

RML – Quality Assurance Program (RML – QAP)



Date: 07.03.2022

Dr. Anil Savaliya Arpan Diagnostic Centre LLP, SV Comple, NR Raj Bank, Indira Circle, Rajkot Gujarat- 360005

Subject: RML Quality Assurance Program 2022, Cycle-Eleven (11)

Dear Participant,

We confirm your enrollment in our Quality Assurance Program Cycle-11, 2022. Mentioned below are some important details.

- 1. Your Lab Confidential Code is 2449
- 2. Field you opted for

- a) Extended Biochemistry (Bio-02)
- b) Immunology
- c) Basic Serology (Sero-01)
- d) Urine Routine
- 3. You are requested to mention only your **Lab Code** while submitting the results which can also be mailed to us at rmlqap@rmlresearchfoundation.com clearly mentioning your lab code in subject line.
- 4. Sample dispatch will have prior information.
- 5. If you have not received the sample within 5 days of dispatch or there is any discrepancy in the sample received. Kindly send an email urgently. So that corrective action can be taken.
- 6. Please adhere to mentioned time lines.

"QAP program success is dependent on your cooperation"

Chief PT Coordinator RA

(Dr. Sanjay Mehrotray 226020





RML – Quality Assurance Program (RML – QAP)



Lab Code No.

2449

BASIC SEROLOGY FINAL RESULT ASSESSMENT

CYCLE NO.: 11

ROUND: 2

TOTAL PARTICIPANT: 328

DATE: 5/04/2022

Parameter	Total Your Result Responses		All Lab Result	%	Remarks
S1- CRP	260	Reactive	Reactive : 25 Non-Reactive : 235	90%	Outside Consensus
S2- RPR	269	Non-Reactive	Reactive : 43 Non-Reactive : 226	84%	Within Consensus

Chief Coordinator

Checked By:

Dr. Sanjay Mehrotra

End of Report

Prepared by: JP



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Programme Director

Dr. Bandana Mehrotra



Main Lab: 150 Ft. Ring Road, Indira Circle, Nr. Raj Bank,

Rajkot - 360005 Gujarat (INDIA).

Ph.: 0281 - 2579772 | Mobile: +91-94283 44158



Patient Name: MR. BISUBHAI VALA

Referral: Dr. Rajesh Bhalodiya MS Sample Date: 21/04/22, 08:35 AM

Source: ARPAN MAIN LAB



Age: 56 years (Male)

Reg. ID:116759

Report Date: 21/04/22, 09:09 AM

Sample ID:



Test Description Value(s) Unit Reference Range

HIV I & II Antibodies

HIV I & II ANTIBODIES Non Reactive for HIV I &II abs.

Method

A Rapid Trispot Test to detect of HIV I & II Antibodies in human serum/plasma.

METHOD:- It is a rapid visual test sensitive and accurate one step immunoassay

NOTE:- The results of the tests shoud be used only to support the diagnosis in, conclusion with medical history and clinical finding

conformation with western

blot test

Method

AUSTRALIA ANTIGEN (HBSAG)

Non-Reactive

HEPA-SCAN card is an immunochromatographic based assay for the detection of Hepatits B Surface Antigen in human serum / plasma.

Note:False positive result can be obtained due to the presence of other antigens or elevated levels of RF Factor.

Result should be correlated clinically.

Australia Antigen (HbsAg)

End Of Report

Dr. Jignasha Shah. Pathologist

MB., DCF Pathologist



Working Time: 8.00 a.m. to 8.30 p.m.

Emergency: 24 hrs.

Thanks for Reference



Name	: Mr. 2204211015		Reg. No.	: 2040107902
Sex/Age	: Male / 56 Years		Patient ID	:
Ref. By	:		Ref. ID	:
Client	: Arpan Diagnostic Centre LLP, Rajkot		Registration	: 21-Apr-2022 15:07
Dispatch	:		Sample Coll.	: 21-Apr-2022 15:07
Sample Type	: Serum, Plain	Sample By : non - DBPL	Report	: 21-Apr-2022 16:46

Hepatitis B Surface Antigen

Parameters	Result	Remark	Unit	Biological Reference Interval
Hepatitis B Surface Antigen(HBs Ag): ECLIA	0.558	Non Reactive	COI	< 0.9 Nonreactive 0.9 - 1.0 Equivocal > 1.0 Reactive

Clinical Significance

- Hepatitis B surface antigen (HBsAg) appears several days to several weeks after contact with the virus and can persist for several months.
- Acute hepatitis- Diagnosis relies on the presence of HBsAg and Anti-HBc IgM with absence of anti-HBs total Ab.
- Chronic Hepatitis- HbsAg test remain positive over 6 month & absence of anti-HBc IgM. Disappearance of the HBeAg is normally followed by the appearance of anti-HBs antibodies, which is a sign of recovery.

Limitation

- It is recognized that the current methods for the detection of hepatitis B surface antigen may not detect all potentially infected individuals. A nonreactive test result does not exclude the possibility of exposure to or infection with hepatitis B. A nonreactive test result in individuals with prior exposure to hepatitis B may be due to antigen levels below the detection limit of this assay or lack of antigen reactivity to the antibodies in this assay.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.

Remark: This is a screening test. All results should be confirmed with HBV DNA PCR Test.

Medical Laboratory Report

Electronically authenticated by doctor.

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Dr. Mital Kundariya

MD Pathology









Name	: Mr. 2204211015		Reg. No.	: 2040107902
Sex/Age	: Male / 56 Years		Patient ID	:
Ref. By	:		Ref. ID	:
Client	: Arpan Diagnostic Centre LLP, Rajkot		Registration	: 21-Apr-2022 15:07
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Sample Type	: Serum. Plain	Sample By : non - DBPL	Report	: 21-Apr-2022 16:46

HIV by CLIA

Parameters	Result	Remark	Unit	Biological Reference Interval
HIV 1 & 2 by CLIA:	0.245	Non Reactive	COI	< 0.9 Nonreactive 0.9 - 1.0 Equivocal

Clinical Significance

This is a screening test. Positive or negative result of the screen test is considered "preliminary" and requires confirmation by definitive, specific testing, like HIV-RNA PCR assay.

Limitation

- False-negative results can occur due to acute infection and failure to detect certain HIV subtypes.
- Indeterminate results may occur due to partial seroconversion during acute HIV infection, advanced HIV infection with decreased titers of p24 antibodies, or infection with HIV-2.
- Other causes for an indeterminate test result in persons who are not infected with HIV include Cross-reacting alloantibodies from
- 1. pregnancy
- 2. Autoantibodies (collagen-vascular diseases, autoimmune diseases, and malignancy)
- 3. Receipt of an experimental HIV-1 vaccine
- 4. Influenza vaccination

----- End Of Report -----

#non-DBPL Sample: It is sole responsibility of the referring laboratory or the person who collects the sample for any mismatch in patient's identity and integrity of the given sample. Dr. Bhatt Pathology Laboratory is responsible only for the analytical part.

Medical Laboratory Report

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Dr. Mital Kundariya

MD Pathology

