

Patient Name : Ms.KANTI SRIVASTAVA	Visit No : CHA250039535
Age/Gender : 66 Y/F	Registration ON : 05/Mar/2025 10:28AM
Lab No : 10136830	Sample Collected ON : 05/Mar/2025 10:35AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 05/Mar/2025 10:41AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 11:47AM
Doctor Advice : HBA1C (EDTA),PP,FASTING,HIV,HCV,HBSAg,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	18.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 16:20:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 05/Mar/2025 10:41AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 01:31PM
Doctor Advice : HBA1C (EDTA),PP,FASTING,HIV,HCV,HBSAg,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.5	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by 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 >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
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HIV

HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	
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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

Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
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Done by: Vitros ECI (Sandwich 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
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.5	%	36 - 45	Pulse hieght detection
MCV	81.6	fL	80 - 96	calculated
MCH	25.5	pg	27 - 33	Calculated
MCHC	31.3	g/dL	30 - 36	Calculated
RDW	15.2	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	11860	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	40 - 75	Flowcytometry
LYMPHOCYTE	29	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	237,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	237000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic, anisocytosis +. Platelets are adequate. No immature cells or parasite seen.



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Sham

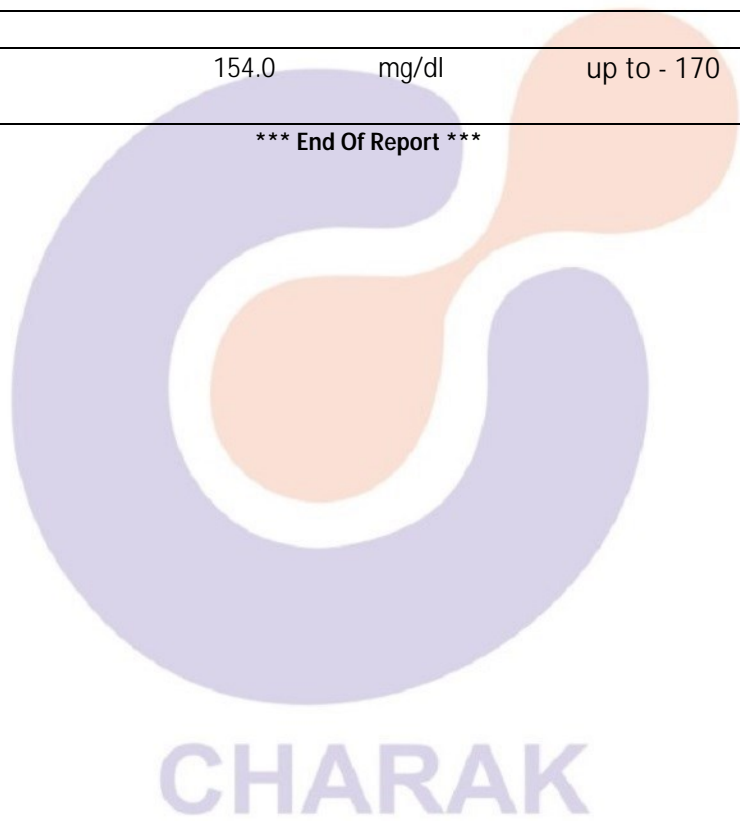
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Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 03:46PM
Doctor Advice : HBA1C (EDTA),PP,FASTING,HIV,HCV,HBSAg,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	106.4	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	154.0	mg/dl	up to - 170	Hexokinase

*** End Of Report ***



CHARAK



[Checked By]

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Aditi D Agarwal