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E-mail: charak1984@gmail.com

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

Patient Name : Mr. SHASHANK

Age/Gender : 32 Y O M O D /M **Lab No** : **10134794**

Referred By : SELF

P.R.

Refer Lab/Hosp : CHARAK NA

Doctor Advice : HCV ELISA, HBSAg, HIV, NA+K+, PHOS

Visit No : CHA250037499

Registration ON : 02/Mar/2025 09:47AM

Sample Collected ON : 02/Mar/2025 09:51AM

Sample Received ON : 02/Mar/2025 10:08AM

Report Generated ON : 02/Mar/2025 12:02PM



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------|--------|-------|-----------------|------------------|
| PHOSPHORUS | | | | |
| Phosphorus Serum | 6.20 | mg/dl | 2.68 - 4.5 | Phosphomolybdate |

INTERPRETATION:

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.

-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

LIMITATIONS:

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.

-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

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

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|-------------------------------------|--------|------|-----------------|--------|
| 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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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.

HCV ELISA

Anti-Hepatitis C Virus Antibodies. NOI

NON REACTIVE

< 1.0 : NON REACTIVE

Sandwich Assay

> 1.0 : REACTIVE





DR NISHANT SHARA

DR. NISHANT SHARMA DR. SHADAB
PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

Print.Date/Time: 02-03-2025 12:35:29
*Patient Identity Has Not Been Verified. Not For Medicolegal

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| NA+K+ | | | | |
| SODIUM Serum | 136.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.0 | MEq/L | 3.5 - 5.5 | ISE Direct |





