



ROYAL MEDICAL LABORATORY (RML)

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M.R.# 2186

Examination Date: 25-Feb-2023

Patient Details

Name: Muhammad Shafique S/O: Anayyat Ullah Gender: Male Date of Birth: 01-Jan-1976

Contact No.: 0300-6491855 C.N.I.C. #: 34601-0810106-9 Nationality: Pakistan Height: 5.8' Weight: 74

Reference: Self (Lab Test) For: Pre-Medical Specimen: Blood 125

LABORATORY INVESTIGATION

Special Chemistry Profile

Test Description	Result	Comments
Anti HCV	Non-Reactive	Anti HCV is a screening test based on the description of antibodies against Hepatitis C Virus. For following up and therapeutic, consideration, following tests are recommended: <ul style="list-style-type: none">HCV Core Antigen detection.HCV RNA detection by PCR
HbsAg	Non-Reactive	-
HIV	Non-Reactive	-
TPHA	Negative	Reactive VDRL can be caused by diseases such as infections mononucleosis, leprosy, lupus, erythematosus, vaccinia, and virus pneumonia.
VDRL	Non-Reactive	Reactive VDRL test specimens should be subject to further serological studies (i.e. TPHA, FTA and ABS) since, as with any serological testing procedure, the diagnosis of syphilis should not be made on a single reactive result.

Hematology and Chemistry

Test Description	Result	Normal Ranges
Hemoglobin	15.4 g/dl	11.0 - 16.8 g/dl
BSR	108 g/dl	80 - 180 g/dl
Creatinine	0.8 g/dl	0.5 - 1.2 g/dl
LFT	Normal	-

SEROLOGY REPORT

Test Description	Result	Normal Ranges
NOTE: This Report is valid for 90 Days from the Date of Issue. This Report is not Valid For any Court or any Legal Proceedings.	Normal	-
Mycobacterium	Normal	-
Typhidot IgM	Normal	IgM Positive only: Acute Typhoid Fever.
Ty	Normal	IgM and IgG Positive only: Acute Typhoid Fever. (in the middle stage of infection) IgG Positive Only: Implications for the presence of IgG antibodies include previous infection (in which case current fever may not due to typhoid), or replace or re-infection. Therefore, it is important that interpretation be made together with the clinical symptoms in order to diagnose, if the patient is Currently having typhoid. IgM and IgG negative: Probably Not Typhoid.
		Clinical Pathologist

The Above Patient Report is

NORMAL

