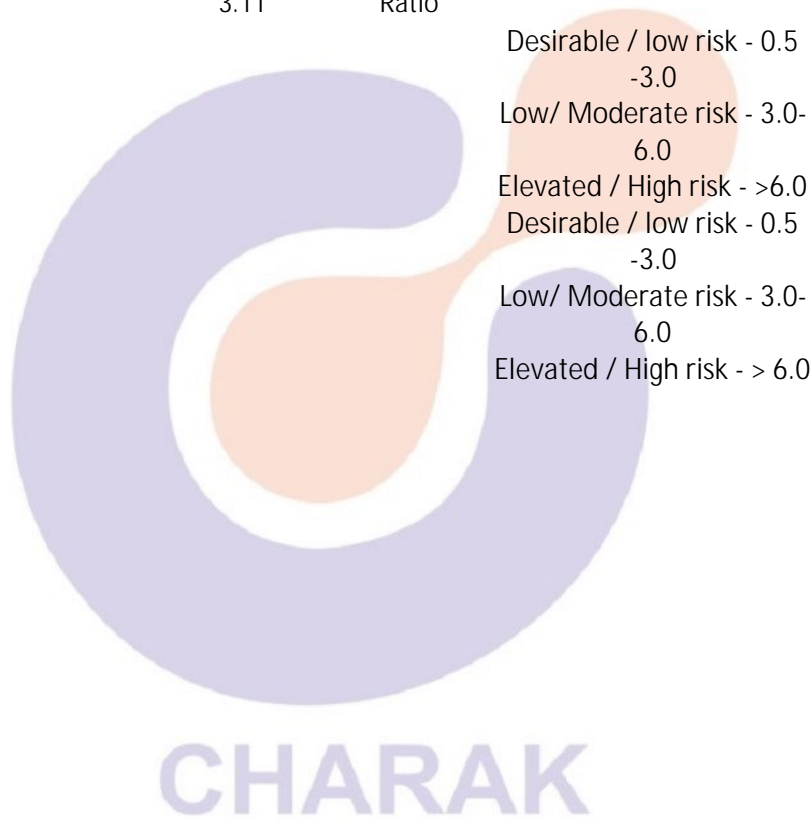


Patient Name : Mr.ASAD	Visit No : CHA250041238
Age/Gender : 28 Y 5 M 2 D/M	Registration ON : 07/Mar/2025 01: 28PM
<b>Lab No : 10138533</b>	Sample Collected ON : 07/Mar/2025 01: 30PM
Referred By : SELF	Sample Received ON : 07/Mar/2025 01: 48PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 03: 56PM
Doctor Advice : LIPID-PROFILE,HBSAg,HCV,HIV	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
Cholesterol/HDL Ratio	4.68	Ratio		Calculated
LDL / HDL RATIO	3.11	Ratio		Calculated



**CHARAK**

[Checked By]

Print.Date/Time: 07-03-2025 16:30:10

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Mr.ASAD	Visit No : CHA250041238
Age/Gender : 28 Y 5 M 2 D/M	Registration ON : 07/Mar/2025 01: 28PM
<b>Lab No : 10138533</b>	Sample Collected ON : 07/Mar/2025 01: 30PM
Referred By : SELF	Sample Received ON : 07/Mar/2025 01: 48PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 03: 56PM
Doctor Advice : LIPID-PROFILE,HBSAg,HCV,HIV	



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
-----------------------------	--------------	--	------------------------------------	------

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.

[Checked By]

Print.Date/Time: 07-03-2025 16:30:11

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Mr.ASAD	Visit No : CHA250041238
Age/Gender : 28 Y 5 M 2 D/M	Registration ON : 07/Mar/2025 01: 28PM
<b>Lab No : 10138533</b>	Sample Collected ON : 07/Mar/2025 01: 30PM
Referred By : SELF	Sample Received ON : 07/Mar/2025 01: 48PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 03: 56PM
Doctor Advice : LIPID-PROFILE,HBSAg,HCV,HIV	



Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**HIV**

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

Done by: Vitros ECI ( Sandwich Assay)

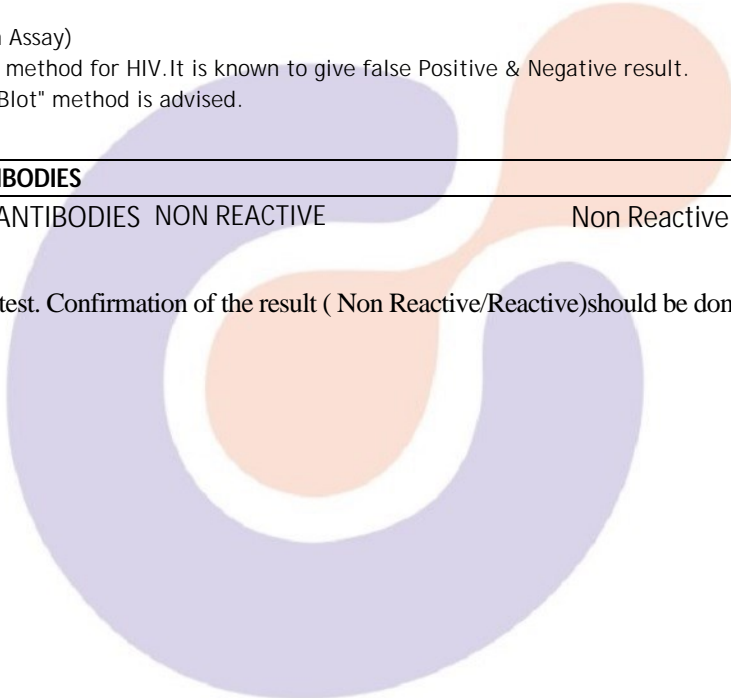
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.  
Hence confirmation:"Western Blot" method is advised.

**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.



**CHARAK**

[Checked By]

Print.Date/Time: 07-03-2025 16:30:11

\*Patient Identity Has Not Been Verified. Not For Medicolegal



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

*Aditi D Agarwal*

Patient Name : Mr.ASAD	Visit No : CHA250041238
Age/Gender : 28 Y 5 M 2 D/M	Registration ON : 07/Mar/2025 01: 28PM
<b>Lab No : 10138533</b>	Sample Collected ON : 07/Mar/2025 01: 30PM
Referred By : SELF	Sample Received ON : 07/Mar/2025 01: 48PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 03: 24PM
Doctor Advice : LIPID-PROFILE,HBSAg,HCV,HIV	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	225.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	136.00	mg/dL	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	48.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	150.10	mg/dL	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	CO-PAP
VLDL	27.20	mg/dL	10 - 40	Calculated

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

CHARAK



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST