



Name : MRS REKHA PUROHIT
Reg. No. : 93613 / IPD
Age & Sex : 30 Years / Female
Referred By : SP HITECH PATHOLOGY
LABORATORY

Reg. Date & Time : 10/11/2021 05:38 PM
Coll. Date & Time : 10/11/2021 05:38 PM
Report Date & Time : 10/11/2021 08:43 PM
Printed Date & Time : 10/11/2021 08:44 PM

SEROLOGY REPORT

TEST	RESULT	UNIT	BIOLOGICAL REFERENC RANGE
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VDRL

SPECIMEN	: Serum		
RESULT	: NEGATIVE		
Titre	: ==		
Method	: Latex Agglutination		

NOTE

- 1) Syphilis is a venereal disease caused by T. Pallidum.
- 2) TPHA is a highly specific diagnostic test for syphilis. The antibodies may persist even after successful completion of treatment.
- 3) False positive results are known to occur in Leprosy, Infectious mononucleosis & some autoimmune diseases.

--- End Report---

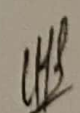
DR. A V ASHTURKAR
MD

DR. J NAJAGUNDE
MD (Micro)

DR. AISHWARYA B
MD (Micro)

DR. A A SHINDE
MD

DR. MAHALAKSHMI
MD (Micro)


DR. V H SATAV
MD



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SEROLOGY REPORT

TEST RESULT UNIT BIOLOGICAL REFERENC RANGE

AU ANTIGEN (HBsAg) REPORT

RESULT : NEGATIVE
METHOD : CHROMATOGRAPHY

NOTE

1) Hepatitis B surface antigen (HBsAg) is an important viral envelope protein, which appears shortly after infection and is a key serological marker for detection and diagnosis of HBV. Clearance during treatment shows recovery and development of neutralizing antibodies (anti-HBs) occurs in 90% of the patients. Due to the introduction of hepatitis B vaccination programs, the serological detection of anti-HBs has become important method for monitoring of recipients upon vaccination with synthetic and natural HbsAg.

2) The absence of anti-HBs indicates susceptibility to HBV infection. For this screening for anti-HBs in high risk populations is recommended for identifying individuals who may benefit from vaccination.

--- End Of Report ---

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SEROLOGY REPORT

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
<u>HIV I & HIV II REPORT</u>			
RESULT	: Non- Reactive		
METHOD	: IMMUNOASSAY		

The Above Test Is Screening Test For Detection Of HIV 1 And HIV 2 In Human Serum Or Plasma Using Recombinant Proteins Immobilised On An Immunofiltration Membrane. Their Antibodies Have A Cross Reactivity Of 30 - 70 % When Tested Using Recombinant Proteins. Appearance Of Dots Of HIV I & HIV 2 Antibodies On The Test Device Does Not Necessarily Imply Co- Infection From HIV - 1 And HIV -2. This Is Only Screening Test All Positive Detected Sample Shall Be Reconfirmed By Using WESTERN BLOT Techniques.

A Negative Test Result Does Not Exclude The Possibility Of Infection Or Exposure To HIV.

---End Of Report---

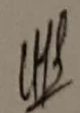
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NAME : MRS REKHA PUROHIT

AGE & SEX : 30 Years / Female LAB NO: 77389

PPID : 58,956 CLIENT DETAILS : OPD

REF BY : DR RIGVED HOSPITAL

REGISTERED ON : 10/11/2021 10:24AM

COLLECTED ON : 10/11/2021 10:24AM

REPORTED ON : 10/11/2021 05:56PM

SEROLOGY REPORT

VDRL TEST (RAPID)

Sample Type : SERUM

RESULT : Negative

ADVICE : Clinical Correlation and Follow up.

Note : VDRL Syphilis test is a rapid chromatographic dipstick immunoassay for the qualitative detection of antibodies (IgG/IgM/IgA) to Treponema pallidum (TP) in serum or plasma to aid in the diagnosis of syphilis. VDRL Syphilis test is for in-vitro diagnostic use only. The test should be used for the detection of TP antibodies in serum or plasma specimens only. Neither the quantitative value nor the rate of increase in TP antibodies can be determined by this qualitative test.

All Positive detected samples shall be confirmed using Confirmatory Test.

Advice: Clinical Correlation and follow up.

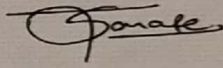
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Page 1 of 1

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Dr. Sachin Tonape
M.B.B.S M.D (PATH)
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SOMATANE PHATA, TALEGAON DABHADE

Note : This report is not valid for medico legal purpose.

Trimurti Plaza, Somatane Phata, Talegaon Dabhade, Tal. Maval, Dist. Pune.

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SEROLOGY REPORT

TEST	RESULT	UNIT
HBsAg (AU Antigen) Test		
Sample Type	: SERUM	
RESULT	: Negative	
Method.: Immunochromatography		
ADVICE	: Clinical Correlation and Follow up.	

NOTE:

- 1) Hepatitis B surface antigen (HBsAg) is an important viral envelope protein, which appears shortly after infection and is a key serological marker for detection and diagnosis of HBV. Clearance during treatment shows recovery and development of neutralizing antibodies (anti-HBs) occurs in 90% of the patients. due to the introduction of hepatitis B vaccination programs, the serological detection of anti-HBs has become important method for monitoring of recipients upon vaccination with synthetic and natural HbsAg.
- 2) Hepatitis B surface antigen HBsAg is the earliest indicator of HBV infection. Hepatitis vaccination does not cause a Positive HBsAg. This is Screening Test Only.
- 3) All Positive results shall be reconfirmed using Confirmatory Test.

HIV Test (Rapid)

Sample Type	: SERUM
RESULT	: Non-Reactive
METHOD	: Immunochromatography

Note:

The Above Test is Screening test for detection of HIV I and HIV II antibodies in human serum or plasma, immobilized on an immunofiltration membrane. HIV I and HIV II viruses share many morphological and biological characteristics. it is likely that due to this reason, their antibodies behave via cross reactivity of 30-70% then tested using recombinant proteins.

Appearance of dots of HIV I and HIV II antibodies on test device does not necessarily imply co-infection from HIV I and HIV II. **This is only a screening test. Negative results does not exclude the possibility of infection or exposure to HIV.**

All Positive detected samples shall be confirmed using Western Blot Technique.

Advice: Clinical Correlation and follow up.

--- End Of Report ---

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