

LABORATORY TEST REPORT

Name	: Mr. CHUNU KUMAR		
Sample ID	: B3810897		
Age/Gender	: 20 Years/Male	Reg. No	: 0482510140009
Referred by	: Dr. SARAN NASA MUKTI CENTRE	SPP Code	: SPL-BH-153
Referring Customer	: BIHAR SARIF	Collected On	: 14-Oct-2025 09: 15 AM
Primary Sample	: Whole Blood	Received On	: 15-Oct-2025 08: 42 AM
Sample Tested In	: Serum	Reported On	: 15-Oct-2025 01: 56 PM
Client Address	: Ram Janam Rai Market, Near Durga Mandir	Report Status	: Final Report

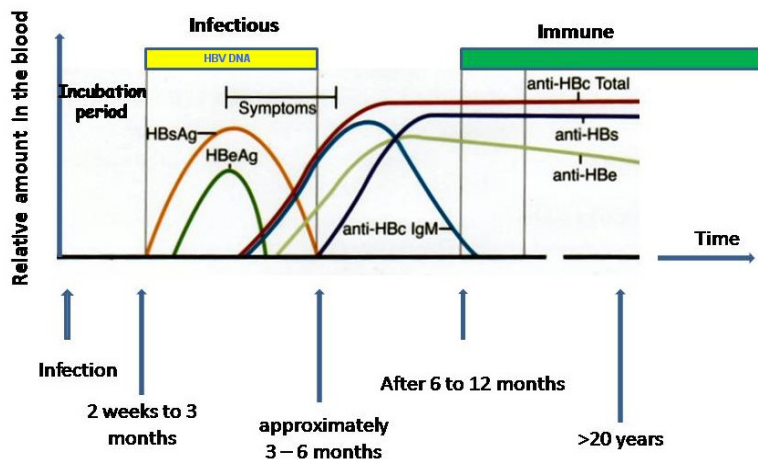

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Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) <small>(Method: ELISA)</small>	0.35	S/Co	<1.00 :Negative >1.00 :Positive

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 ***



Dr. Ruturaj
 MD, Microbiology
 Reg.No.TSMC/FMR/11968

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Referring Customer	: BIHAR SARIF	Collected On	: 14-Oct-2025 09:15 AM
Primary Sample	: Whole Blood	Received On	: 15-Oct-2025 08:42 AM
Sample Tested In	: Serum	Reported On	: 15-Oct-2025 01:45 PM
Client Address	: Ram Janam Rai Market, Near Durga Mandir	Report Status	: Final Report



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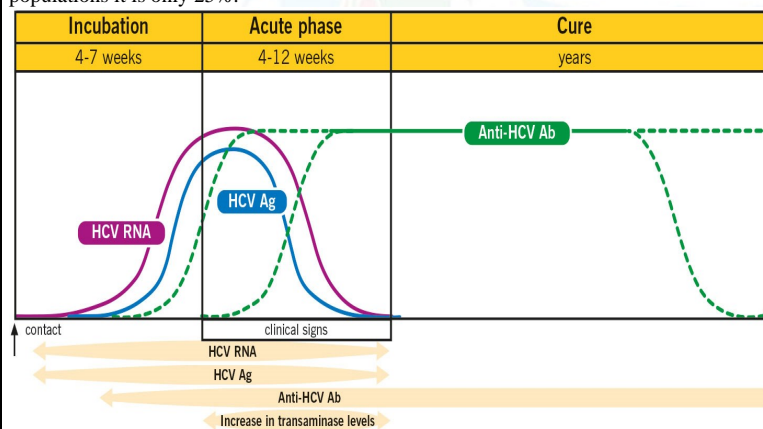
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody (Method: ELISA)	3.59	S/Co	< 1.00 : Negative > 1.00 : Positive

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 ***



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