

Final Report

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|-----------------|-----------------------------|--------------------------|---------------------|
| 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 | 07-11-2024 07:21 |
| Sample ID | MGM24166065 | Result Entry Date & Time | 07-11-2024 09:10 |
| Ward/Bed No | SURGICAL WARD UNIT / SW-518 | Reporting Date & Time | 07-11-2024 11:24:58 |
| IP No. | MGMIP2406720 | Receipt Number | MGMWPR240100296 |
| | | *MGM240017131* | |

SEROLOGY REPORT

| Test | Result | Unit | Biological Reference Interval |
|--|--------|-------|-------------------------------|
| Sample Type: Serum | | | |
| SERUM PROCALCITONIN . [Sandwich Immunoassay] | 0.12 | 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 refridgerated