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

Name	: **DUMMY**			**Collected**	: **24/7/2022 1:05:00AM**
Lab No.	: **DUMANT741**	**Age: 25 Years**	**Gender: Male**	**Received**	: **24/7/2022 1:07:27PM**
				Reported	: **24/7/2022 1:33:27PM**
A/c Status	: **P**	**Ref By : DR. DUMMY DUMMY**		**Report Status**	: **Final**

ANTENATAL PLUS PACKAGE

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC*			
Hemoglobin* (Photometry)	14.00	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)* (Calculated)	40.00	%	40.00 - 50.00
RBC Count* (Electrical Impedence)	**4.00**	mill/mm3	4.50 - 5.50
MCV* (Electrical Impedence)	90.00	fL	83.00 - 101.00
MCH* (Calculated)	30.00	pg	27.00 - 32.00
MCHC* (Calculated)	32.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)* (Electrical Impedence)	12.00	%	11.60 - 14.00
Total Leukocyte Count (TLC)* (Electrical Impedence)	8.00	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC) (VCS Technology)			
Segmented Neutrophils*	50.00	%	40.00 - 80.00
Lymphocytes*	34.00	%	20.00 - 40.00
Monocytes*	8.00	%	2.00 - 10.00
Eosinophils*	5.00	%	1.00 - 6.00
Basophils*	2.00	%	<2.00
Metamyelocytes*	33.00	%	
Myelocytes*	33.00	%	
Promyelocytes*	44.00	%	
Blasts*	55.00	%	
Absolute Leucocyte Count (Calculated)			
Neutrophils*	4.00	thou/mm3	2.00 - 7.00
Lymphocytes*	2.72	thou/mm3	1.00 - 3.00
Monocytes*	0.64	thou/mm3	0.20 - 1.00
Eosinophils*	0.40	thou/mm3	0.02 - 0.50
Basophils*	**0.16**	thou/mm3	0.02 - 0.10

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Test Name	Results	Units	Bio. Ref. Interval
Others*	55.00		
Platelet Count* (Electrical impedence)	223	thou/mm3	150.00 - 410.00
Mean Platelet Volume* (Electrical Impedence)	11.0	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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Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN HPLC/ELECTROPHORESIS (HPLC)			
Hb F*	1.00	%	<1.50
Peak 2*	9.00	%	<9.60
Hb Adult*	85.00	%	83.24 - 90.79
Hb A2*	2.00	%	1.50 - 3.50
Others (Non Specific)*	2.00	%	<10.00
Hemoglobin*	14.00	g/dL	13.00 - 17.00
RBC Count*	**4.00**	mill/mm3	4.50 - 5.50
Packed Cell Volume (PCV)*	40.00	%	40.00 - 50.00
MCV*	90.00	fL	83.00 - 101.00
MCH*	30.00	pg	27.00 - 32.00
RDW*	12.00	%	11.60 - 14.00

Suggestive Interpretation
Normal Hb chromatographic pattern

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Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E* (Automated Strip Test, Microscopy)			
Physical			
Colour	Pale Yellow		Pale yellow
Specific Gravity	1.015		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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Test Name	Results	Units	Bio. Ref. Interval
RPR, SERUM* (Charcoal flocculation)			
RPR Serum*	Non Reactive		
RPR -in-Dilution*	1 in 8		

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 ≥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 asses the response to therapy (decreasing titres) in patients being treated for Syphilis.

GLUCOSE, RANDOM (R), PLASMA* (Hexokinase)	74.00	mg/dL	70.00 - 140.00
CREATININE, SERUM* (Compensated Jaffe's reaction, IDMS traceable)	**2.00**	mg/dL	0.70 - 1.30

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Test Name	Results	Units	Bio. Ref. Interval

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

HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM* (Lateral Flow Immunochromatography)	Non-Reactive		

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
HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM* (ICT)	Non-Reactive		

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)	2.000	µIU/mL	0.550 - 4.780

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

COOMBS TEST, INDIRECT, SERUM*
(Erythrocyte Magnetized Technology)

Result*	Negative
Titre*	1:4

Interpretation

RESULT	COMMENTS
Negative	No antibodies detected
Equivocal	Positive in undiluted serum & titre upto 1:16
Positive	· Titre of 1:32 or above · Rising titre on serial testing

Comments

Indirect Coomb's test (ICT) is used to detect incomplete Rh IgG antibodies in the serum. This test is used for:

- Compatibility testing,
- Screening and detection of unexpected antibodies in the serum
- Detection of red cell antigens not detected by other techniques like K, Fy, JK etc.,

Recommended sampling regime in pregnancy

STAGE OF PREGNANCY	REFERENCE GROUP

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Test Name		Results	Units	Bio. Ref. Interval
Early pregnancy	All cases			
28th week	Rh D negative cases			
34th-36th week	All cases			

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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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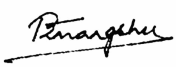

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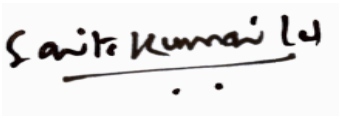

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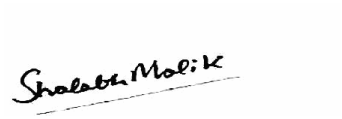

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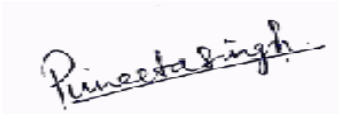

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Test Name	Results	Units	Bio. Ref. Interval

----------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.