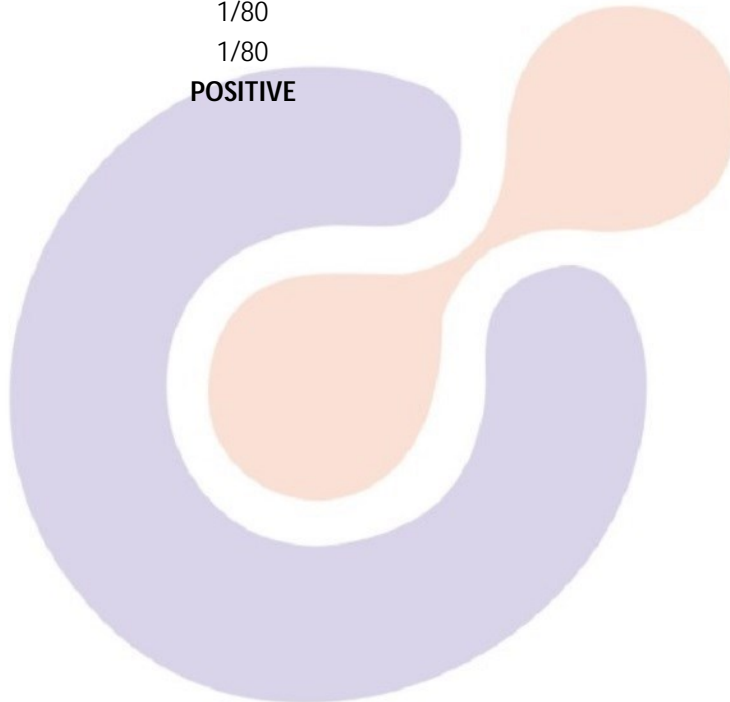


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>WIDAL</b>				
Sample Type : SERUM				

SALMONELLA TYPHI O  
SALMONELLA TYPHI H  
NOTE:

1/80  
1/80

**POSITIVE**



**CHARAK**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
Sample Type : SERUM				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		<1 - Non Reactive >1 - Reactive	CMIA

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

**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.

**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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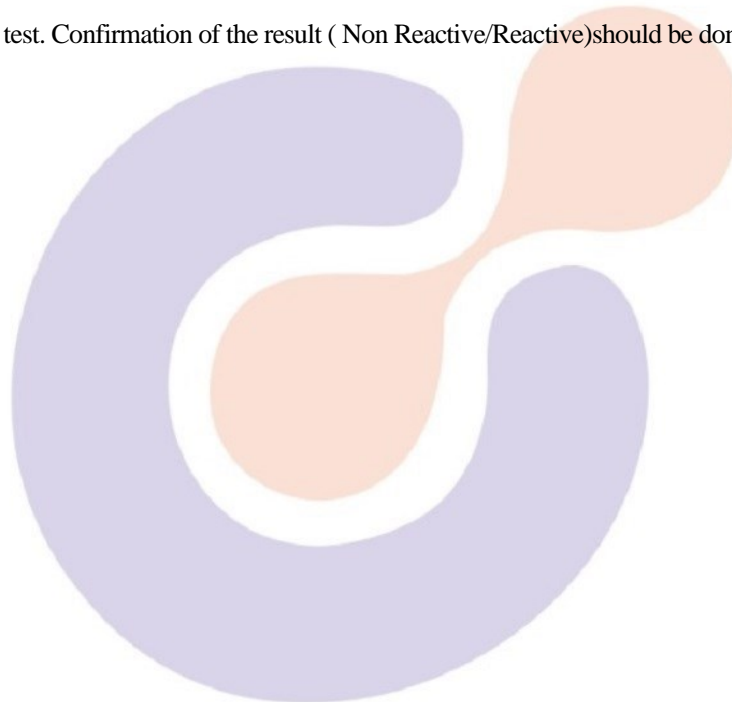


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEPATITIS C VIRUS (HCV) ANTIBODIES</b>				

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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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**GENERAL BLOOD PICTURE (GBP)**

Peripheral Blood Picture :

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

\*\*\* End Of Report \*\*\*



CHARAK



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