



**DHARMSHEELA DEVI**  
MULTI SPECIALITY HOSPITAL

Date:.....



PT NAME	: <b>MRS. SHANTI DEVI</b>	SAMPLE RECD. AT	: 09/07/2024 11:12
PT. AGE/SEX	: 85Y/FEMALE	REPORT RELEASED ON	: 09/07/2024 12:25
MOBILE NO	: 7004808239	PATIENT UNIQUE ID NO	: 11314
REF. BY.	: DR.VIBHUJIT	REPORT STAT.	: <b>Final</b>
UHD NO.	: 2190	BED/WARD	: <b>iEMR</b>

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**SEROLOGY**

Test Done	Result	Unit	Normal Value
<b>VIRAL MARKER</b>			
<b>HIV 1 &amp; 2 ANTIBODIES, SCREENING TEST</b>	NON REACTIVE		NON-REACTIVE
HCV TRI DOT I & II	NON-REACTIVE		NON-REACTIVE
HBsAG Rapid	NON-REACTIVE		NON-REACTIVE

**Clinical Significance :**

HIV 1 & II (CARD HIV Rapid test is a qualitative test used to screen for antibodies against HIV 1 and 2 viruses. As per NACO guidelines, all positive samples should be TEST) tested by using 3 different types of kits before report is released.

This is only a screening test. All samples detected reactive by the above screening test must be confirmed by using HIV Western Blot or HIV RNA tests. A non-reactive result does not exclude the possibility of exposure to or infection with HIV or the window period.

**Comment:**

The 4th Generation HCV TRI-DOT is a rapid, sensitive and qualitative in vitro diagnostic test for the detection of antibodies to Hepatitis C Virus in test specimen. It utilizes a unique combination of modified HCV antigens from the putative core, NS3, NS4 & NS5 regions of the virus to selectively identify all subtypes of Hepatitis C Virus in human serum/plasma with a high degree of sensitivity and specificity.

This is only a screening test and all reactive samples should be confirmed by HCV RNA PCR. The presence of anti-HCV does not imply a Hepatitis C infection but may be indicative of recent and / or past infection by HCV.

A non-reactive result does not exclude the possibility of exposure to or infection with HCV.

Patients with auto-immune liver diseases, renal disorders may show falsely reactive results.

**Comment:**

This test is used for screening for HIV-1 and/or HIV-2 infection in asymptomatic patients. Negative HIV-1/2 antigen and antibody screening test results usually indicate absence of HIV-1 and HIV-2 infection. Reactive HIV-1/2 antibody screening test results suggest the presence of HIV-1 and/or HIV-2 infection, but it is not diagnostic for HIV infection. All samples detected reactive must be confirmed by using HIV Western Blot.

Some samples show cross reactivity for HIV antibodies. Following factors are found to cause false positive HIV antibody test results: Naturally occurring antibodies, Passive immunization, Leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpes simplex, Hypergammaglobulinemia, Malignant neoplasms, Rheumatoid arthritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma, Haemophilia, Heat treated specimens, Lipid serum, Anti-nuclear antibodies, Toall leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses

-End Of Report-

Performed By

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