Charak dhar DIAGNOSTICS Pvt. Ltd.

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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.DHIRAJ SRIVASTAVA	Visit No	: CHA250046161
Age/Gender	: 53 Y/M	Registration ON	: 16/Mar/2025 09:27AM
Lab No	**: 10143456**	Sample Collected ON	: 16/Mar/2025 09:30AM
Referred By	: Dr.RDSO LUCKNOW	Sample Received ON	: 16/Mar/2025 09:55AM
Refer Lab/Hosp	: RDSO LUCKNOW	Report Generated ON	: 16/Mar/2025 06:40PM
Doctor Advice	: AFP,HBSAg,HBV-DNA QUANTITATIVE(EDTA SAMP.),USG WHOLE ABDOMEN		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ALPHA-FETOPROTEIN (AFP)				
AFP	3.08	IU/ml	Upto 11.3	
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
Sample Type : SERUM				
HEPATITIS B SURFACE ANTIGEN	REACTIVE (9050)		<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: 16-03-2025 19:15:14
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. SYED SAIF AHMAD
MD MICROBIOLOGY

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS B DNA viral load (REAL TIME PCR TEST)				
Result	Not-Detected			
VIRAL LOAD	.			

INTERPRETATION:

RESULTS COMMENTS

<5.09 x 102 Copies /ml -- HBV DNA Not detected or Detected Below Quantification Range .

5.09 x 102 to 5.09 x 109 Copies /ml – HBV DNA Detected within the range of the assay.

>5.09 x 109 Copies /ml -- HBV DNA Above Linear Range .

Note:

Linear reporting range of the assay is 5.09 x 102 Copies/ml to 5.09 x 109 Copies /ml (Linearity analysis is according to CLSI Guidelines)

1 IU / ML = 5.26 copies / ml *

This test is not intended for use as a screening test for the presence of HBV in blood or blood products.

TARGET SELECTION:

The target sequence for this kit is part of the core/pre-core region of the HBV genome. The region selected is specific to HBV and conserved across the HBV Genotypes.

Technology:

In this assay, the presence of HBV- DNA is determined by real time PCR. It involves the specific amplification of the HBV target region of the HBV genome. This analysis is done on Truelab® real time micro PCR analyser by using the highly sensitive and specific TAQMAN assay method. Amplified products are indicated by threshold cycle (Ct) in the amplification curve.

Pathogen Information:

Hepatitis B virus is mainly transmitted via blood products. However, sexual, oral, and parental infections are also possible. Following a general malaise including loss of appetite, vomiting and abdominal problems. About 10-20% of patients develop fever, exanthema (Skin rash), as well as rheumatoid joint and muscle problems. 2-14 days later jaundice develops, which may be accompanied by itching. Fulminate hepatitis occurs in about 1% of all infected patients and is frequently fatal. 5-10% of Hepatitis B patients develop chronic liver inflammation.

*The conversion factor is taken from the report of WHO consultation for international standards for in-vitro clinical diagnostic procedures based on real time PCR assay. The lower limit of detection is 55.92 IU/ml (Based on run data from 4th WHO International standard for Hepatitis B Virus for Nucleic Acid Amplification Techniques, NIBSC code: 10/266)

Method: Real Time PCR.

Note: A specimen for which the Truenat® assay reports "Not Detected" cannot be concluded to be negative for the concerned pathogen. As with any diagnostic test, results from the Truenat® assay should be interpreted in the context of other clinical and laboratory findings.

This report is for the perusal of doctor only. Not for medico legal cases. Clinical correlation is essential. Please contact us in case of unexpected result.

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

[Checked By]

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