

Patient Name : Demo Patient Name
Age / Sex : 25 Y / M
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 21-Jan-25 18:56
Patient ID : UHID.DEMO.001

HIV 1 and 2

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 18:56 **Received On:** 21-Jan-25 19:20 **Approved On:** 21-Jan-25 20:56

Observation	Result	Unit	Biological Ref. Interval	Method
Anti HIV 1&2	0.21 NON-REACTIVE		<0.90	CLIA

Important Note: This is a screening test for antibodies to HIV. A reactive result is not conclusive of AIDS, and requires further confirmation with HIV Westernblot method.

Remarks: Please correlate results with clinical significance

HBs Ag

Serum Sample

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Observation	Result	Unit	Biological Ref. Interval	Method
Hepatitis B Surface Antigen(HBs Ag)	0.10 NON-REACTIVE		<0.90	CLIA

Important Note: This is a screening test for Hepatitis B Surface Antigen. Advised confirmation with HBV DNA test by PCR.

Remarks: Please correlate results with clinical significance

Anti HCV

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 18:56 **Received On:** 21-Jan-25 19:20 **Approved On:** 21-Jan-25 20:56

Observation	Result	Unit	Biological Ref. Interval	Method
Anti Hepatitis C Virus (Anti-HCV)	0.05 NON-REACTIVE		<0.90	CLIA

Clinical Significance: This is a screening test for antibodies to the Hepatitis C Virus. A reactive result should be further confirmed with HCV RNA. Hepatitis C virus (HCV), a hepatotropic RNA virus, is transmitted primarily via the blood route. The major modes of transmission of the virus include injection drug use, unsafe injection practices, blood transfusion, etc. HCV causes chronic hepatitis in about 80% of those infected by it. The mainstay in diagnosing infection with HCV is to initially screen high-risk groups for antibodies to HCV (anti-HCV). HCV causes acute hepatitis which is mostly subclinical, but which gradually evolves into chronic hepatitis in about 80% of those infected. HCV infected people are at risk of developing chronic liver disease (CLD), cirrhosis, and primary hepatocellular carcinoma (HCC). The US Center for Disease Control and Prevention (CDC) recommends screening all individuals with risk factors for HCV infection for antibodies to HCV (anti-HCV). The "serologic window" between HCV infection and the detection of specific antibodies varies from patient to patient, seroconversion occurs on an average at 6-8 weeks after the onset of infection. In patients with spontaneously resolving the infection, anti-HCV may persist throughout life, or decrease slightly while remaining detectable, or gradually disappear after several years. Anti-HCV persists indefinitely in patients who develop chronic infection, although antibodies may become undetectable in hemodialysis patients or in cases of profound immunosuppression.

Remarks: Please correlate results with clinical conditions.



This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

