

Patient Name	: Mr. H.A.RATHOD	Reg. No.	: 00412305070022
Age and Sex	: 42 Yrs / Male	PCC Code	: PCL-TS-050H
Referring Doctor	: NA	Sample Drawn Date	: 07-May-2023 09:50 AM
Referring Customer	: N/A	Registration Date	: 07-May-2023 01:11 PM
Vial ID	: 23609490	Report Date	: 07-May-2023 03:16 PM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	: KPHB		

### FLOW CYTOMETRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals	Method
(Age/Gender specific)				

[PDF Attached](#)

#### CD3/CD4/CD8

Absolute Lymphocyte Count (CD45+)	<b>3675</b>	Cells/µL	1000-3000	Flow Cytometry
CD3+ Absolute Count (T_Lymphocytes)	<b>2856</b>	Cells/µL	600-2500	Flow Cytometry
CD3+ %	<b>77</b>	%	60-85	Flow Cytometry
CD4+ Absolute Count (T_Helper_Cells)	<b>865</b>	Cells/µL	400-1500	Flow Cytometry
CD4+ %	<b>23</b>	%	30-50	Flow Cytometry
CD8+ Absolute Count (T_Suppressor_Cells)	<b>2003</b>	Cells/µL	200-1100	Flow Cytometry
CD8+ %	<b>54</b>	%	10-35	Flow Cytometry
CD4 / CD8 Ratio	<b>0.43</b>		0.7-3.5	Flow Cytometry

#### Comments:

- **Software used-** Clinical Software BD FACS Canto II
- **Cell Preparation Method** -Lyse nowash procedure
- CD4 counts > 500 cells/mm<sup>3</sup> progressed as rapidly to AIDS and death as those with much lower counts when their viral load levels were > 10,190 copies/mL. In current clinical practice, a CD4 cell count of fewer than 500 CD4 cells/mm<sup>3</sup> is commonly used as the trigger to start anti-HIV treatment. This recommendation needs to be reconsidered, given the researchers' finding that 50% of the men in the study with greater than 500 CD4 cells/mm<sup>3</sup> (median CD4 count 781 cells/mm<sup>3</sup>) at study entry and a viral load greater than 10,190 copies/mL died within 6 years after entering the study.
- The decision to begin anti-HIV therapy should not be based solely on CD4 cell counts. Individuals should consider starting anti-HIV therapy when their viral load is greater than 10,000 copies/mL, regardless of their CD4 cell count. These conclusions do not diminish the value of CD4 cell testing in the management of HIV disease, which continues to serve as a reliable marker for predicting the risk of opportunistic infections and for determining the appropriate timing of initiating preventive treatment for these infections. In addition, many clinicians believe that a CD4 count less than 350 cells/mm<sup>3</sup> represents an indication for starting anti-HIV therapy, regardless of HIV viral load.

Correlate Clinically.

Result rechecked and verified for abnormal cases.

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



M2811372

Mr. H.A.RATHOD

Director:

01

Panel: 3/8/45/4 + TruC  
 Acquired: 07-May-23 2:39:11 PM  
 Analyzed: 07-May-23 2:39:11 PM  
 TruC Lot ID: 2332388  
 Bead/Pellet: 49450  
 Operator: B.V SAMPATH  
 Results: 07052023.csv

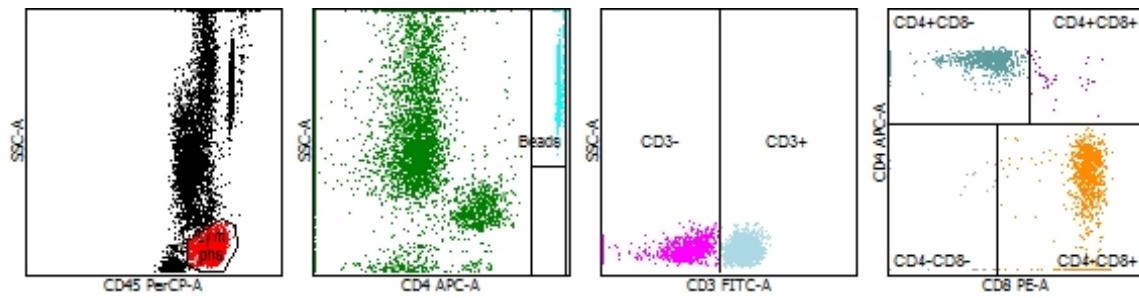
Column #1: 42 YRS/Male

BD FACSCanto II V33896202252

BD FACSCanto v.3.0.4894.41215

CD3/CD8/CD45/CD4 TruC

Total Events: 10152



Mr. H.A.RATHOD001.001.fcs

Reagent Lot ID: 08977

Parameter	Percent	Value/AbsCnt
Lymph Events		4036
Bead Events		1086
CD3+	77.73	2856.81
CD3+CD8+	54.51	2003.50
CD3+CD4+	23.54	865.15
CD3+CD4+CD8+	1.07	39.16
CD45+		3675.51
4/8 Ratio		0.43

## QC Messages

% T-Sum is: 0.32

4/8 ratio is: 0.43

## Comments