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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX  
REF. BY : XXXXXXXXXXXXXXXXXXXX  
TEST ASKED : HBsAg

SAMPLE COLLECTED AT :  
XX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	C.M.I.A	1649	OD ratio

Reference range :

NON REACTIVE : < 1  
REACTIVE : >=1

Method: Fully Automated Chemiluminescent Microparticle Immunoassay.

Clinical Significance:

Hepatitis B Surface Antigen test is a screening test and is being performed using solid phase enzyme immunoassay. A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR. Type B viral hepatitis is usually accompanied by the appearance of hepatitis B surface antigen in the serum. HBsAg can be detected in the serum as early as 2 to 3 weeks before the onset of the illness and reaches a peak titre at the time when the characteristic symptoms like jaundice and changes in the liver-specific enzymes appear. This is normally followed by a gradual elimination of the antigen. In some cases and in an unknown percentage of subclinical hepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. Despite the high sensitivity of HBsAg assays, a risk of the transmission of hepatitis B by an HBsAg -negative sample cannot be ruled out.

Specifications:

Precision: Intra assay (%CV): 13.8 %, Inter assay (%CV): 14.3 % ,Sensitivity: < 0.130 IU/mL; Specificity: >99.5%

Kit validation references:

Neurath AR, Kent SB et al. Identification and chemical synthesis of a host cell receptor binding site on hepatitis B virus. Cell 1986; 46, 429-436.

~~ 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

## CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v Neither Thyrocare, nor its employees/representatives assume 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.
- v Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- v For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

## EXPLANATIONS

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

## SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v For suggestions, complaints or feedback, write to us at [info@thyrocare.com](mailto:info@thyrocare.com) or call us on **022-3090 0000 / 6712 3400**
- v SMS:<Labcode No.> to **9870666333**

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Launching

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