Certificate No.: MC-3111

TEST REPORT

DR. AJAY SHAH'S PATHOLOGY LABORATORY

MICROBIOLOGY REFERENCE CENTRE

Ensuring Care in Healthcare.... since 1987

Reg Date &Time : 04/12/2019 16:43 REC Date &Time 04/12/2019 16:43 : Reporting Dt & Time 4/12/19 17:56

Lab No : 348653 Age / Sex : 23 Years FEMALE

Name : REEMA CHOUHAN - 17819 SACHINP

Ref by : Dr. C/O ASAVLEE LAB

Sample Received

Location : ASAVLEE MALAD

HIV ANTIGEN / ANTIBODY COMBO

TEST	Simultaneous qualitative detection of HIV p24 antigen and antibodies to human immunodeficiency virus (HIV 1/2) in human serum and plasma.	
INDEX VALUE	Nonreactive [0.10]	< 1.0 S/CO -NONREACTIVE > 1.0 S/CO - REACTIVE S/CO = sample RLU /Cut off RLU
SPECIMEN	SERUM	
METHOD	Chemiluminescent Microparticle Immunoassay (CMIA) Sensitivity : 100 % Specificity : 99.62 %	

COMMENTS : -

** *Absence of antibodies does not indicate non-exposure to HIV virus.*
** *Positive HIV test does not indicate AIDS.*
** *Advice Western Blot test if clincally indicated.*

Sero positive patient should contact physician / Lab Director for post test counselling.

*** END OF REPORT ***

Abbott ARCHITECT PLUS ci4100 Integrated System.

Authorized By.

DR. NIDHI GARG
M.D., D.N.B. PATHOLOGY
Reg. No. 2009/09/3278

DR. PRASEEDA DESAI
M.D. MICROBIOLOGY
Reg. No. 2006/03/1879

DR. SUCHITA PANDIT
M.D. PATHOLOGY
Reg. No. 2007/02/0143

DR. AJAY SHAH
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Certificate No.: MC-3111

DR. AJAY SHAH'S PATHOLOGY LABORATORY

TEST REPORT

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MICROBIOLOGY REFERENCE CENTRE
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Lab No : 348653 Age / Sex : 23 Years FEMALE

Name : REEMA CHOUHAN - 17819 SACHINP

Ref by : Dr. C/O ASAVLEE LAB

Sample Received

Location : ASAVLEE MALAD

AUSTRALIA ANTIGEN

TEST	Qualitative determination of hepatitis B surface antigen(HBsAg) in human serum.	
INDEX VALUE	Nonreactive [0.16]	< 1.0 S/CO -NONREACTIVE > 1.0 S/CO - REACTIVE S/CO = sample RLU /Cut off RLU
SPECIMEN	SERUM	
METHOD	Chemiluminescent Microparticle immunoassay (CMIA) Sensitivity : 100 % Specificity : 99.5 %	

COMMENTS :-

** *The presence of HBs Ag indicative of recent or past exposure to hepatitis B virus.*

** *A non-reactive result does not exclude the possibility of exposure to or infection with hepatitis B virus.*

REMARKS :-

A. If You are found to be Australia Antigen (HBsAg) REACTIVE Please DO NOT DONATE YOUR BLOOD till you become NON REACTIVE

B. Advised blood test for carrier : (i) SGPT, (ii) HBeAb, (iii) HBeAg & (iv) HBV DNA.

C. It is advisable to get the HBsAg and Anti HBsAg test done for your spouse and children.

*** END OF REPORT ***

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TEST REPORT

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Reg Date &Time: 04/12/2019 16:43 REC Date &Time 04/12/2019 16:43 :Reporting Dt & Time 4/12/19 17:56

Lab No : 348653 Age / Sex : 23 Years FEMALE

Name : REEMA CHOUHAN - 17819 SACHINP

Ref by : Dr. C/O ASAVLEE LAB

Sample Received

Location : ASAVLEE MALAD

HEPATITIS ~C~VIRUS ANTIBODY TEST

TEST	The qualitative detection of antibody to Hepatitis C Virus (Anti-HCV) in human serum and plasma.	
INDEX VALUE	Nonreactive [0.11]	< 1.0 S/CO -NONREACTIVE > 1.0 S/CO - REACTIVE S/CO = sample RLU /Cut off RLU
SPECIMEN	SERUM	
METHOD	Chemiluminescent Microparticle immunoassay (CMIA) Sensitivity : 99.10 % Specificity : 99.60 %	

NOTE : The positive test may be reconfirm by HCV RNA assay.

The PCR assay is a marker of acute or chronic active infection and viral replication and offers a sensitivity and specificity of greater than 99 % for detection of HCV - positive persons with active hepatitis.

Immunoassays typically detect antibodies related to active and/or resolved HCV infection, but cannot discriminate between the two. Dectection of HCV RNA in plasma or serum by PCR is an important tool to confirm the diagnosis of active Hepatitis C virus infection.

A non-reactive result does not exclude the possibility of exposure to or infection with HCV.

For definitive diagnosis patient~s clinical history, symptoms as well as biochemical & related serological data should be considered.

Patients with auto-immune liver diseases may show falsely reactive results.

***** END OF REPORT *****

Abbott ARCHITECT PLUS ci4100 Integrated System.

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P.T.O.

Patient Name : **MRS REEMA CHOUHAN** Reg Date : 04/12/2019 08:06 pm

Reg No. : 0017874 Age & Sex : 23 Years / Female Printed Date : 05/12/2019 09:11 am

Referred By : SELF Center : ASAVLEE-ANDHERI LAB

SEROLOGY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE

ANTIBODIES TO HEPATITIS C VIRUS

Sample Type	:	Serum
Result	:	NEGATIVE
Method	:	TRI-DOT

Note: The 4th Generation HCV TRI-DOT detects anti-HCV in human serum of plasma and is only a screening test.All reactive samples should be confirmed by supplemental assays like RIBA. Therefor for a definitive diagnosis, the patient's clinical history,symptomatology asa well as serological data, should be considered. The results should be reported only after complying with above procedure.

AU ANTIGEN (HBsAg) REPORT

Sample Type	:	Serum
METHOD	:	Card Test
RESULT	:	NEGATIVE

NOTE: This is only screening test.All reactive samples should be confirmed by confirmatory test.Therefore for a definitive diagnosis, the patient's clinical history,symptomatology as well as serologica data, should be considered.The results be reported only after complying with above procedure.

HIV I & HIV II REPORT

Sample Type	:	Serum
METHOD	:	Tri-dot
RESULT	:	NEGATIVE

Note

1	:	A negative test result does not exclude the possibility of infection or exposure to HIV.
2	:	This is only screening test All positive detected sample shall be reconfirmed by using WESTERN BLOT techniques.

NOTE: Sample found to be reactive by the above screening test must be confirmed by standard supplemental assay, like Western Blot.

--- End Of Report ---

Barcode :

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MD(Path)

Dr.Aparna Jairam
MD (Path)