CHUGHTAI LAB
ONE NATION - ONE LAB

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Patient Detail:	Registration Location:	Reference:	Patient Number:
Muhammad Hassan	Blood Bank Head office	Standard.	91501-24-13314411
Age/Sex :	Registration Date:	Consultant:	Case Number:
31 (Y) / M	10-Jan-2024 23:09	N/A	91504-10-01
NIC # :	3520263299673, , ,		

Department of Virology

Collection DateTime: 10-Jan-2024 23:09
Reporting DateTime: 11-Jan-2024 01:20

Serum Anti-HCV

		Cutoff Value		Patient Value	
Non-Reactive		1.00		0.12	

Non Reactive < 1.0 | Reactive ≥ 1.0

Interpretation:
• Anti-HCV is a screening test for Hepatitis C which detects antibodies to Hepatitis C virus (HCV) infection.
• A reactive result indicates that the patient has evidence of acquisition of the HCV infection, particular chronic HCV infection, and it should be followed by HCV RNA testing.
• A non-reactive result does not rule out the possibility of HCV exposure or infection as it may be seen in severely immuno-compromised patients, patients on dialysis, or acute HCV infection.
• False positive results, though less frequent, may be due to passively acquired anti-HCV antibodies from blood transfusions, heterophile antibodies, or cross-reactivity with other viral infections.
Methodology: Anti-HCV test is performed on fully automated Chemiluminescence Microparticles Immunoassay Analyzer (CMIA), Abbott Alinity i.
Reference: Centers for Disease Control and Prevention - CDC Recommendations for Hepatitis C Screening Among Adults
Note: Two lab intercomparison cannot be done due to difference in sample collection, transportation, storage, sensitivity, and specificity of assay.

Serum HBsAg

		Cutoff Value		Patient Value	
Non-Reactive		1.00		0.31	

Non Reactive <1.0 | Reactive ≥ 1.0

Interpretation:
• Hepatitis B surface antigen (HBsAg) test is one of the triple panel screening tests, which also includes antibody to hepatitis B surface antigen (anti-HBs), and total antibody to hepatitis B core antigen (total anti-HBc).
• HBsAg usually becomes undetectable after four to six months in acute infection, whereas persistence of HBsAg for more than six months indicates chronic infection.
• A reactive result indicates an ongoing HBV infection, acute or chronic.
• A non-reactive result does not rule out the possibility of HBV exposure or infection as it may be seen in severely immuno-compromised patients, patients on dialysis, or HBsAg mutants.
• False positive results may be due to heterophilic antibodies in human serum and after a dose of HBV vaccine.
Methodology: HBsAg test is performed on fully automated Chemiluminescence Microparticles Immunoassay Analyzer (CMIA), Abbott Alinity i.
Reference: Centers for Disease Control and Prevention - Screening and Testing Recommendations for Chronic Hepatitis B Virus Infection (HBV)
Note: Two lab intercomparison cannot be done due to difference in sample collection, transportation, storage, sensitivity, and specificity of assay.

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NIC # : 3520263299673, , ,

Department of Virology

Collection DateTime: 10-Jan-2024 23:09
Reporting DateTime: 11-Jan-2024 01:20

Serum Anti-HIV - 1 & 2

Non-Reactive	Cutoff Value	1.00	Patient Value	0.07

Non Reactive 1.0 | Reactive ≥ 1.0

Interpretation:

• Anti-HIV 1 and 2 test is the fourth-generation screening test which detects HIV p24 antigen as well as HIV-1 and HIV-2 antibodies.
• A non-reactive result indicates that the person is not exposed to HIV, however, it does not rule out the possibility of HIV exposure or infection as it may be seen in severely immuno-compromised patients, patients on dialysis, or very early HIV infection.
• A reactive result means HIV infection or exposure.
• False positive results, though less frequent, may be due to cross-reactive alloantibodies from pregnancy, autoantibodies, or influenza vaccination.
• Secondary testing by HIV RNA PCR may be performed to assist with the diagnosis or the staging of the disease.

Methodology: Anti-HIV 1 and 2 test is performed on fully automated Chemiluminescence Microparticles Immunoassay Analyzer (CMIA), Abbott Alinity i.

Reference: World Health Organization - Consolidated Guidelines on HIV Testing Services

Note: Two lab intercomparison cannot be done due to difference in sample collection, transportation, storage, sensitivity, and specificity of assay.

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NIC # : 3520263299673, , ,

Department of Hematology

Collection DateTime: 10-Jan-2024 23:09
Reporting DateTime: 11-Jan-2024 01:53

Malarial Parasite (MP)	Negative

Electronically verified report. No signature required. Lab reports should be interpreted by a physician in correlation with clinical and radiologic findings.

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NIC # : 3520263299673, , ,

Department of Blood Bank

Collection DateTime: 10-Jan-2024 23:09
Reporting DateTime: 11-Jan-2024 01:53

Test	Reference Value	91504-10-01 10-Jan-2024 23:09
Blood Group		"B"
Rh Factor		Positive

Electronically verified report. No signature required. Lab reports should be interpreted by a physician in correlation with clinical and radiologic findings.

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NIC # :	3520263299673, , ,		

Department of Chemical Pathology

Collection DateTime: 10-Jan-2024 23:09
Reporting DateTime: 11-Jan-2024 00:04

Serum Treponema pallidum Antibodies TPHA (Syphilis)

Non-Reactive	Cutoff Value	1.00	Patient Value	0.02

Non Reactive < 1.0 | Reactive ≥ 1.0

Interpretation:
1. A negative treponemal antibody test likely indicates the absence of syphilis and generally no further testing is required. However, recent infection cannot be ruled out and repeat testing should be considered in patients who have had a recent high-risk exposure.
2. In most cases of active syphilis a positive RPR indicates active syphilis and follow-up serologic testing is performed to monitor treatment response.
3. It is suggested that the physician should choose a reverse screening algorithm by prescribing RPR test after a reactive treponemal antibody test. This will help to determine if disease is active and further treatment or testing is required or not.

Reference:
Neurol Clin Pract. 2014 Apr; 4(2): 114–122. doi:10.1212/01.CPJ.0000435752.17621.48PMCID: PMC4999316 PMID: 27606153

Methodology: Chemiluminescence Microparticle Immunoassay Technique (Abbott - Alinity Ci)

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