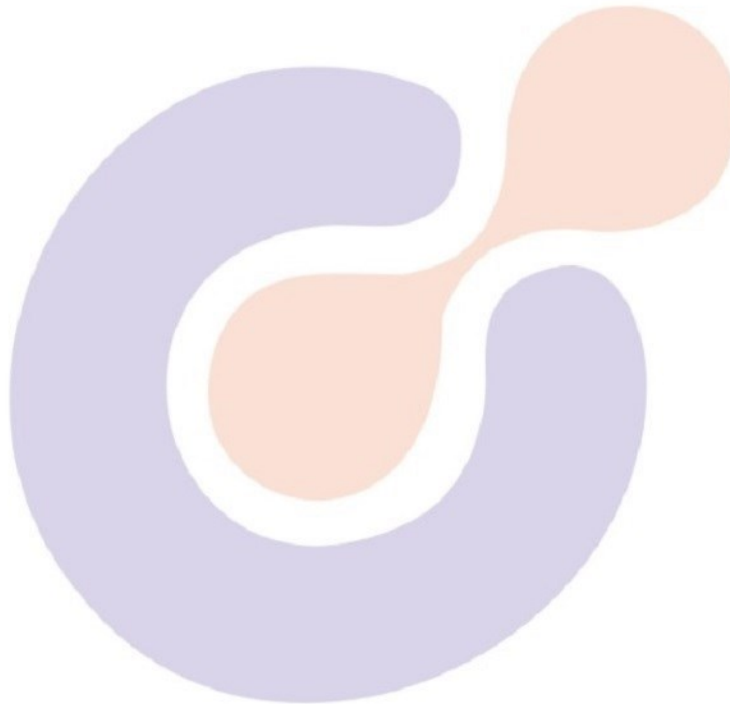


Patient Name : Ms.LALITA DEVI
Age/Gender : 65 Y/F
Lab No : 10133308
Referred By : Dr.AJAY KUMAR VERMA
Refer Lab/Hosp : CGHS (BILLING)
Doctor Advice : HCV,HBSAg,RANDOM,CBC+ESR

Visit No : CHA250036012
Registration ON : 28/Feb/2025 10:22AM
Sample Collected ON : 28/Feb/2025 10:24AM
Sample Received ON : 28/Feb/2025 10:32AM
Report Generated ON : 28/Feb/2025 11:43AM



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	32.00		0 - 20	Westergreen



CHARAK

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

Patient Name : Ms.LALITA DEVI	Visit No : CHA250036012
Age/Gender : 65 Y/F	Registration ON : 28/Feb/2025 10:22AM
Lab No : 10133308	Sample Collected ON : 28/Feb/2025 10:24AM
Referred By : Dr.AJAY KUMAR VERMA	Sample Received ON : 28/Feb/2025 10:52AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 12:36PM
Doctor Advice : HCV,HBSAg,RANDOM,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
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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Sharma

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

Patient Name : Ms.LALITA DEVI	Visit No : CHA250036012
Age/Gender : 65 Y/F	Registration ON : 28/Feb/2025 10:22AM
Lab No : 10133308	Sample Collected ON : 28/Feb/2025 10:24AM
Referred By : Dr.AJAY KUMAR VERMA	Sample Received ON : 28/Feb/2025 10:52AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 12:36PM
Doctor Advice : HCV,HBSAg,RANDOM,CBC+ESR	

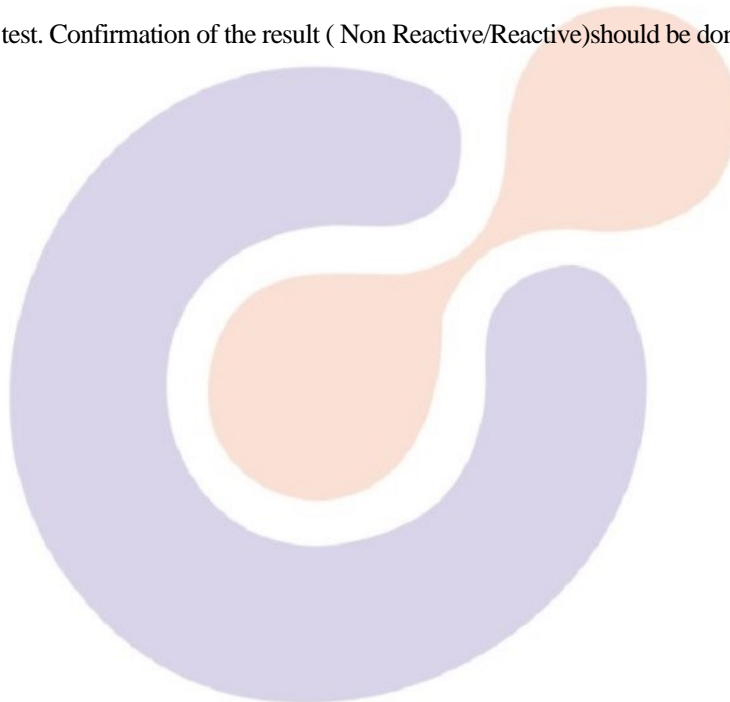


Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS C VIRUS (HCV) ANTIBODIES				

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.



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Sharma

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

Patient Name : Ms.LALITA DEVI	Visit No : CHA250036012
Age/Gender : 65 Y/F	Registration ON : 28/Feb/2025 10:22AM
Lab No : 10133308	Sample Collected ON : 28/Feb/2025 10:24AM
Referred By : Dr.AJAY KUMAR VERMA	Sample Received ON : 28/Feb/2025 10:32AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 11:43AM
Doctor Advice : HCV,HBSAg,RANDOM,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	9.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	30.9	%	36 - 45	Pulse hieght detection
MCV	101.6	fL	80 - 96	calculated
MCH	31.9	pg	27 - 33	Calculated
MCHC	31.4	g/dL	30 - 36	Calculated
RDW	16.5	%	11 - 15	RBC histogram derivation
RETIC	1.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7710	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	73	%	40 - 75	Flowcytometry
LYMPHOCYTE	21	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	103,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	140,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	34			
Peripheral Blood Picture	:			

Red blood cells show cytopenia + with macorcytes, anisocytosis+. Platelets are just adequate. No immature cells or parasite seen.



[Checked By]



Sham

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

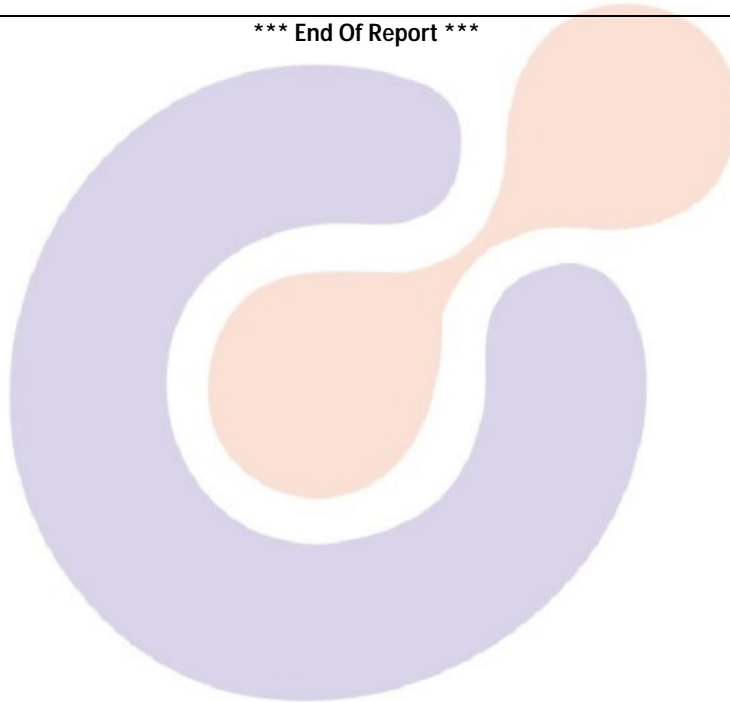
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Sample Received ON : 28/Feb/2025 10:52AM
Report Generated ON : 28/Feb/2025 01:00PM



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	201.3	mg/dl	70 - 170	Hexokinase

*** End Of Report ***



CHARAK



MC-2491

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Sham

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)