



### Final Report

Patient Name	MR. KIRAN BHAGWAN TAWARE	UHID	MGM240017131
Age / Gender	56 Yrs 3 Mth / MALE	Patient Case Type	IPD
Ref. Consultant	DR.PRASHANT ATHALE	Collection Date & Time	31-10-2024 07:27
Sample ID	MGM24163062	Result Entry Date & Time	31-10-2024 10:56
Ward/Bed No	SURGICAL WARD UNIT / SW-518	Reporting Date & Time	31-10-2024 14:13:43
IP No.	MGMIP2406720	Receipt Number	MGMWPR240098211
		<b>*MGM240017131*</b>	

### SEROLOGY REPORT

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			

SERUM PROCALCITONIN . [ Sandwich Immunoassay ]

0.10

ng/mL

Method: The test uses a sandwich immunodetection method.

#### Interpretation :

1. Based on Chemiluminescent enzyme immunoassay for quantitative determination of PCT.
2. PCT test should be considered as a screening tool only.
  - a. PCT < 0.1 ng/dl: Healthy individuals
  - b. PCT < 0.5 ng/dl: Local bacterial infection, viral infections, bacterial colonization, allergic disorders, autoimmune disease and transplant rejection.
  - c. PCT > 0.5 and < 2.0 ng/dl: Systemic infection (sepsis) is possible.
  - d. PCT > 2 and < 10 ng/dl: Systemic Infection (sepsis) is likely, unless other cause are known. High risk for progression to severe systemic infection (severe sepsis)
  - e. PCT > 10 Severe bacterial sepsis or septic shock.
3. Any clinical diagnosis based on the test result must be supported by a comprehensive judgement of the concerned physician including clinical symptoms and other relevant test results.

#### Limitation:

1. The test may yield false positive result due to the cross reactions and/or non-specific adhesion of certain sample components to the capture/ detector antibodies.
2. The test may yield false negative result due to the non responsiveness of the antigens to the antibodies which is the most common if the epitope s masked by some unknown components , so therefore not being able to be detected or captured by the antibodies. The instability or degradation of the antigens with time and/or temperature may also cause false negative result as it makes the antigens unrecognizable by the antibodies.
3. Any clinical diagnosis based on the test result must be supported by a comprehensive judgment of the concerned physician in conjunction with clinical symptoms and other relevant test results.

It is recommended to test the sample within 6 hours after collection because it's reported the concentration is rapidly changed when the sample for PCT test is kept at room temperature or refrigerated