S14 - LPL-GZB HOME VISIT
GHAZIABAD LAB,
GHAZIABAD

(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
Padma Shri
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA

Dr. Vandana Lal
M.D (PATH), IFCAP
Chief of Pathology
SHIROMANI AWARD WINNER

Name	: **Mr. HARIKESH KUMAR**			**Collected**	: **1/11/2020 10:59:00AM**
Lab No.	: **152931225**	**Age: 41 Years**	**Gender: Male**	**Received**	: **1/11/2020 12:23:53PM**
				Reported	: **3/11/2020 4:44:06PM**
A/c Status	: **P**	**Ref By : Dr.VED CHATURVEDI**		**Report Status**	: **Final**

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN; Hb, BLOOD (SLS)	**11.90**	g/dL	13.00 - 17.00

TB GOLD, INTERFERON GAMMA RELEASE ASSAY (IGRA), PLASMA @ (EIA)

Gamma Interferon, Antigen tube	0.02	IU/mL
Gamma Interferon, Nil tube	0.01	IU/mL
Final Result	Negative	

Interpretation

NIL TUBE in IU/mL	ANTIGEN TUBE MINUS NIL TUBE in IU/mL	FINAL RESULT	INTERPRETATION
< = 8.00	<0.35	Negative	M. tuberculosis infection unlikely
	> = 0.35 & <25% of Nil tube	Negative	M. tuberculosis infection unlikely
	> = 0.35 & > = 25% of Nil tube	Positive	M. tuberculosis infection likely
>8.00	Any result	Indeterminate	This may be due to excessive levels of circulating gamma interferon or presence of heterophile antibodies

Note

1. This assay cannot differentiate between Latent infection and Active Tuberculosis.
2. Magnitude of measured Gamma Interferon cannot be correlated with stage or degree of infection, level of immune responsiveness or likelihood of progression to active disease.
3. False negative results maybe obtained if sample is taken prior to development of immune response. CDC recommends repeat test after 8 - 10 weeks in case of high suspicion of tuberculosis.
4. Immunocompromised patients can also show false negativity.

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Test Name	Results	Units	Bio. Ref. Interval

5. Negative result does not preclude the possibility of *Mycobacterium tuberculosis* infection / disease

Comments

This assay is an indirect test for *Mycobacterium tuberculosis* infection including disease and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluations.

HEPATITIS B SURFACE ANTIGEN;HBsAg, SERUM @ (CLIA)	Non Reactive	Non Reactive

***Specific Antibody Neutralization Assay is performed on all Reactive results**.

Interpretation

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

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 patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, 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, Quantitative HBsAg assay is recommended.

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Test Name	Results	Units	Bio. Ref. Interval
HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM @			
Final Result : Negative			
HIV 1 / 2 & P 24 COMBO TEST			
(CLIA)			
Index Value	0.05	Index	<1.00
Result	Negative		

Interpretation

RESULT (INDEX)	REMARKS
>= 1.00	Positive
< 1.00	Negative

Note

1. Positive test result indicates antibody detected against HIV-1/2. It does not differentiate between type of antibody and antigen.
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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Test Name	Results	Units	Bio. Ref. Interval

Dr Shivani Tiwari
DCP, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Dr Ritu Nayar
MD, Microbiology
Deputy HOD - Microbiology & Serology
NRL - Dr Lal PathLabs Ltd

Dr Shalabh Malik
MD, Microbiology
National Head - Microbiology & Serology
NRL - Dr Lal PathLabs Ltd

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

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.