

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

E-mail: charak1984@gmail.com

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

Patient Name : Mr.AWADHESH RAM

Age/Gender : 64 Y/M

Lab No : 10133344

Referred By : Dr.KRISHNA KUMAR MITRA (CGHS

Refer Lab/Hosp : CGHS (BILLING)

Doctor Advice : HBA1C (EDTA), HBSAg, HCV, HIV, PP, FASTING

Visit No : CHA250036048

Sample Received ON

Registration ON : 28/Feb/2025 10:52AM

Sample Collected ON : 28/Feb/2025 10:55AM

Report Generated ON : 28/Feb/2025 12:36PM

: 28/Feb/2025 11:09AM

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

NOTE:-

PR.

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

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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

CMIA

>1 - Reactive

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
- -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
HIV				

< 1.0 : NON REACTIVE **HIV-SEROLOGY** 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.

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Report Generated ON : 28/Feb/2025 04:24PM



Test Name	Result	Unit	Bio. Ref. Range	Method	
FASTING					
Blood Sugar Fasting	78.8	mg/dl	70 - 110	Hexokinase	
PP					
Blood Sugar PP	182.6	mg/dl	up to - 170	Hexokinase	

*** End Of Report **







