

LPL - PRODUCTION TEST COLLECTION
CENTRE
SECTOR - 18, BLOCK-E ROHINI
DELHI 110085

Name	:	DUMMY	Collected	:	24/7/2022 1:05:00AM
Lab No.	:	DUMANT739	Age: 25 Years	Gender: Male	Received : 24/7/2022 1:07:27PM
A/c Status	:	P	Ref By : DR. DUMMY DUMMY	Reported	: 24/7/2022 1:30:44PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
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ANTENATAL CORE PLUS

COMPLETE BLOOD COUNT;CBC*

Hemoglobin* (Photometry)	17.00	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)* (Calculated)	30.00	%	40.00 - 50.00
RBC Count* (Electrical Impedance)	5.00	mill/mm3	4.50 - 5.50
MCV* (Electrical Impedance)	85.00	fL	83.00 - 101.00
MCH* (Calculated)	34.00	pg	27.00 - 32.00
MCHC* (Calculated)	44.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)* (Electrical Impedance)	44.00	%	11.60 - 14.00
Total Leukocyte Count (TLC)* (Electrical Impedance)	44.00	thou/mm3	4.00 - 10.00

**Differential Leucocyte Count (DLC)
(VCS Technology)**

Segmented Neutrophils*	44.00	%	40.00 - 80.00
Lymphocytes*	44.00	%	20.00 - 40.00
Monocytes*	45.00	%	2.00 - 10.00
Eosinophils*	44.00	%	1.00 - 6.00
Basophils*	44.00	%	<2.00
Metamyelocytes*	55.00	%	
Myelocytes*	44.00	%	
Promyelocytes*	33.00	%	
Blasts*	44.00	%	

**Absolute Leucocyte Count
(Calculated)**

Neutrophils*	19.36	thou/mm3	2.00 - 7.00
Lymphocytes*	19.36	thou/mm3	1.00 - 3.00
Monocytes*	19.80	thou/mm3	0.20 - 1.00
Eosinophils*	19.36	thou/mm3	0.02 - 0.50
Basophils*	19.36	thou/mm3	0.02 - 0.10



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Others*	44.00		
Platelet Count* (Electrical impedance)	333	thou/mm3	150.00 - 410.00
Mean Platelet Volume* (Electrical Impedence)	32.0	fL	6.5 - 12.0

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
2. Test conducted on EDTA whole blood



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URINE EXAMINATION, ROUTINE; URINE, R/E* (Automated Strip Test, Microscopy)			
Physical			
Colour	Pale Yellow		Pale yellow
Specific Gravity	1.005		1.001 - 1.030
pH	7		5.0 - 8.0
Chemical			
Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0.0 - 2.0 RBC/hpf
Pus Cells	Negative		0-5 WBC / hpf
Epithelial Cells	0-1 Epi Cells/hpf		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen



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RPR, SERUM*

(Charcoal flocculation)

RPR Serum*	Non Reactive
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RPR -in-Dilution*	1 in 128
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Interpretation

RESULT	REMARKS
Reactive	Indicates presence of IgM & IgG antibodies against non-treponemal antigens
Non-Reactive	Indicates absence of IgM & IgG antibodies against non-treponemal antigens

Note

1. Titers of $\geq 1:8$ and rising titres are significant.
2. Titers are reported only in reactive cases.
3. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- AbS.
4. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.
5. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.
6. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.
7. Test conducted on serum.

Uses

- To screen for presence of Syphilis infection.
- To monitor the progression of disease.
- To assess the response to therapy (decreasing titres) in patients being treated for Syphilis.

GLUCOSE, RANDOM (R), PLASMA* (Hexokinase)	85.00	mg/dL	70.00 - 140.00
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CREATININE, SERUM* (Compensated Jaffe's reaction, IDMS traceable)	2.23	mg/dL	0.70 - 1.30
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ADVICE: CKD RISK MAP

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated

BLOOD GROUP, ABO & RH TYPING AUTOMATED

(Erythrocyte Magnetized Technology)

ABO Group	A
Rh Factor	Negative

Note: 1. Both forward and reverse grouping performed
2. Test conducted on EDTA whole blood

UREA, SERUM* (Urease UV)	34.00	mg/dL	13.00 - 43.00
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HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM* (Lateral Flow Immunochromatography)	Non-Reactive
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Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

* All reactive results should be subjected to HBsAg Neutralization test which can be requested as Test Code S116.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, HBsAg Quantitative assay is recommended.



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Test Name	Results	Units	Bio. Ref. Interval
HCG,BETA,TOTAL, PREGNANCY, SERUM* (CMIA)	4.00	mIU/mL	<5.00

Interpretation

PREGNANCY WEEKS POST LMP	HCG LEVELS IN mIU/ml
4	5-100
5	200-3000
6	10,000-80,000
7-14	90,000-500,000
15-26	5000-80,000
27-40	3000-15,000
Non Pregnant	< 5
Trophoblastic disease	>100,000

Note

1. Consistently elevated HCG levels may be due to the presence of heterophilic antibodies, non specific protein binding & HCG like substance.
2. False negative / positive results may be seen in patients receiving mouse monoclonal antibodies for diagnosis or therapy

Comments

Beta HCG levels rise geometrically in the serum in the first 8 weeks of pregnancy. Detectable amounts of beta HCG are present 8-11 days after conception. During the second to fifth week, HCG levels double in about 1.5 days. After 5 weeks of gestation, the doubling time gradually increases to 2-3 days. Serial determination of HCG is helpful when abnormal pregnancy is suspected. In ectopic pregnancy and spontaneous abortion HCG concentration increases slowly or decreases. Ultrasonography should detect a gestational sac in the uterus of all patients having HCG concentration > 6500 mIU/mL. Failure to detect a gestational sac 24 days or more after conception is presumptive evidence of ectopic pregnancy. The presence of twins approximately doubles the HCG concentration.

Clinical Use

- Detect pregnancy & its abnormalities (ectopic & molar pregnancy)
- Screening of Down Syndrome & Trisomy 18



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HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM* (ICT)	Non-Reactive
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Remarks: Results of reactive HCV screening test should be confirmed by supplemental test Like CMIA or confirmatory test like Immunoblot HCV. This test is not meant for monitoring the treatment of disease nor stratifying acute or chronic stages. The result of the test should not be compared to molecular test like HCV PCR as both are different methodologies.

Interpretation

RESULTS	REMARKS
Reactive	Indicates presence of antibodies to Hepatitis C virus
Non-Reactive	Indicates absence of antibodies to Hepatitis C virus

Note

1. This is a screening test and the result should be interpreted in conjunction with clinical findings and other diagnostic tests.
2. This assay is used for qualitative detection of antibodies to Hepatitis C virus in serum samples and cannot differentiate between the stages of Hepatitis C viral infection.
3. Sensitivity and Specificity of the Anti-HCV test by ICT is 99.3% and 98.1% respectively.
4. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.
5. Test conducted on serum.

Comments

Hepatitis C virus (HCV) is recognized as a major agent of chronic hepatitis, transfusion acquired non-A, non-B hepatitis and liver disease throughout the world. HCV is an enveloped positive-sense, single stranded RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

Uses

- To diagnose suspected HCV infection and monitor the status of infected individual.
- Routine screening of blood and blood products to prevent transmission of Hepatitis C virus (HCV) to recipients.
- For Prenatal Screening of pregnant women.



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Test Name	Results	Units	Bio. Ref. Interval
Routine screening of low and high prevalence populations including blood donors.			

TSH, ULTRASENSITIVE, SERUM* (CLIA)	4.000	μIU/mL	0.550 - 4.780
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Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis



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Test Name	Results	Units	Bio. Ref. Interval
HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM (Immunochromatography)	Negative		

Note

1. Positive test result indicates antibody detected against HIV-1/2.
2. Negative test result indicates antibody is not detected against HIV- 1/2.
3. Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
4. False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
5. False negative results may occur during the window period and during the end stage of the disease.

Recommendations

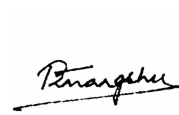
1. Post-test counseling available between 9 am to 5 pm at LPL laboratories.



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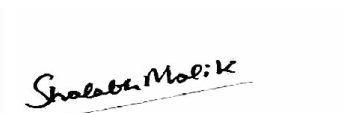
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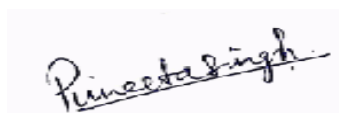
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-----End of report -----



* Test conducted under NABL scope MC-2113,LPL-NATIONAL REFERENCE LAB at NEW DELHI

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.
*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.

