

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. VIJAY GUPTA

Age/Gender : 72 Y/M Lab No : 10142434

PR.

Referred By : Dr.ROHAN BAJPAI Refer Lab/Hosp : CGHS (BILLING)

HCV, HBSAg, PP, FASTING, CBC + ESRDoctor Advice :

Visit No : CHA250045139

0 - 20

Registration ON : 13/Mar/2025 11:47AM Sample Collected ON : 13/Mar/2025 11:49AM

Sample Received ON : 13/Mar/2025 11:53AM

Report Generated ON : 13/Mar/2025 01:06PM



Westergreen

Test Name	Result	Unit	Bio. Ref. Range	Method	
CBC+ESR (COMPLETE BLOOD COUNT)					

30.00





[Checked By]

Print.Date/Time: 13-03-2025 16:45:26 *Patient Identity Has Not Been Verified. Not For Medicolegal DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST PATHOLOGIST**

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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 ${\sf HCV,HBSAg,PP,FASTING,CBC+ESR}$ Doctor Advice :

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Sample Collected ON : 13/Mar/2025 11:49AM Sample Received ON : 13/Mar/2025 12:01PM

Report Generated ON : 13/Mar/2025 02:10PM



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

Sample Type: SERUM

P.R.

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 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.



DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST**

PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

Print.Date/Time: 13-03-2025 16:45:28 *Patient Identity Has Not Been Verified. Not For Medicolegal

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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

cost.







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Age/Gender Registration ON : 72 Y/M : 13/Mar/2025 11:47AM Lab No Sample Collected ON : 10142434 : 13/Mar/2025 11:49AM Referred By : Dr.ROHAN BAJPAI Sample Received ON : 13/Mar/2025 11:53AM Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 13/Mar/2025 01:06PM

HCV, HBSAg, PP, FASTING, CBC + ESRDoctor Advice :

P.R.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.50	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	36.9	%	36 - 45	Pulse hieght
				detection
MCV	106.0	fL	80 - 96	calculated
MCH	33.9	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	15.4	%	11 - 15	RBC histogram
				derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4600	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	72	%	40 - 75	Flowcytrometry
LYMPHOCYTE	23	%	20-40	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	141,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy.
Mentzer Index	30	A D	A 1.7	
Peripheral Blood Picture	GH			

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







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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	92.9	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	118.0	mg/dl	up to - 170	Hexokinase

*** End Of Report *

CHARAK

PATHOLOGIST



16:45:35

DR. NISHANT SHARMA

PATHOLOGIST