PO No :PO3052615565-297

Name	: Ms.DR. NIMI GOYAL	Client Name	: TATA 1MG OKHLA
Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767372 / 12256330	Report Date	: 14/Mar/2025 12:53PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA		

HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	13.4	g/dL	12.0 - 15.0	Cyanide Free SLS
RBC	4.69	10^6/cu.mm	3.8-4.8	Impedance
HCT	41.1	%	36-46	Calculated
MCV	87.6	fL	83 - 101	RBC pulse measurement
MCH	28.6	pg	27 - 32	Calculated
MCHC	32.7	g/dL	31.5 - 34.5	Calculated
RDW-CV	**14.3**	%	11.6-14	Calculated
Total Leucocyte Count	9.40	10^3/µL	4 - 10	Impedance
Differential Leucocyte Count				
Neutrophils	63.3	%	40-80	DHSS/Microscopy
Lymphocytes	29	%	20-40	DHSS/Microscopy
Monocytes	5.9	%	2-10	DHSS/Microscopy
Eosinophils	1.8	%	1-6	DHSS/Microscopy
Basophils	0	%	0-2	Impedance/Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	5.95	10^3/µL	2 - 7	Calculated
Absolute Lymphocyte Count	2.73	10^3/µL	1-3	Calculated
Absolute Monocyte Count	0.55	10^3/µL	0.2 - 1	Calculated
Absolute Eosinophil Count	0.17	10^3/µL	0.02 - 0.5	Calculated
Absolute Basophil Count	**0**	10^3/µL	0.02-0.1	Calculated
Platelet Count	171	10^3/µL	150-410	Impedance /Microscopy
MPV	10.4	fL	6.5 - 12	Calculated
PDW	**18.5**	fL	9-17	Calculated

Comment:

As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

DHSS : Double Hydrodynamic Sequential System

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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PO No :PO3052615565-297

Name	: Ms.DR. NIMI GOYAL	Client Name	: TATA 1MG OKHLA
Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767372 / 12256330	Report Date	: 14/Mar/2025 04:05PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA		

HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group ABO & Rh Factor				
Blood Group (ABO typing)	O			Erythrocyte magnetized technology
Rh Factor	Positive			

Comment:

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods. The report is of sample received. It is presumed that the sample belongs to the patient.

Notes

- Reconfirm the Blood Group & Rh Typing along with cross matching before blood transfusion.
- Recent blood transfusion, if any, interferes with interpretation of blood grouping.
- The blood group and Rh antigen may change in the new born, hence please repeat the test after 6 months.
- Subgroups and Bombay blood group needs to be further verified

In case of any discrepancy related to this report, contact care@1mg.com

NABL certificate and scope

This test has been performed at
TATA 1MG OKHLA
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Dr. Dhananjay Singh
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Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767372 / 12256330	Report Date	: 14/Mar/2025 01:00PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA		

HAEMATOLOGY

DIABETES SCREENING

Test Name	Result	Unit	Bio. Ref. Interval	Method
HbA1c (Glycosylated Hemoglobin)				
Glycosylated Hemoglobin (HbA1c)	4.8	%	4 - 5.6	HPLC (NGSP certified)
Estimated average glucose (eAG)	91.06	mg/dL		Calculated

Comment:

Interpretation: HbA1c%

≤5.6	Normal
5.7-6.4	At Risk For Diabetes
≥6.5	Diabetes

Adapted from American Diabetes Association.

Comments:

A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represent the integrated values for blood glucose over the preceding 8-12 weeks and is not affected by daily glucose fluctuation, exercise & recent food intake.

Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.

Factors that interfere with HbA1c Measurement: Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements.

Factors that affect interpretation of HbA1c Measurement: Any condition that shortens erythrocyte survival or decrease mean erythrocyte age (e. g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

- HPLC - High performance liquid chromatography

NABL certificate and scope

MC - 5424

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Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767373 / 12256330	Report Date	: 14/Mar/2025 12:27PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma F		

BIOCHEMISTRY

DIABETES SCREENING

Test Name	Result	Unit	Bio. Ref. Interval	Method
FBS (Fasting Blood Sugar)				
Glucose - Fasting	81	mg/dL	70 - 99	Hexokinase

Fasting Plasma Glucose (mg/dL)	2 hr plasma Glucose (mg/dL)	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association

Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

NABL certificate and scope

MC - 5424

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Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767371 / 12256330	Report Date	: 14/Mar/2025 11:41AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST				
Liver Function Test				
Bilirubin-Total	0.68	mg/dL	0.3 – 1.2	Vanadate oxidation
Bilirubin-Direct	0.27	mg/dL	0.0-0.3	Vanadate oxidation
Bilirubin-Indirect	0.41	mg/dL	0.2-0.8	Calculated
Protein, Total	6.60	g/dL	5.7–8.2	Biuret
Albumin	4.30	g/dL	3.2-4.8	BCG Dye Binding
Globulin	2.3	g/dl	2.3 - 4.1	Calculated
A/G Ratio	1.87	Ratio	0.8 - 1.9	Calculated
Aspartate Transaminase (SGOT)	22	U/L	<34	Modified IFCC
SGPT (Alanine Transaminase)	26	U/L	10-49	Modified IFCC
SGOT/SGPT	0.85	Ratio		Calculated
Alkaline Phosphatase	106	U/L	46-116	IFCC Standardization
Gamma Glutamyltransferase (GGT)	14	U/L	<38	Modified IFCC

Comment:

- Raised ALT and AST indicate hepatocellular damage (e.g. viral or drugs etc). ALT is more liver-specific while AST is also found in heart, skeletal muscle, and kidney. Mild elevation (less than twice normal) often resolves on its own. Fatty liver disease (especially with metabolic syndrome) is a common cause in asymptomatic cases. Certain drugs (paracetamol, statins), herbal supplements, energy drinks, and antibiotics may also affect liver function.
- SGOT/SGPT Ratio: Typically <1 in healthy individuals (vary between 0.7-1.4; higher in women than men). High SGPT (ratio <1) seen in acute or chronic hepatitis, autoimmune disorders, medications, toxins while ratio >1 indicates alcoholic hepatitis, cirrhosis, metastasis or non-hepatic issues (hemolytic diseases, CVS disorders).
- Elevated Alkaline Phosphatase and GGT: Suggest cholestatic diseases (e.g. bile duct obstruction, primary biliary cirrhosis etc.) and can also be due to bone disease, pregnancy, chronic renal failure, malignancy, and congestive heart failure.
- High Bilirubin: Indicates jaundice due to increased RBC breakdown, liver damage (e.g., infections, toxins), or cholestasis (e.g., gallstones, tumors).
- High Protein Levels: Seen in dehydration (e.g., severe vomiting, diarrhea) or increased production (e.g., inflammation, hematopoietic neoplasms). Low protein and albumin: Result from impaired synthesis (liver disease), decreased intake, tissue damage, malabsorption, or increased renal excretion.

NABL certificate and scope

MC - 5424

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TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Kidney Function Test.				
Blood Urea Nitrogen	10	mg/dL	9.0-23	Urease with GLDH
Urea	21.40	mg/dL	19.26-49.22	Calculated
Creatinine	0.63	mg/dL	0.55-1.02	Alkaline picrate-kinetic
Uric Acid	2.9	mg/dL	2.7-6.1	Uricase/Peroxidase
Sodium	141	mEq/L	136-145	Indirect ISE
Potassium	4.13	mEq/L	3.5-5.1	Indirect ISE
Chloride	**108.0**	mEq/L	98-107	Indirect ISE
BUN/Creatinine Ratio	15.9	Ratio	12:1 - 20:1	Calculated

Comment:

BUN is directly related to protein intake and nitrogen metabolism and inversely related to the rate of excretion of urea.Blood urea nitrogen (BUN) levels reflect the balance between the production and excretion of urea. Increased levels are seen in renal failure (acute or chronic), urinary tract obstruction, dehydration, shock, burns, CHF, GI bleeding, nephrotoxic drugs. Decreased levels are seen in hepatic failure, nephrotic syndrome, cachexia (low-protein and high-carbohydrate diets).

Urea is a non-proteinous nitrogen compound formed in the liver from ammonia as an end product of protein metabolism. Urea diffuses freely into extracellular and intracellular fluid and is ultimately excreted by the kidneys. Increased levels are found in acute renal failure, chronic glomerulonephritis, congestive heart failure, decreased renal perfusion, diabetes, excessive protein ingestion, gastrointestinal (GI) bleeding, hyperalimentation, hypovolemia, ketoacidosis, muscle wasting from starvation, neoplasms, pyelonephritis, shock, urinary tract obstruction, nephrotoxic drugs. Decreased levels are seen in inadequate dietary protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.

Creatinine is catabolic product of creatinine phosphate, which is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR). Increased levels are seen in acute/chronic renal failure, urinary tract obstruction, hypothyroidism, nephrotoxic drugs, shock, dehydration, congestive heart failure, diabetes. Decreased levels are found in muscular dystrophy.

BUN / Creatinine ratio (normally 12:1–20:1) is decreased in acute tubular necrosis, advanced liver disease, low protein intake, and following hemodialysis. BUN/Creatinine ratio is increased in dehydration, GI bleeding, and increased catabolism.

Uric acid levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.

NABL certificate and scope

MC - 5424

This test has been performed at
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Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767371 / 12256330	Report Date	: 14/Mar/2025 11:51AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid profile Total				
T3, Total	1.27	ng/mL	0.60-1.81	CLIA
T4, Total	12.1	µg/dl	4.5-12.6	CLIA
Thyroid Stimulating Hormone - Ultra Sensitive	**6.147**	uIU/ml	0.55-4.78	CLIA

Comment:

- Below mentioned are the guidelines for pregnancy related reference ranges for TSH, total T3 & Total T4.

Pregnancy			
	TSH (µIU/mL) (as per American Thyroid Association)	Total T3 (ng/mL)	Total T4(µg/dL)
1st trimester	0.1-2.5	0.81-1.90	7.33-14.8
2nd trimester	0.2-3.0	1.00-2.60	7.93-16.1
3rd trimester	0.3-3.0	1.00-2.60	6.95-15.7

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm .
- The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- TSH is secreted in a dual fashion: Intermittent pulses constitute 60-70% of total amount, background continuous secretion is 30-40%.These pulses occur regularly every 1-3 hrs.
- Total T3 & T4 concentrations are altered by physiological or pathological changes in thyroxine binding globulin (TBG) capacity .
- The determination of free T3 & free T4 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins.
- Changes in thyroid status are typically associated with concordant changes in T3, T4 and TSH levels.
- Unexpectedly abnormal or discordant thyroid test values may be seen with some rare, but clinically significant conditions such as central hypothyroidism, TSH-secreting pituitary tumors, thyroid hormone resistance, or the presence of heterophilic antibodies (HAMA) or thyroid hormone autoantibodies.
- For diagnostic purposes, results should be used in conjunction with other data.

TSH	T3	T4	Interpretation

NABL certificate and scope

MC - 5424

This test has been performed at
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Sample Type	: Serum		

IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
High	Normal	Normal	Subclinical Hypothyroidism	
Low	Normal	Normal	Subclinical Hyperthyroidism	
High	High	High	Secondary Hyperthyroidism	
Low	High/Normal	High/Normal	Hyperthyroidism	
Low	Low	Low	Non thyroidal illness / Secondary Hypothyroidism	

NABL certificate and scope

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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HCG Beta Total, Maternal	**13,807.08**	mIU/mL	<5	CMIA

Comment:

Biological Reference Ranges:

• Men • Non Pregnant Women	< 5 mIU/mL
4 weeks	5- 100 mIU/ml
5 weeks	200- 3000 mIU/ml
6 weeks	10,000 - 80,000 mIU/ml
7 - 14 weeks	90,000 - 500,000 mIU/ml
15 - 26 weeks	5000 - 80,000 mIU/ml
27 - 40 weeks	3000 - 15,000 mIU/ml
Trophoblastic disorders	>100,000 mIU/ml

- β-hCG is normally synthesized and secreted by cells of the placenta or its precursor so the levels of the hormone in normal, non pregnant individuals are low to undetectable.
- β-hCG levels are used for diagnosis of pregnancy, investigation of suspected ectopic pregnancy and monitoring of IUI and IVF patients.
- The concentration of β-hCG in maternal serum rises rapidly during early pregnancy. β-hCG levels between 5 mIU/mL and 25 mIU/mL may be indicative of early pregnancy.
- In pregnancy, the levels of hCG increase exponentially for about 8 to 10 weeks after the last menstrual cycle and values generally peak during the first trimester.
- The HCG levels double in about 1.5 days during the second to fifth week of gestation and doubling time increases gradually to 2-3 days after 5 weeks of Gestation.
- Later in pregnancy, about 12 weeks after conception, the concentration of hCG begins to fall as the placenta begins to produce steroid hormones and decline slowly throughout the remainder of the pregnancy.
- HCG concentrations increase slowly or decrease in Ectopic pregnancy and spontaneous abortion.

Causes of elevated HCG values are:

1. Normal Pregnancy
2. Recent termination of pregnancy
3. Gestational Trophoblastic disease.
4. Choriocarcinoma and Some Germ cell tumors

NABL certificate and scope

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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
5. Hydatidiform Mole				

Note:
Consistently elevated HCG levels may be due to the presence of heterophilic antibodies, non specific protein binding and HCG like substances.

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Sample Type	: Serum		

IMMUNOLOGY

VIRAL MARKER SCREENING (HIV, HBSAG, ANTI-HCV)

Test Name	Result	Unit	Bio. Ref. Interval	Method
Hepatitis B Surface Antigen (HBsAg)				
HBsAg				
Result	0.32	S/CO	<1.0 : Non Reactive >=1.0 Reactive	CMIA
Interpretation	Non Reactive		Non Reactive	

Comment:

Result in S/CO	Remarks
< 1	Non-Reactive
>=1	Reactive

- The HBsAg Screening assay is used for the Qualitative detection of hepatitis B surface antigen (HBsAg) in blood.
- This assay is intended for screening, to prevent HBV transmission in blood recipients and to reduce risk of perinatal transmission of HBV. It can also be used as an aid in diagnosis of HBV infection.
- Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
- Repeatedly Reactive specimens should be confirmed by a Neutralization test or Nucleic acid amplification (NAT e.g. HBV DNA PCR) confirmatory test, before final diagnosis and initiation of treatment.

Note:

- False Positive HBsAg can occur within 30 days of receiving hepatitis B vaccine, biotin supplements, mouse monoclonal antibodies, and in presence of heterophilic antibodies.
- False Negative results may be seen in presence of various HBV mutants, or if the sample is collected in early phase of infection; this requires further additional testing.
- Results should be interpreted in conjunction with patient history, HBV DNA PCR and other hepatitis markers for diagnosis of acute and chronic infection.

CMIA-Chemiluminescent Microparticle Immunoassay /CLIA-Chemiluminescent immunoassay

Hepatitis C Virus (HCV) Antibody				
Anti HCV				
Result	0.07	S/CO	<1.0: Non-Reactive >=1.0: Reactive	CMIA
Interpretation	Non Reactive		Non Reactive	

NABL certificate and scope

MC - 5424

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Sample Type	: Serum		

IMMUNOLOGY

VIRAL MARKER SCREENING (HIV, HBSAG, ANTI-HCV)

Test Name	Result	Unit	Bio. Ref. Interval	Method

Comment:

Result in S/CO	Remarks
< 1	Non-Reactive
>=1	Reactive

- This is a screening test to detect anti-HCV antibody using CMIA.
- The CDC recommends the use of method specific optimal signal -to-cut- off ratio (S/CO) in interpretation & reporting positive results. S/CO Ratio 1.0-5.0: Requires further supplemental tests for confirmation S/CO Ratio ≥ 5.0: High probability (95% or more) of being true positive.

Interpretation

- A Reactive HCV antibody test may indicate current or resolved infection or a biological false positive. To differentiate past, resolved HCV infection from biological false positives, another HCV antibody assay can be considered.
- A reactive test cannot differentiate between the stages of Hepatitis C viral infection (Acute/ Chronic / Resolved infection) nor is used to monitor the efficacy of treatment.
- A Non-Reactive test result indicates Hepatitis C virus infection is unlikely, but cannot be completely ruled out. For individuals potentially exposed to HCV in the last 6 months, it is advised to test for HCV RNA or conduct follow-up HCV antibody testing.

Note:

- All Reactive results require supplemental testing for confirmation with more specific assays like HCV RNA PCR or Immunoblot. HCV RNA PCR is recommended in all Reactive results to differentiate between past and present infection. A Reactive anti-HCV antibody result followed by a positive supplemental test (HCV RNA PCR) suggests active Hepatitis C infection.
- False Positive results are seen in autoimmune disease, rheumatoid arthritis, hypergammaglobulinemia, passive antibody transfers, liver disease, sexually transmitted disease (STD) and anti-superoxide dismutase.
- False Negative results are seen in early acute infection, immunosuppression & immuno-incompetent states.
- Results should be interpreted in conjunction with patient history and other hepatitis markers like HCV-RNA for diagnosis of acute or chronic infection.

Uses:

- Routine screening of low and high risk populations including blood donors.
- Prenatal Screening of pregnant women.

CMIA-Chemiluminescent Microparticle Immunoassay /CLIA-Chemiluminescent immunoassay

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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PO No :PO3052615565-297

Name	: Ms.DR. NIMI GOYAL	Client Name	: TATA 1MG OKHLA
Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767371 / 12256330	Report Date	: 14/Mar/2025 01:49PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

IMMUNOLOGY

VIRAL MARKER SCREENING (HIV, HBSAG, ANTI-HCV)

Test Name	Result	Unit	Bio. Ref. Interval	Method
HIV Combo (Antigen And Antibody) Test				
Result	0.05	S/CO	<1.0	CMIA
Interpretation	Non Reactive		Non Reactive	

Comment:

Result in S/CO	Remarks
< 1	Non-Reactive
>=1	Reactive

- HIV Ag-Ab Combo is a 4 th generation qualitative assay for simultaneous detection of HIV p24 antigen and antibodies associated with HIV-1 and/or HIV-2 virus in human serum.
- This test is used as an aid in diagnosis of HIV-1/HIV-2 infection and also as a screening test for detection of HIV positivity in donated blood or plasma.
- A Non-Reactive result indicates that antibodies to HIV-1 and/or HIV-2 are not detected in the sample. This may suggest that the patient has not been exposed to HIV-1 or HIV-2, or that the sample was taken during the "window period", i.e. before detectable levels of antibodies have developed. Therefore, a non-reactive result does not rule out the possibility of HIV-1 and/or HIV-2 infection.
- A Reactive result suggests the possibility of HIV 1 or HIV 2 infection. However, it does not differentiate between type of antibody and antigen detected. All reactive results are tested by three different principles /techniques before being reported as HIV positive. A positive result indicates presence of either p24 antigen or antibody against HIV-1/2 or both.
- In case of "Indeterminate" result, repeat testing is advised after 2-4 weeks is advisable.
- Confirmatory tests with high specificity, like Western Blots and line immunoassays, or HIV RNA PCR are used in cases of positive/indeterminate/discordant results.

Note:

- Results should be interpreted in conjunction with patient history
- Rarely false negativity/positivity may occur. False positives may be seen in autoimmune disease, alcoholic hepatitis, primary biliary cirrhosis, leprosy, multiple pregnancies, and due to presence of rheumatoid factor and heterophile antibodies. False negatives may be seen during the Window period and during the end stage of the disease.
- **Disclaimer**: This is a Screening Test.
- Test values may vary depending on the assay method used.
- Sensitivity of the test is 100%. Specificity of the test is 99.85% with a confidence interval at 95% of (99.61-99.96%). (Reference: Alinity HIV Ag-Ab kit insert)

To avail Post test counseling, kindly reach us at care@1mg.com .

CMIA-Chemiluminescent Microparticle Immunoassay /CLIA-Chemiluminescent immunoassay

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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PO No :PO3052615565-297

Name	: Ms.DR. NIMI GOYAL	Client Name	: TATA 1MG OKHLA
Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767371 / 12256330	Report Date	: 14/Mar/2025 01:49PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

IMMUNOLOGY

VIRAL MARKER SCREENING (HIV, HBSAG, ANTI-HCV)

Test Name	Result	Unit	Bio. Ref. Interval	Method

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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PO No :PO3052615565-297

Name	: Ms.DR. NIMI GOYAL	Client Name	: TATA 1MG OKHLA
Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767371 / 12256330	Report Date	: 14/Mar/2025 10:58AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

SEROLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Rapid Plasma Reagin				
Rapid Plasma Reagin	NON REACTIVE		Non-Reactive	Flocculation

Comment:
Note : Titres of 1:8 and above are significant.

Comments:

- The Rapid Plasma Reagin (RPR) is a Screening test for Syphilis caused by Treponema pallidum. It is macroscopic, nontreponemal flocculation card test.
- Autoantibodies are produced in 2-3 weeks of treponemal infection due to tissue damage.Rising titers are of immense value in confirming the diagnosis.
- RPR measures IgM and IgG antibodies to lipodial materials released from damaged host cells as well as lipoprotein like material and possibly cardiolipin released from treponems.
- Biological false positive reaction occurs as cardiolipin antigen is seen in persons with autoimmune disease (SLE, rheumatic disorder), leprosy, and malaria & in intravenous drug addiction.Also, ilow titers can be found in conditions like Viral fevers,Mycoplasma infection,Chlamydia infection,Immunizations,Pregnancy.
- It is advisable to confirm the diagnosis by tests -TPHA &FTA-ABS

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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PO No :PO3052615565-297

Name	: Ms.DR. NIMI GOYAL	Client Name	: TATA 1MG OKHLA
Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767374 / 12256330	Report Date	: 14/Mar/2025 03:09PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine		

CLINICAL PATHOLOGY

Urine Routine & Microscopy

Urine Routine & Microscopy

Test Name	Result	Unit	Bio. Ref. Interval	Method
Colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific gravity	1.030		1.003 - 1.035	pKa change
pH	6.0		4.6 - 8.0	Double Indicator
Glucose	Negative		Negative	GOD-POD
Protein	Negative		Negative	Protein Error Principle
Ketones	Negative		Negative	Nitroprusside
Blood	Negative		Negative	Peroxidase
Bilirubin	Negative		Negative	Diazonium
Urobilinogen	Normal		Normal	Ehrlich
Leucocyte Esterase	Negative		Negative	Pyrrole
Nitrite	Negative		Negative	P-arsanilic acid
Pus cells	1-2	/hpf	0-5	Microscopy
Red Blood Cells	Nil	/hpf	0-2	Microscopy
Epithelial cells	1-2	/hpf	Few	Microscopy
Casts	Nil	/lpf	Nil	Microscopy
Crystals	Nil		Nil	Microscopy
Yeast	Nil		Nil	Microscopy
Bacteria	Nil		Nil	Microscopy

Comment:

•Note: Pre-test condition to be observed while submitting the sample-first void, mid stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, Avoid prolonged transit time & undue exposure to sunlight.
•During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.• Urine microscopy is done in centrifuged urine specimens

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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PO No :PO3052615565-297

Name	: Ms.DR. NIMI GOYAL	Client Name	: Tata 1mg
Age/Gender	: 30/Female	Registration Date	: 13/Mar/2025 11:15AM
Patient ID	: OKH2009698	Collection Date	: 13/Mar/2025 06:43AM
Barcode ID/Order ID	: D17767374 / 12256330	Report Date	: 16/Mar/2025 01:14PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine		

MICROBIOLOGY

Urine Culture and Sensitivity

Method : AEROBIC CULTURE & SENSITIVITY (SEMI- QUANTITATIVE)

Gram stain : Few pus cells, No organisms seen.

Organism(s) isolated: No growth after 48 hours of incubation at 37°C.

Note :

- Colony count of >=1,00,000 CFU/ml is considered significant.

- Kindly rule out causes of sterile pyuria, in cases where significant pus cells are observed (according to urine routine) with no growth on culture.

- History of usage of antibiotics may influence the growth of microorganisms in vitro

- The result obtained relate only to the sample received/ given & tested

- Urine microscopy is done on uncentrifuged urine specimen.

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

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Kundan Kumar
MBBS, MD (Lab Medicine)
Consultant Laboratory Medicine
Reg No- 96030

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TATA

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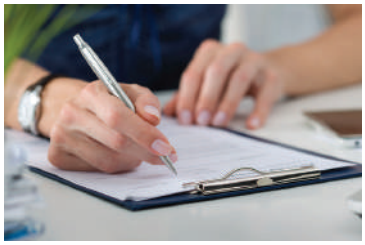

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+ Reference from NCBI published article on comparative bioavailability | # Optimal requirement of Omega-3 as mentioned by National Institutes of Health. Dietary Supplement Label Database. 2015.