

Patient Name : Ms.AISHA BANO ANSARI43	Visit No : CHA250035941
Age/Gender : 43 Y/F	Registration ON : 28/Feb/2025 09: 25AM
<b>Lab No : 10133237</b>	Sample Collected ON : 28/Feb/2025 09: 26AM
Referred By : Dr.KGMU	Sample Received ON : 28/Feb/2025 09: 49AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 11: 58AM
Doctor Advice : HCV ELISA,HBSAg,HIV,PP,FASTING,HBA1C (EDTA),PT/PC/INR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	<b>6.4</b>	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

**EXPECTED ( RESULT ) RANGE :**

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

<b>PT/PC/INR</b>			
PROTHROMBIN TIME	13 Second	13 Second	Clotting Assay
Prothromin concentration	100 %	100 %	
INR (International Normalized Ratio)	1.00	1.0	

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*Sharma*

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
<b>Sample Type : SERUM</b>				

HEPATITIS B SURFACE ANTIGEN	NON REACTIVE	<1 - Non Reactive >1 - Reactive	CMIA
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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
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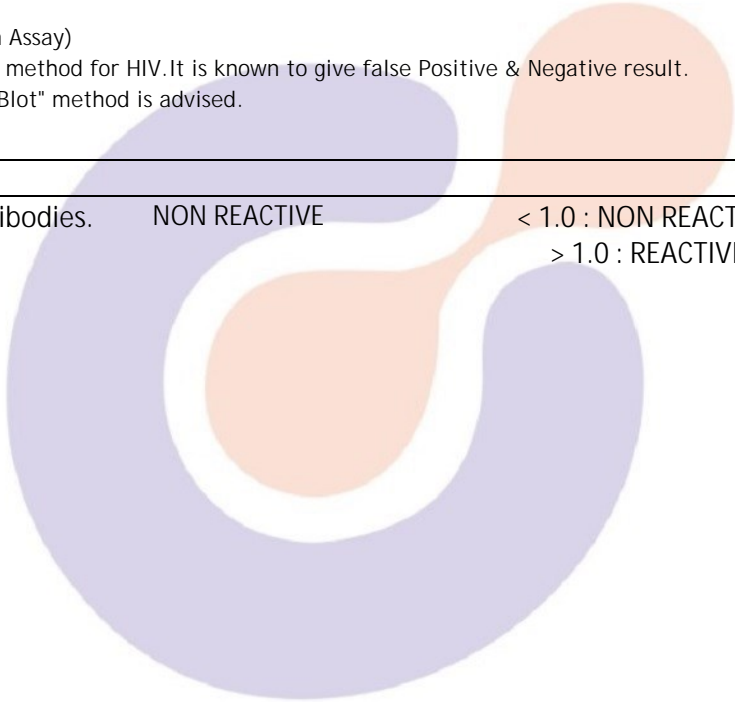
<b>HIV</b>				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	

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.

<b>HCV ELISA</b>
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Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 11: 18AM
Doctor Advice : HCV ELISA,HBSAg,HIV,PP,FASTING,HBA1C (EDTA),PT/PC/INR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>4.90</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.2	%	36 - 45	Pulse hieght detection
MCV	80.0	fL	80 - 96	calculated
MCH	<b>24.5</b>	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	<b>16.8</b>	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7910	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>79</b>	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>18</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	160,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,249	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,424	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	79	/cmm	20-500	Calculated
Absolute Monocytes Count	158	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. WBCs show neutrophilia. Platelets are adequate. No immature cells or parasite seen.



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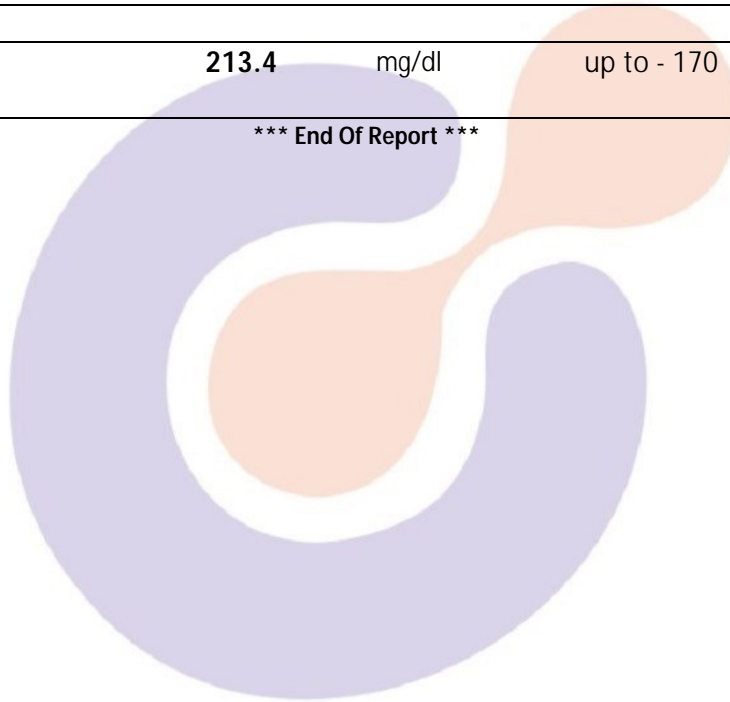
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	143.4	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	213.4	mg/dl	up to - 170	Hexokinase

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



**CHARAK**



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