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CID : 2123715895  
Name : MR.KIRAN KUMAR KARKA  
Age / Gender : 32 Years / Male  
Consulting Dr. : LAXMAN SALVE  
Reg. Location : Mulund West (Main Centre)

Collected : 25-Aug-2021 / 10:04  
Reported : 25-Aug-2021 / 12:36

**HEPATITIS "B" SURFACE ANTIGEN (HBsAg)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>METHOD</u>
Hepatitis "B" Surface Antigen (HBsAg), Serum	Non Reactive	ECLIA

**Clinical Significance:**

1. HBsAg is the surface antigen of Hepatitis B.
2. It is used to diagnose Hepatitis B infection, carriers of HBV, to assess the progression and prognosis of disease process and to screen blood donors.
3. HBsAg is the first serological marker after infection with HBV, appearing 1-10 weeks after exposure and 2-8 weeks after onset of clinical symptoms.
4. HBsAg persists during acute phase and clears during convalescence period.
5. Failure to clear HBsAg within 6 months indicates a chronic carrier state.
6. Hepatitis B causes infection of the liver with clinical features ranging from absent or mild disease to severe liver failure.
7. Hepatitis B is transmitted primarily by body fluids, especially serum. It can also spread by sexual contact and from mother to fetus.
8. In most patients, HBV hepatitis is self limited and patient recovers; about 1-2 % of normal adolescents and adults have persistent viral replication resulting in chronic hepatitis.

**Reflex Tests:**

1. HBV DNA
2. Anti HBcIgM
3. HBeAg and Anti HBe

**Limitations of the test:**

1. Heterophile antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays.
2. Patients routinely exposed to animals or animal serum products can be prone to this interference.

**Reference:**

1. HBsAg (Generation II) kit pack insert
2. Bakerman's ABC's of Interpretive Laboratory Data
3. Wallach's Interpretation of Diagnostic Tests, 9th Edition
4. Henry's Clinical Diagnosis and Management by Laboratory methods, 21st Edition

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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



*Lynda Rodrigues*

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**HEPATITIS "C" VIRUS (HCV) ANTIBODIES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>METHOD</u>
HCV, Serum	Non Reactive	ECLIA

**Test Specifications:**

This Anti HCV test is designed to detect antibodies to putative structural and non structural proteins of HCV genome (i.e HCr43 and c100-3).

**Interpretation:**

- 1) All reactive samples should be confirmed by supplemental assays like HCV RNA.
- 2) A non-reactive result does not exclude the possibility of exposure to or infection with HCV.
- 3) Patients with auto-immune liver disease may show falsely reactive results.

**Clinical Significance:**

- 1) Hepatitis C is one of six hepatitis viruses identified so far, including A, B, D, E, and G, that are known to cause the disease.
- 2) Hepatitis C (HCV) is a virus that causes an infection of the liver that is characterized by liver inflammation and damage.
- 3) The most common test for HCV looks for antibodies in the blood that are produced in response to an HCV infection.

**Intended Use:**

- 1) Hepatitis C antibody tests are used to screen individuals for the infection, including, for example, people with no signs or symptoms but with risk factors, people who have symptoms associated with hepatitis or liver disease, or those who have been exposed to the virus.
- 2) In Chronic Liver diseases.

**Reflex Tests:**

- 1) Liver function tests, HCV RNA
- 3) Radiological investigation (USG Abdomen)

**Limitations of the test:**

- 1) The detection of anti-HCV antibodies indicates a present or past infection with hepatitis C virus, but does not differentiate between acute, chronic or resolved infection
- 2) The antibody concentration may be beneath the detection limit of this assay or the patient's antibodies do not react with the antigens used in this test.

**Reference:**

- 1) Anti HCV II (Generation II) Kit insert
- 2) Lavanchy D. The global burden of hepatitis C. Liver Int 2009;29(s1):74-81.
- 3) Hepatitis C WHO report WHO/SCD/SCR/LYO/2003 <http://www.who.int/csr/disease/hepatitis/Hepc.pdf>

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**HIV 1+O/2 Antibodies & HIV 1 p24 Antigen**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>METHOD</u>
HIV 1+O/2 Antibodies and HIV 1 p24 Antigen, Serum	Non Reactive	ECLIA

**Test specifications:**

- 1) ECLIA: Sensitivity 100%, Specificity 99.63%
- 2) CMIA: Analytical sensitivity of < 50 pg/mL to HIV-1 p24 Ag, Specificity >= 99.5%

**Intended Use:**

- 1) The HIV Ag/Ab (Generation IV) assay is for the simultaneous qualitative detection of HIV p24 antigen and antibodies to human immunodeficiency virus type 1 and/or type 2 (HIV-1/HIV-2) in human serum or plasma.
- 2) This assay is intended to be used as an aid in the diagnosis of HIV-1/HIV-2 infection and as a screening test for donated blood and plasma.
- 3) An HIV Ag/Ab result does not distinguish between the detection of HIV p24 antigen, HIV-1 antibody, or HIV-2 antibody.

**Clinical Significance:**

- 1) Human Immunodeficiency Virus (HIV) infection is the cause of Acquired Immunodeficiency Syndrome (AIDS) as well as symptomatic disease prior to development of AIDS.
- 2) HIV transmission is due to direct contact with infected body fluids; primarily blood, semen, vaginal and cervical secretions, breast milk and amniotic fluid.
- 3) The contact is usually mediated by sexual contact, IV drug abuse & blood exposure.
- 4) Antibodies against HIV are nearly always detected in AIDS patients and HIV infected asymptomatic individuals.
- 5) HIV 2 virus is similar to HIV 1 virus, however is less pathogenic, have longer latency period with slower progression to disease, lower viral titres and lower rates of vertical and horizontal transmission.

**Confirmatory Test:**

- 1) HIV RNA PCR

**Limitations of the test:**

- 1) Heterophile antibodies in human serum can react with reagent immunoglobulins, interfering with in-vitro immunoassays.
- 2) Patients routinely exposed to animals or animal serum products can be prone to this interference.

**Reference:**

- 1) HIV (Generation IV) kit pack insert
- 2) Wallach's Interpretation of Diagnostic Tests, 9th Edition
- 3) Bakerman's ABC's of Interpretive Laboratory Data

**Disclaimer:**

Pre and post counselling for HIV test will be performed by referring physician/authority whenever patient is referred.

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