Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXX

Date : XXXXXXXXXXXXXX

Test Asked : Viral Markers

Report Status: Complete Report

First National Diagnostic Chain to have **100% of its Labs with NABL Accreditation#**

Accredited by

PROCESSED AT :

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : VIRAL MARKERS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

Note: Please refer to the table below for status of your tests.

3 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
VIRAL MARKERS	Ready
HEPATITIS B SURFACE ANTIGEN(HBSAG) RAPID TEST	Ready
HEPATITIS C ANTIBODY(HCVAB) RAPID TEST	Ready
HIV 1/2 ANTIBODY RAPID TEST	Ready

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NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXX
TEST ASKED : VIRAL MARKERS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
HIV 1/2 ANTIBODY RAPID TEST	IMMUNOASSAY	NON REACTIVE

Note:
This is a screening test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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REF. BY : XXXXXXXXXXXXXX
TEST ASKED : VIRAL MARKERS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
HEPATITIS C ANTIBODY(HCVAB) RAPID TEST	IMMUNOASSAY	NON REACTIVE

Reactive : Presence of antibodies to Hepatitis C virus
Non Reactive : Absence of antibodies to Hepatitis C virus

Clinical Significance
1. This is a screening and Qualitative test and a positive report does not confirm diagnosis. All Reactive tests should be confirmed with HCV RNA PCR, as per National guidelines.
2. The test result should be evaluated with other data by the physician.
3. False Reactive results seen in patients receiving mouse monoclonal antibodies and those with heterophile antibodies in serum
4. False negative / non reactive results seen if sample collected during early course of illness, in immunosuppression etc.

Sensitivity : 100%; Specificity : 99.74%

References : National Laboratory guidelines for viral hepatitis Lee SR, Yearwood GD, et al. Evaluation of a rapid, Point of care test device for the diagnosis of Hepatitis C infection. J Clin Virol.2010; 48:15-17.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
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Doctor 1 Sign Doctor 2 Sign

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NAME : XXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : VIRAL MARKERS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
HEPATITIS B SURFACE ANTIGEN(HBSAG) RAPID TEST	IMMUNOASSAY	NON REACTIVE

NONREACTIVE : Indicates absence of Hepatitis B viral surface antigen
REACTIVE : Indicates presence of Hepatitis B viral surface antigen

Clinical Significance :
1. This is a screening and qualitative test and a positive report does not confirm diagnosis. All Reactive tests should be confirmed with HBV DNA PCR and other laboratory methods, as per National guidelines.
2. The test should always be evaluated with other data available to the physician.
3. False Reactive tests can be observed in patients receiving Mouse monoclonal antibodies, Biotin therapy and due to presence of heterophile antibodies in serum.
4. False Non reactive results can be obtained if sample collected in early course of disease.

Sensitivity : 100% , Specificity : 100%

References: VollerA, Bartlett A, and Bidwell D. Zuckermann AJ: Viral Hepatitis with special reference to hepatitis B immunoassays for the 80s. eds University Park Press.1981;361-373. National Laboratory guidelines for viral Hepatitis.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

~~ End of report ~~

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXXXXXX **Age:** XX **Sex:** XX **Customer Mobile No:** XXXXXXXXXXX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXX
Sample_Type/Tests	:	SERUM:VIRAL MARKERS
Sample Collected At	:	XXXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXXXXX**

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume: (a) any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

*+T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*