Client

Nirmala Collection Centre (Prayagraj)

IIT Chauraha, Pipalgoan, Sadar

& Distt. Prayagraj, UP - 211012

Processed By

Pathkind Diagnostic Pvt. Ltd.

20/29, Panna Lal Road, Near Raj Nursing Home, Allahabad-211002

Name : Mr. JANARDHAN SINGH

Age : 56 Yrs Sex : Male

: P1204200034987 P. ID No. **Accession No** : 12042210661214

Referring Doctor: Self

Referred By

Billing Date

10/11/202211:29:31

Sample Collected on

10/11/2022 11:31:23

Sample Received on Report Released on

Biological Ref. Interval

10/11/2022 14:13:42

10/11/2022 18:39:34

Barcode No.

994421535, 994421536

Ref no.

Unit

Report Status -Final

Result

Fever Lite			
Platelet Count	59 L	150 - 410	thou/µL

Sample: Whole Blood EDTA Method: Impedance

WIDAI Sample: Serum

Test Name

Method: aggluttination method

Salmonella Typhi 'O'	< 1:80	< 1:80
Salmonella Typhi 'H'	< 1:80	< 1:80
Salmonella Paratyphi 'AH'	< 1:80	< 1:80
Salmonella Paratyphi 'BH'	< 1:80	< 1:80

HAEMATOLOGY

Malarial Parasite (MP) Smear

Method: Method: Microscopy

Not Detected Not Detected Thin Smear

Sample: Whole Blood EDTA

Thick Smear Not Detected Not Detected Sample: Whole Blood EDTA

SEROLOGY

Dengue Duo Rapid Test

Dengue Virus IgG Antibodies Index Value Negative Negative

Sample: Serum Method: ELISA

Dengue Virus IgM Antibodies Negative Negative

Sample: Serum

Method: Immunochromatography





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Dengue Ns1 Antigen Test

Sample: Serum

Method: Immunochromatography

Negative

Negative

WIDAL

While the definitive diagnosis of typhoid fever depends on the isolation of S typhi from blood, stools, urine orother body fluids, the role of the Widal test had been to increase the index of suspicion for the presence of typhoid fever by demonstrating a positive agglutination during the acu convalescent period of infection with evidence of a four-fold rise of antibody titre.

Please note that the test suffers from serious cross-reactivity with other infectious agents, it may produce false-positive results, leading to an overdiagnosis of typhoid fever.

The IqM somatic O antibody appearsfirst and represents the initial serologic response in acute typhoid fever, while the IqG flagella H antibody usually develops more slowly but persists for longer.

 $In an individual \ with no \ prior \ exposure to \ S \ typhi \ infection \ (either \ lack \ of \ active \ infection \ or \ absence \ of \ passive \ immunisation), a \ higher \ than \ 1:80 \ or \ 1:160$ titre on an initial single test, usually indicates towards exposure to typhoid fever. However, even these single high value titres in an endemic area like India where repeated exposures to S typhi may have occurred, do not have any clinical relevance in the absence of a positive isolate of the causal organism OR demonstartion of rising titers of antibodies by testing 2 or more serum samples 1-2 weeks apart.

Researchers from different parts of India have reported that in normally health blood donors, the baseline titre for antibodies to "O" and "H" antigens of Salmonella enterica serotype typhi was 1:40 and hence, based on the above results, it could be recommended to use a cutoff level of >1:80 for a single antibody test titre. Similarly, baseline titre for antibody to Hantigen of Salmonella enterica serotype paratyphi A and paratyphi B was 1:80 and the cutoff level was >= 1:160 for a single antibody test titre.

Dengue Duo Rapid Test

Laboratory Diagnostic of Dengue is usually made by detection of NS1(Non Structural) antigen and / or detection of specific IgM and IgG antibodies in serum sample obtain from a patient with fever. NS1 antigen appear in the blood from day 1 of illness and is detectible up-to 9 days. Dengue specific IqM antibodies appear after 5 days of fever and persist for weeks after primary infection while Dengue specific IqG appear after 1st week of illness and persist for a long time lasting months to years. In secondary infection presence of NS1 antigen and / or of IgM antibodies is of diagnostic importance.





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Name : Mr. JANARDHAN SINGH Billing Date 10/11/202211:29:31 Age : 56 Yrs Sample Collected on 10/11/2022 11:31:23 Sample Received on 10/11/2022 14:13:42 Sex : Male P. ID No. : P1204200034987 Report Released on 10/11/2022 18:39:34 **Accession No** : 12042210661214 Barcode No. 994421535, 994421536

Referring Doctor: Self

Referred By : Ref no. :

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit	

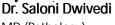
Under ideal conditions, Point of Care Diagnostic Tests (POCT) are reliable besides having a short turnaround time (TAT). ELISA technique is more sensitive and is the government approved technique for laboratory diagnosis of Dengue. Demonstration of viral nucleic acid by RT PCR and isolation of virus by culture are the gold standard for laboratory diagnosis.

History of vomiting, low platelet count, high AST, positive NS1 antigen have been found to be independent correlate of severe dengue and a nanogram has been developed to help identify patients most likely to suffer from severe dengue (Clin Infect Dis 2017; 64:665)

Due to sensitivity and specificity concerns with some POCT, positive NS1 antigen/ IgM results obtained with rapid dengue tests are considered provisional and point to "Probable Dengue" infection. For confirmation of Dengue infection, GOI notification 2016 mandates to test all positive Rapid tests specimens by ELISA

The test cassette is infectious and hazardous and is disposed off as per Government of India regulation governing disposal of Biomedical Waste and can't be handed over to the patient.

** End of Report**



MD (Pathology) Consultant Pathologist



