

A13 - NAHAN HP CC
SURINNDER KUMAR RANA SHOP NO 1 MOHAL
HARIPUR NEAR YS PARMAR GOVT MEDICAL
COLLEGE & HOSPITAL, NAHAN

Name	: Mr. GOURAV BANSAL	Collected	: 14/6/2021 12:50:00PM
Lab No.	: 278454394	Age: 28 Years	Gender: Male
A/c Status	: P	Ref By: SELF	Report Status: Final

Test Name	Results	Units	Bio. Ref. Interval
THALASSEMIA PROFILE			

COMPLETE BLOOD COUNT;CBC
(Electrical Impedence,Manual)

Hemoglobin	14.40	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	41.80	%	40.00 - 50.00
RBC Count	4.58	mill/mm3	4.50 - 5.50
MCV	91.00	fL	83.00 - 101.00
MCH	31.50	pg	27.00 - 32.00
MCHC	34.60	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	14.10	%	11.60 - 14.00
Total Leukocyte Count (TLC)	7.20	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	56.80	%	40.00 - 80.00
Lymphocytes	35.30	%	20.00 - 40.00
Monocytes	6.30	%	2.00 - 10.00
Eosinophils	1.60	%	1.00 - 6.00
Basophils	0.00	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.09	thou/mm3	2.00 - 7.00
Lymphocytes	2.54	thou/mm3	1.00 - 3.00
Monocytes	0.45	thou/mm3	0.20 - 1.00
Eosinophils	0.12	thou/mm3	0.02 - 0.50
Basophils	0.00	thou/mm3	0.02 - 0.10



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Platelet Count	193.0	thou/mm3	150.00 - 410.00
Mean Platelet Volume	10.4	fL	6.5 - 12.0

Note

- 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
- Test conducted on EDTA whole blood



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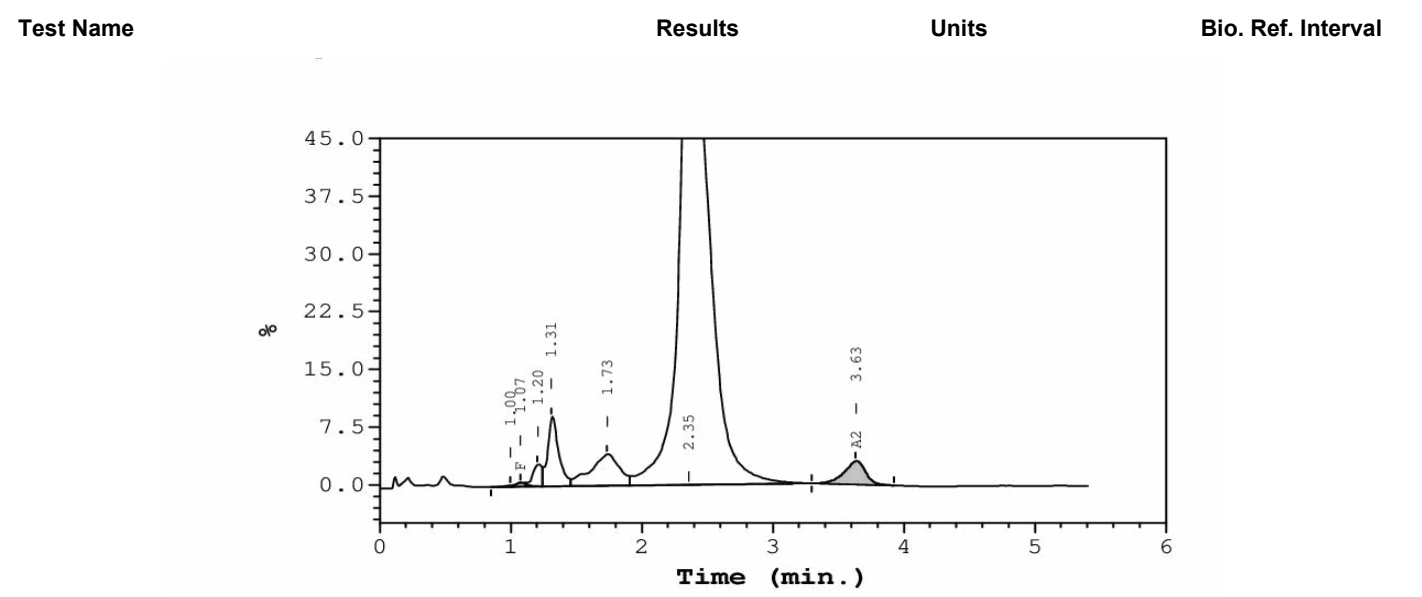
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Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN HPLC/ELECTROPHORESIS @ (HPLC)			
Hb F	<1.00	%	<1.50
Peak 2	4.30	%	<9.60
Hb Adult	86.20	%	83.24 - 90.79
Hb A2	3.00	%	1.50 - 3.50
Others (Non Specific)	5.10	%	<10.00
Hemoglobin	14.40	g/dL	13.00 - 17.00
RBC Count	4.58	mill/mm3	4.50 - 5.50
Packed Cell Volume (PCV)	41.80	%	40.00 - 50.00
MCV	91.00	fL	83.00 - 101.00
MCH	31.50	pg	27.00 - 32.00
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Name	: Mr. GOURAV BANSAL	Collected	: 14/6/2021 12:50:00PM
Lab No.	: 278454394	Received	: 14/6/2021 1:07:12PM
Age: 28 Years	Gender: Male	Reported	: 16/6/2021 7:49:44AM
A/c Status : P	Ref By : SELF	Report Status	: Final



Suggestive Interpretation
 Normal Hb chromatographic pattern

IMPORTANT INSTRUCTIONS

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 (#) Sample drawn from outside source.



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Test Name	Results	Units	Bio. Ref. Interval
IRON STUDIES, SERUM (Spectrophotometry)			
Iron	56.00	ug/dL	65.00 - 175.00
Total Iron Binding Capacity (TIBC)	273.00	µg/dL	250 - 425
Transferrin Saturation	20.51	%	20.00 - 50.00

Comments
Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.
Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.
Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

RPR, SERUM (Slide flocculation)	Non Reactive
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Interpretation

RESULT	REMARKS
Reactive	Indicates presence of IgM & IgG antibodies against non-treponemal antigens
Non-Reactive	Indicates absence of IgM & IgG antibodies against non-treponemal antigens

- Note**
1. Titers of ≥1: 8 and rising titres are significant.
 2. Titers are reported only in reactive cases.
 3. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- AbS.



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Test Name	Results	Units	Bio. Ref. Interval
4. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.			
5. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.			
6. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.			
7. Test conducted on serum.			

Uses

- To screen for presence of Syphilis infection.
- To monitor the progression of disease.
- To assess the response to therapy (decreasing titres) in patients being treated for Syphilis.

GLUCOSE, FASTING (F), PLASMA (Hexokinase)	96.00	mg/dL	70.00 - 100.00
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM (ICT)	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

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



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Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS C ANTIBODY (Anti-HCV), SERUM (CLIA)	0.38	Index	<0.80

Interpretation

RESULT (INDEX)	REMARKS	INTERPRETATION
<0.80	Non Reactive	Indicates absence of antibodies to Hepatitis C virus
>=0.80- <1.00	Equivocal	Equivocal result requires repeat testing in 10-14 days
>=1.00	Reactive	Indicates presence of antibodies to Hepatitis C virus.

Note

1. 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.
2. Low & High Reactive anti-HCV results are recommended to be evaluated by HCV RNA PCR studies.
3. Non-Reactive test result indicates Hepatitis C virus infection is unlikely.
4. 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.
5. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.

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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HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM (Immunochromatography)	Negative		

Note

1. Positive test result indicates antibody detected against HIV-1/2.
2. Negative test result indicates antibody is not detected against HIV- 1/2.
3. Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
4. False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
5. False negative results may occur during the window period and during the end stage of the disease.

Recommendations


1. Post-test counseling available between 9 am to 5 pm at LPL laboratories.



Dr Aviral Chandra
MD Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd



Dr. Simranjeet Kaur
MBBS, MD, DNB
Chief of Laboratory
Dr Lal PathLabs Ltd



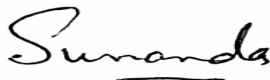
Dr Sandeep Kumar Arora
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd



Dr Tanya Sharma
MD, Microbiology
Consultant Microbiologist
Dr Lal PathLabs Ltd



Dr Gurleen Oberoi
DM(Hematopathology), MD,
DNB, MNAMS
Consultant & Technical Lead
-Hematopathology
NRL - Dr Lal PathLabs Ltd



Dr Sunanda
MD, Pathology
Consultant Pathologist
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-----End of report -----



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