

REPORT

Name	: Mr. V CHANDRASEKAR	Sample ID	: A0094127
Age/Gender	: 39 Years/Male	Reg. No	: 0312403240020
Referred by	: Dr. FERTY9 FERTILITY CENTRE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2024 08:44 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Mar-2024 08:55 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	A			Tube Agglutination
Rh Typing	Positive			Tube Agglutination

Comments:
Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. V CHANDRASEKAR	Sample ID	: A0094127
Age/Gender	: 39 Years/Male	Reg. No	: 0312403240020
Referred by	: Dr. FERTY9 FERTILITY CENTRE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2024 08:44 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Mar-2024 08:55 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	13.5	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	42.3	%	40-50	Calculated
RBC Count	5.10	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	83	fl	81-101	Calculated
MCH	26.4	pg	27-32	Calculated
MCHC	31.8	g/dL	32.5-34.5	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	308	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	8.3	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	65	%	40-70	Cell Impedance
Lymphocytes	30	%	20-40	Cell Impedance
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.4	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	2.49	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.25	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.17	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture.			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. V CHANDRASEKAR	Sample ID	: A0094128
Age/Gender	: 39 Years/Male	Reg. No	: 0312403240020
Referred by	: Dr. FERTY9 FERTILITY CENTRE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2024 08:44 PM
Sample Tested In	: Serum	Reported On	: 24-Mar-2024 10:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Result rechecked and verified for abnormal cases
*** End Of Report ***

Laboratory is NABL Accredited




DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

REPORT

Name	: Mr. V CHANDRASEKAR	Sample ID	: A0094128
Age/Gender	: 39 Years/Male	Reg. No	: 0312403240020
Referred by	: Dr. FERTY9 FERTILITY CENTRE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2024 08:44 PM
Sample Tested In	: Serum	Reported On	: 24-Mar-2024 10:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

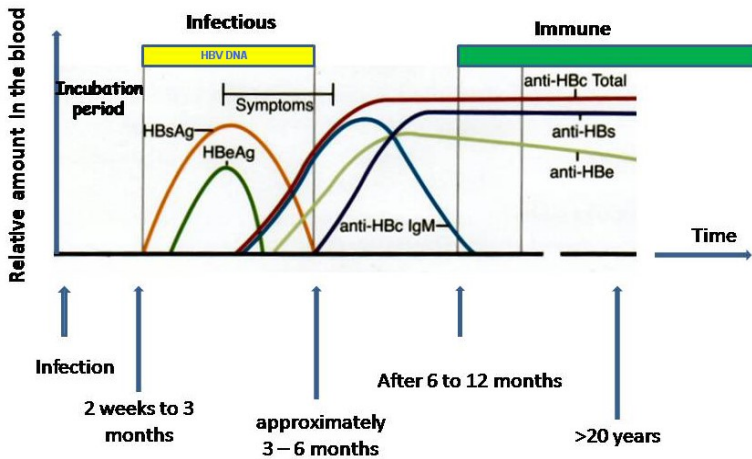
Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.36	S/Co	<1.00 :Negative >1.00 :Positive	ELISA

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

HBV antigens and antibodies in the blood



Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

*** End Of Report ***

Laboratory is NABL Accredited




DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

REPORT

Name	: Mr. V CHANDRASEKAR	Sample ID	: A0094128
Age/Gender	: 39 Years/Male	Reg. No	: 0312403240020
Referred by	: Dr. FERTY9 FERTILITY CENTRE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2024 08:44 PM
Sample Tested In	: Serum	Reported On	: 24-Mar-2024 10:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

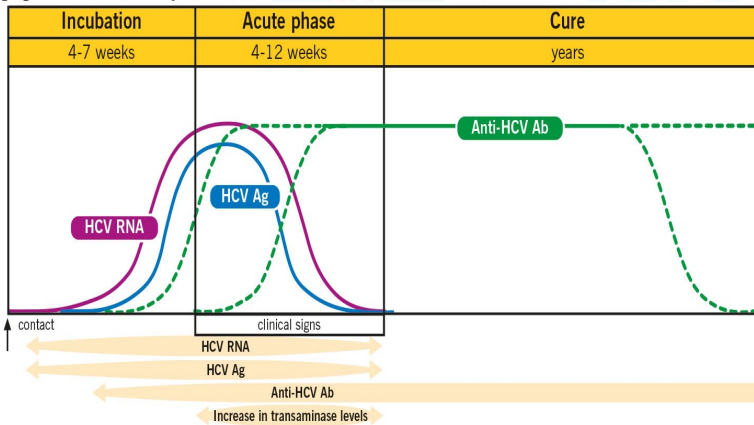
Hepatitis C Virus Antibody	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA
-----------------------------------	------	------	--	-------

Interpretation:

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an 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%.



Note:

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

*** End Of Report ***

Laboratory is NABL Accredited



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

REPORT

Name	: Mr. V CHANDRASEKAR	Sample ID	: A0094128
Age/Gender	: 39 Years/Male	Reg. No	: 0312403240020
Referred by	: Dr. FERTY9 FERTILITY CENTRE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2024 08:44 PM
Sample Tested In	: Serum	Reported On	: 24-Mar-2024 10:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.28	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST