

Name : Ms. AKSHITA
Lab No. : 179361202
Ref By : SELF
Collected : 2/6/2024 11:38:00AM
A/c Status : P
Collected at : MAHESH NAGAR CC
Raja Park Chowk, Opp Easy Day, Jagadhari Road
Mb - 9896752154
Ambala Cantt

Age : 24 Years
Gender : Female
Reported : 2/6/2024 2:57:02PM
Report Status : Final
Processed at : Dr. Lal PathLabs Ltd.
Ambala Haryana

Test Report

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN D, 25 - HYDROXY, SERUM (ECLIA)	107.10	nmol/L	75.00 - 250.00

Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration for maximal health benefit
Potential intoxication	>250	High risk for toxic effects

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels

- Inadequate exposure to sunlight



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Test Name	Results	Units	Bio. Ref. Interval
<ul style="list-style-type: none">Dietary deficiencyVitamin D malabsorptionSevere Hepatocellular diseaseDrugs like AnticonvulsantsNephrotic syndrome			
Increased levels			
Vitamin D intoxication			



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM (Immunochromatography)	Non-Reactive		

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

* All reactive results should be subjected to HBsAg Neutralization test which can be requested as Test Code S116.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, HBsAg Quantitative assay is recommended.



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Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM (Immunochromatography)	Non-Reactive		

Interpretation

RESULTS	REMARKS
Reactive	Indicates presence of antibodies to Hepatitis C virus
Non-Reactive	Indicates absence of antibodies to Hepatitis C virus

* It is recommended to confirm all reactive results with the HCV antibody confirmatory test (S314).*

Note

- Reactive test result indicates presence of Hepatitis C virus infection. Active infection to be confirmed by HCV RNA PCR test. It cannot differentiate between the stages of Hepatitis C viral infection nor used to monitor the efficacy of treatment.
- Non-Reactive test result indicates Hepatitis C virus infection is unlikely.
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
- False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.
- Test conducted on serum.

Uses

- To diagnose suspected HCV infection in risk group.
- Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.



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Test Report

Test Name

Results

Units

Bio. Ref. Interval



Dr. Samriti Gupta
MBBS, MD (Pathology)
Chief of Lab

-----End of report -----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.
(#) Sample drawn from outside source.
If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

