

Lab : 427

Lab Name : VINAMRA SWARAJ HOSPITAL

Report Date : 13/02/2024

Cycle No : 230412

Sample No : 01

Sample Date : 23/12/2023

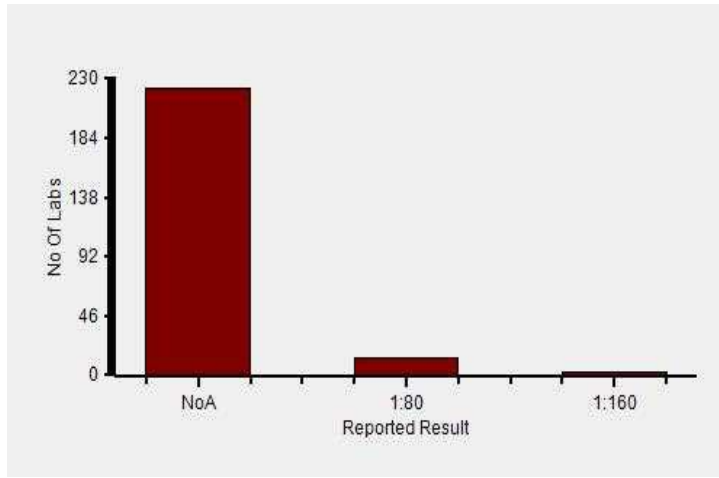
**Immunoassay Extended, Widal test - ParaTyphi A-H antigen (AH), -**

|                                      |          |
|--------------------------------------|----------|
|                                      | <b>N</b> |
| ■ All Methods                        | 233      |
| ■ Tube Agglutination - (Your Method) | 52       |
| ■ Manual - (Your Analyzer)           | 240      |

|                        |                  |
|------------------------|------------------|
| <b>Your Result</b>     | No Agglutination |
| <b>Result Expected</b> | NoA              |

**Note :** # is an indication that this parameter has not been evaluated

Frequency Histogram



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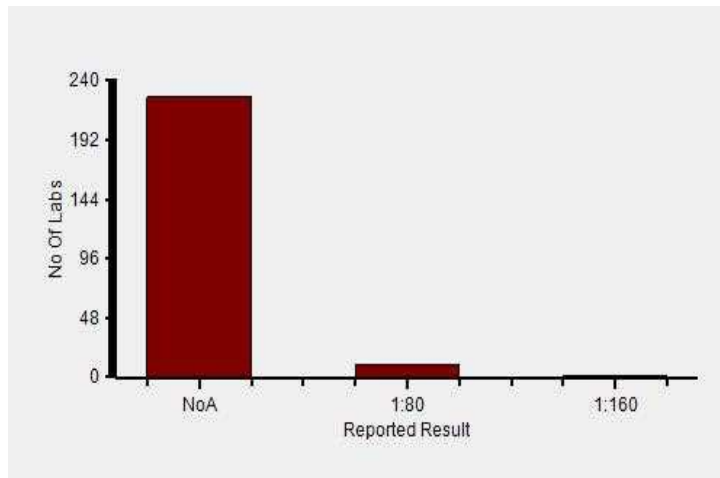
**Immunoassay Extended, Widal test - ParaTyphi B-H antigen (BH), -**

|                                      |          |
|--------------------------------------|----------|
|                                      | <b>N</b> |
| ■ All Methods                        | 231      |
| ■ Tube Agglutination - (Your Method) | 52       |
| ■ Manual - (Your Analyzer)           | 238      |

|                        |                  |
|------------------------|------------------|
| <b>Your Result</b>     | No Agglutination |
| <b>Result Expected</b> | NoA              |

**Note :** # is an indication that this parameter has not been evaluated

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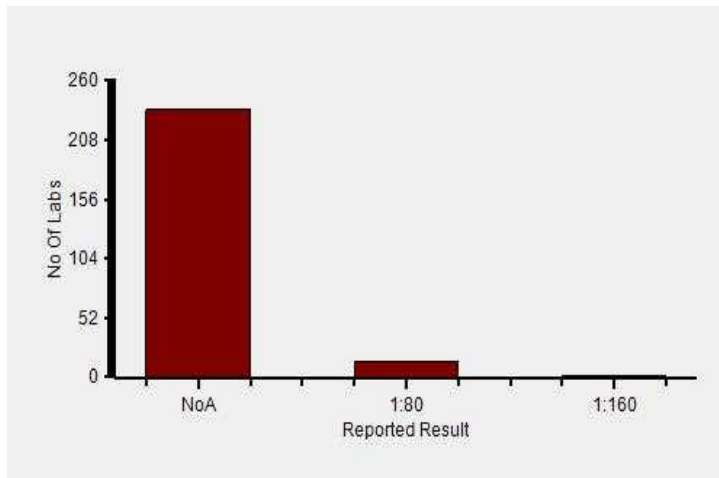
**Immunoassay Extended, Widal test - Typhi H antigen (TH), -**

|                                      |          |
|--------------------------------------|----------|
|                                      | <b>N</b> |
| ■ All Methods                        | 243      |
| ■ Tube Agglutination - (Your Method) | 54       |
| ■ Manual - (Your Analyzer)           | 250      |

|                        |                  |
|------------------------|------------------|
| <b>Your Result</b>     | No Agglutination |
| <b>Result Expected</b> | NoA              |

**Note :** # is an indication that this parameter has not been evaluated

Frequency Histogram



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**Immunoassay Extended, Widal test - Typhi O antigen (TO), -**

|                                      |          |
|--------------------------------------|----------|
|                                      | <b>N</b> |
| ■ All Methods                        | 243      |
| ■ Tube Agglutination - (Your Method) | 54       |
| ■ Manual - (Your Analyzer)           | 250      |

|                        |                  |
|------------------------|------------------|
| <b>Your Result</b>     | No Agglutination |
| <b>Result Expected</b> | NoA              |

**Note :** # is an indication that this parameter has not been evaluated

Frequency Histogram

