


**Laboratory Investigation Report**

Patient Name	: Mr. Vinod Gaur	Centre	: 1566 - Blk Superspeciality Hospital
Age/Gender	: 69 Y 5 M 11 D /M	OP/IP No	: OP/BLCR164656
Max ID/Mobile	: BLKH.501072/9810305058	Collection Date/Time	: 16/Sep/2022 04:51PM
Lab ID	: 1298092229842	Receiving Date	: 16/Sep/2022
Ref Doctor	: Dr.Aditya Pradhan	Reporting Date	: 17/Sep/2022
Passport No.	:		

**Microbiology Special**

Test Name	Result	Unit	Bio Ref Interval
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**GeneXpert MTB/RIF Ultra**

Semi-Nested Real Time PCR

Specimen Type	Urine		
M. Tuberculosis Complex Semi-Nested Real Time PCR	Not Detected		Not Detected
Rifampicin Resistance	Not Detected		Not Detected

**Interpretation**
**MYCOBACTERIUM RIFAMPICIN TUBERCULOSIS RESISTANCE REMARKS**

Detected	Detected	Target DNA Detected, Resistant to Rifampicin
Not Detected	Not Detected	Target DNA Not Detected
Detected	Not Detected	Target DNA Detected, Sensitive to Rifampicin
Detected	Indeterminate	Target DNA Concentration very low to detect resistance or invalid melting curve
Indeterminate	Indeterminate	Target DNA could not be detected; may be due to esence of inhibitors

**NOTE:**

- When MTB is detected as "TRACE", RIF resistance can not be determined and hence reported as "INDETERMINATE".
  - In an initial "trace" positive result, a fresh specimen from the patient should undergo repeat testing and the result of the second Ultra test be used for clinical decisions along with Clinical and radiological information.
  - Limit of detection is 11.8 CFU/ml. Silent RIF mutations are considered susceptible.
  - The Xpert MTB/RIF assay is a cartridge based nucleic acid amplification test (CB-NAAT) used to detect Mycobacterium tuberculosis complex and targets rpoB gene for Rifampicin resistance. Results should be interpreted along with clinical, radiographic, and other laboratory findings.
  - This assay does not replace the need for smear with microscopy for acid-fast bacilli, culture for Mycobacteria, and growth based drug susceptibility testing, in addition to genotyping for early discovery of outbreaks. The results can be affected by prior or concurrent anti-tubercular treatment and therapeutic success or failure cannot be assessed by this test as DNA might persist following antimicrobial therapy.
- \* This test is not under the scope of NABL accreditation.

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



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 SIN No: BLIN340189, Test Performed at : 1566 - BLK Superspeciality Hospital, Pusa Road Radha Swami Satsang Rajendra Place Delhi  
 Booking Centre : 1566 - BLK Superspeciality Hospital, Pusa Road Radha Swami Satsang Rajendra Place Delhi, 01130403040

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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 Sep 8, 2019 - Sep 8, 2022  
 Since Sep 9, 2010

MC-5194



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Microbiology Special

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**Dr. Shimpi Chopra**  
Consultant  
Clinical Microbiology and Molecular diagnostics  
(DMC Reg No. 52524)



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Ref Doctor	: Aditya Pradhan	Reporting Date	: 19/Sep/2022
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**Cytopathology****Cytology Examination of Fluid****Cytology Number:** - C-3954/22**Clinical History:** - Not provided**Specimen:** - Urine sample, cytology**Gross Description:** -

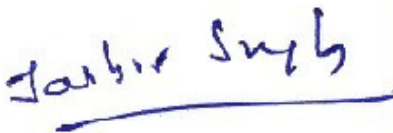
Received approximately 8 ml yellowish slightly turbid urine.  
One MGG & one pap stained slides were made after centrifugation.

**Microscopic Description:** -

Smears show some benign squamous epithelial cells in a background of abundant neutrophils and some lymphocytes.  
No atypical cells seen.

**Final Diagnosis:** - **Urine sample, cytology** -Paris system category II: Negative for High Grade Urothelial Carcinoma.

Kindly correlate with clinical findings

**\*\*\* End Of Report \*\*\***

**Dr. Jasbir Singh**  
Senior Consultant  
DMC Regn. No. 35258



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Immunoassay

Prostate Specific Antigen (P.S.A.) - Total, Serum

Date	16/Sep/2022 04:51PM	Unit	Bio Ref Interval
Prostate Specific Antigen ECLIA	0.838	ng/mL	0.0 - 4.0

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*

Dr. Raj Kumar Kapoor  
Principal Consultant & HOD  
(DMC Reg No.44935)

