PASSPORT NO. AADHAR NO

Patient ID	**102435798**	UHID No. P10100042742	Histo No.	Reg. Date	05/08/2024 13:21:42
Name	**Ms. JYOTI**			Collected Date/Time	05/08/2024 13:37:12
Sex/Age	Female 17 Yrs	DOB		Received Date/Time	05/08/2024 13:37:13
Ref. By		Mobile No:	9896768130	Report Date/Time	05/08/2024 13:58:11
Specimen	Whole Blood EDTA			Print Date/Time	05/08/2024 14:42:51

Test Name	Value	Unit	Bio. Ref. Intervel
COMPLETE BLOOD COUNT (CBC)-5 PART			
Haemoglobin *Method: Cyanide-Free Colorimetry*	12.0	g/dL	12.0 - 15.0
Total Red Blood Count (RBC) *Method: Electrical impedance*	4.17	10^6/ul	3.80 - 4.80
Hematocrit (HCT) *Method: Calculated*	40.4	%	36.0 - 46.0
MCV *Method: Measured*	96.8	fL	83.0 - 101.0
MCH (Mean Corp Hb) *Method: Calculated*	28.8	pg	27.0 - 32.0
MCHC (Mean Corp Hb Conc) *Method: Calculated*	**29.7**	g/dL	31.5 - 34.5
RDW-CV *Method: Calculated*	**14.9**	%	11.6 - 14.0
RDW-SD *Method: Calculated*	**59.6**	FL	39.0 - 46.0
White blood cell (WBC) *Method: Tri-angle Laser Flowcytometry*	6420	/cumm	4000 - 10000
Differential Leucocyte Count *Method: Microscopy*			
Neutrophil *Method: Tri-angle Laser Flowcytometry/Microscopic*	58.3	%	37.5 - 72.8
Lymphocyte *Method: Tri-angle Laser Flowcytometry/Microscopic*	31.0	%	18.3 - 50.9
Eosinophil *Method: Tri-angle Laser Flowcytometry/Microscopic*	**06.8**	%	00.3 - 06.0
Monocyte *Method: Tri-angle Laser Flowcytometry/Microscopic*	03.9	%	03.9 - 09.9
Basophil *Method: Tri-angle Laser Flowcytometry/Microscopic*	**00.0**	%	00.1 - 00.6
Absolute Differential Leucocyte Count			
Absolute Neutrophil Count *Method: Calculated*	3.74	10^3/uL	2.00 - 7.00
Absolute Lymphocytes Count *Method: Calculated*	1.97	10^3/uL	1.0 - 3.0

'C' marked result stands for Critical Values.
Marked $ test was done from outsourced laboratory.

Dr. Priyanka Gupta
MBBS

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Sex/Age	Female 17 Yrs	DOB		Received Date/Time	05/08/2024 13:37:13
Ref. By		Mobile No:	9896768130	Report Date/Time	05/08/2024 14:30:11
Specimen	Serum, Whole Blood EDTA			Print Date/Time	05/08/2024 14:42:51

Test Name	Value	Unit	Bio. Ref. Intervel
HAEMATOLOGY			
Absolute Eosinophil Count *Method: Calculated*	436.56	uL	200.0 - 500.0
Absolute Monocytes Count *Method: Calculated*	0.25	10^3/uL	0.2 - 1.0
Absolute Basophil Count *Method: Calculated*	**0.0**	10^3/uL	0.02 - 0.1
Platelet Count *Method: Electrical impedance/Microscopy*	2.40	Lakh/cmm	1.50 - 4.10
MPV *Method: Calculated*	8.30	fL	6.50 - 12.00
PDW-CV *Method: Calculated*	14.50	%	9.00 - 17.00
PDW-SD *Method: Calculated*	9.70	fL	9.00 - 17.00
PCT *Method: Calculated*	0.20	%	0.17 - 0.35
P-LCC *Method: Calculated*	52.0	10^3/uL	30.0 - 90.0
P-LCR *Method: Calculated*	21.8	%	11.0 - 45.0
KIDNEY FUNCTION TEST (RFT)			
Blood Urea *Method: Urease GLDH*	**115.7**	mg/dl	18.0 - 45.0
Blood Urea Nitrogen *Method: Calculated*	**54.1**	mg%	6.0 - 20.0
Creatinine *Method: Enzymatic*	**9.17** C	mg/dl	0.30 - 0.70
Uric Acid *Method: Uricase-POD*	**7.1**	mg/dl	2.6 - 6.0
Sodium *Method: ISE (EASYLYTE)*	**132.8**	mmol/L	135.0 - 145.0
Potassium *Method: ISE (EASYLYTE)*	4.52	mmol/L	3.50 - 5.50
Ionized Calcium *Method: Method: ISE*	4.14	mg/L	4.00 - 5.60

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Name	**Ms. JYOTI**			Collected Date/Time	05/08/2024 13:31:59
Sex/Age	Female 17 Yrs	DOB		Received Date/Time	05/08/2024 13:32:00
Ref. By		Mobile No:	9896768130	Report Date/Time	05/08/2024 14:36:29
Specimen	Serum			Print Date/Time	05/08/2024 14:42:51

Test Name	Value	Unit	Bio. Ref. Intervel
BIOCHEMISTRY			
Chloride *Method: ISE (EASYLYTE)*	103.3	mmol/L	98.0 - 109.0
BUN/Creatinine Ratio *Method: Calculated*	5.90	Ratio	
Urea/Creatinine Ratio *Method: Calculated*	12.62	Ratio	
VIRAL MARKER TEST			
HIV I & II *Method: Chromatography*	NON REACTIVE		

COMMENTS :-

1.A non reactive results implies that no anti HIV I or Anti II antibodies have been detected insample by this method .This mean that either the patient has not been exposed to HIV-1, or HIV-2, infection or the sample has been tested during (WINDOW-PHASE)before the development of detectable level of antibodies.

2. A prominent Reactive /borderline reactive result suggest the possibility of HIV I -II test ..

3.**This is only a screening test not the confirmatory test,confirmatory by WESTERN BLOT/PCR is advisedbefore pronounsing a patient positive.**

4.False positive test may occur due to various reasons.

PREVENTION FROM AIDS

* Practice safe sex to prevent HIV.
* Reduce your number of sex partners
* Talk with your sex partner or partners about their sexual histroy, as well as your own sexual history
* Do not share intravenous (IV) needles, syringes, cookers, cotton, cocaine spoons, or eyedroppers.
* Tell your sex partner or partners about your behavior and whether you are HIV-positive.
* Follow safe sex practices, such as using condoms.
* Do not donate blood, plasma, semen, body organs, or body tissues if HIV positive.
* Do not share personal items, such as toothbrushes, razors, or sex toys, that may be contaminated with blood semen,or vaginal fluids.

Hepatitis B Surface Antigen (HBsAg) *Method: Immunochromatography*	NON REACTIVE		

Comments: This assay detects the first serological marker of Hepatitis B as early as 4 -16 weeks after exposure. It persists during acute illness and disappears 12-20 weeks after onset of symptoms. The titers rise rapidly during the period of viral eplication and is frequently associated with infectivity. Persistence of HBsAg for more than 6 months indicates evelopment of carrier state or chronic liver disease.

This is only a screening test.All reactive samples should be confirmed by confirmatory test.

HCV Rapid *Method: Immunochromatography*	NON REACTIVE		

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Specimen	Serum			Print Date/Time	05/08/2024 14:42:51

Test Name	Value	Unit	Bio. Ref. Intervel
SEROLOGY			

COMMENTS :-

This is only a screening test,should be confirmed by supplemental assays like RIBA.

HCV antibody - Elisa used to diagnose hepatitis C infection, not useful in the acute phase as it takes at least 4 weeks after infection before antibody appears.

HCV-RNA - Various techniques are available e.g. PCR and branched DNA, may be used to diagnose HCV infection in the acute phase. However, its main use is in monitoring the response to antiviral therepy.

HCV-antigen - an EIA for HCV antigen is available. It is used in the same capacity as HCV-RNA tests but is much easier to carry out.

FALSE POSITIVE AND FALSE NEGATIVE RESULTS CAN BE REPORTED BECAUSE OF VARIED REASONS, NEEDS CONFIRMATION BY MORE ADVANCE TESTS.

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

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