



Final Report

Patient Name	MR. KIRAN BHAGWAN TAWARE	UHID	MGM240017131
Age / Gender	56 Yrs 2 Mth / MALE	Patient Case Type	IPD
Ref. Consultant	DR.PRASHANT ATHALE	Collection Date & Time	05-10-2024 10:54
Sample ID	MGM24148848,MGM24148848,MGM24148848,MGM24148848	Result Entry Date & Time	05-10-2024 14:14
Ward/Bed No	SICU / SICU-010	Reporting Date & Time	05-10-2024 16:03:56
IP No.	MGMIP2406720	Receipt Number	MGMWPR240089037

SEROLOGY REPORT

Test	Result	Unit	Biological Reference Interval
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Interpretation:

< 0.9 : Non-reactive
 > 0.9 to < 1.0 : Boderline.
 > 1.00 : Reactive

The presence of anti-HCV indicates that an individual may have been infected with HCV and may be capable of transmitting HCV infection. The result should be used and interpreted only in context of the overall clinical picture. Nonreactive test result does not exclude the possibility of exposure to HCV. Confirmation of every reactive HCV screening test result by supplemental tests is mandatory.

Advice : In case of positive result For confirmation HCV RNA detection by RTPCR and follow up with the physician.

HIV (IMMUNOASSAY). [CLIA] Non-Reactive (0.15)

Interpretation:

< 0.9 : Non-reactive
 > 0.9 to < 1.0 : Boderline.
 > 1.00 : Reactive

The result should be used and interpreted only in context of the overall clinical picture. Nonreactive test result does not exclude the possibility of exposure to HIV. Levels of HIV antibodies may be undetectable in the early stages of infection. As there are many conditions leading to false reactive screening test results such as rheumatoid arthritis, hepatitis B vaccination, tetanus vaccination, organ transplantation, chronic renal failure, haemodialysis, Hypergammaglobulinemia, pregnancy, tuberculosis, malaria etc. all presumptive reactive samples should be verified with confirmatory test before labeling a patient as HIV positive.

*****End of the Report*****



TECH. RAHUL BORANA

MC-6595

Geli: Yedan

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