LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053611/RCL7248249	Report Date	: May 24, 2024, 11:38 AM.
Referred By	: Dr. Dr. X	Barcode No	: SI484235
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

STD Panel Advance

VDRL

VDRL *RAPID CHROMATOGRAPHIC IMMUNOASSAY*	NON REACTIVE	-	NON REACTIVE

Interpretation:

RESULTS	REMARKS
Reactive	Indicates presence of IgM & IgG antibodies against Treponemal Pallidum antigens
Non Reactive	Indicates absence of IgM & IgG antibodies against Treponemal Pallidum antigens

Note

1. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- AbS.
2. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.
3. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.
4. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.
5. Test conducted on serum.
6. It is a qualitative test.

Uses

To screen for presence of Syphilis infection.

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Chlamydia Trachomatis IgG Antibodies

Chlamydia Trachomatis IgG *(Serum,EIA)*	4.32	Ratio	<0.8

Interpretation:

RESULT (RATIO)	REMARKS
<0.8	Negative
>=0.8 - <1.1	Equivocal
>=1.1	Positive

Note

1. Equivocal results do not rule out the possibility of Chlamydial infection. Retesting is recommended after 7 days.
2. Results must be correlated with clinical findings and other diagnostic investigations.

Comments

Chlamydia trachomatis is implicated in a wide variety of infections in humans. It is a common cause of Non-gonococcal urethritis and Cervicitis. In females it causes Pelvic Inflammatory disease, Salpingitis & Endometritis. In males it leads to Epididymitis & Reiter's syndrome. Lymphogranuloma venereum (LGV) is a sexually transmitted infection caused by Chlamydia trachomatis. It can also cause ophthalmologic infections like Trachoma and Inclusion Conjunctivitis.

Chlamydia Trachomatis IgM Antibodies

Chlamydia Trachomatis-IgM *(Serum,EIA)*	2.22	U/ml	Negative: < 9.0 Equivocal: 9.0 - 11.0 Positive: > 11.0

Interpretation:

Chlamydia trachomatis is one of the most common sexually transmitted prokaryotic pathogens. The bacterium infects epithelia cells of the urogenital and respiratory tracts as well as cells of the conjunctiva. Chlamydia trachomatis infections may be asymptomatic in both females and males. Untreated infections can result in serious damage and complications. The serovars A to C cause ceratoconjunctivitis. Chronic infections during childhood can result in trachoma or blindness. Serovars D to K are pathogens of the urogenital tract responsible for urethritis, proctitis, and cervicitis. Salpingitis, endometritis, and perihepatitis are frequently the consequence of untreated cervicitis. Occasionally, fallopian tube obstructions and ectopic pregnancy, which are some of the most common reasons for infertility in women, may result. Furthermore, the risk of a premature delivery for infected pregnant women is also increased. The risk of transfer to the newborn during parturition is ~60%, with conjunctivitis or pneumonia as possible sequelae. In addition to urethritis, proctitis, epidymitis, and prostatitis, which may lead to infertility, are possible consequences for men.

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Test Description	Value(s)	Unit(s)	Reference Range

Hepatitis C Antibody (HCV), Quantitative

Hepatitis C virus-Total Antibodies *CMIA*	0.94	S/CO	< 1.0 Non - Reactive > 1.0 Reactive

Interpretation:
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
1.The Anti HCV Antibody assay is an in vitro diagnostic test for the qualitative detection of antibodies to hepatitis C virus (HCV) in human serum and plasma.
2.False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
3.False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence.
4.HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection.
5.It is a screening test and reactive samples need to confirmed by alternate method like viral load or PCR

Herpes Simplex Virus (HSV) 1 + 2 IgG Antibody

Herpes simplex virus 1+2, IgG *EIA, SERUM*	0.32	INDEX	NEGATIVE: < 0.8 EQUIVOCAL: 0.8 and 1.2. POSITIVE: > 1.2

Interpretation:

RESULT IN INDEX	REMARKS
< 0.8	Negative
0.8 and 1.2.	Equivocal
≥ 1.2	Positive

The Herpes simplex virus (HSV) is a member of the Herpesviridae family, of which two types are known: type 1 (HSV-1) and type 2 (HSV-2) which present slight antigenic differences. HSV-1 causes chiefly oral-facial lesions, while HSV-2 is mainly responsible for genital lesions, but this distinction is not binding, both types occasionally causing infection in either anatomical site. HSV may also cause a form of ocular cheratitis, and lesions of the central nervous system.HSV can affect practically the whole population. The primary infection is often in a subclinical form and is rarely diagnosed. After a latency period of variable duration, reactivation may occur and viral replication may or may not give rise to clinical lesions. Infection contracted during birth is of particular interest, this being an important cause of morbidity and mortality. It is therefore important to determine the immunitary state of women during pregnancy in order to detect serum conversion.

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Herpes Simplex Virus (HSV) 1 + 2 IgM Antibody

Herpes simplex virus 1+2, IgM *EIA, SERUM*	0.44	Index	

Interpretation:

RESULT IN INDEX	REMARKS
< 0.9	Negative
0.9 and 1.1	Equivocal
> 1.1	Positive

The Herpes simplex virus (HSV) is a member of the Herpesviridae family, of which two types are known: type 1 (HSV-1) and type 2 (HSV-2) which present slight antigenic differences. HSV-1 causes chiefly oral-facial lesions, while HSV-2 is mainly responsible for genital lesions, but this distinction is not binding, both types occasionally causing infection in either anatomical site. HSV may also cause a form of ocular cheratitis, and lesions of the central nervous system.HSV can affect practically the whole population. The primary infection is often in a subclinical form and is rarely diagnosed. After a latency period of variable duration, reactivation may occur and viral replication may or may not give rise to clinical lesions. Infection contracted during birth is of particular interest, this being an important cause of morbidity and mortality. It is therefore important to determine the immunitary state of women during pregnancy in order to detect serum conversion. The assay of specific IgM is important for the diagnosis of neonatal infection and encephalitis caused by HSV. Moreover, the presence of specific IgM indicates viral activity in progress, although it is not possible to distinguish between primary infection and reactivation.

Treponema Pallidium Hemagglutination Assay (TPHA)

Treponema Pallidium Haemagglutination (TPHA) *LATEX AGGLUTINATION (QUALITATIVE)*	Negative		Negative

Interpretation:

Syphilis is a chronic infection that progresses through stages of infection, primary to quarternary. The typical symptoms initially are sores known as chancres, then syphilitic rash followed by long periods of dormancy. Untreated infection may result in cardiovascular problems and neurosyphilis . The infection is caused by the Spirochaete Treponema pallidum , and is usually acquired by sexual contact, although the disease may be transmitted by transfusion of infected blood. Intrauterine infection also occurs. The organism has proved virtually impossible to culture in artificial media and diagnosis of the infection usually depends on the demonstration of antibodies in the blood, which appear soon after initial infection.

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Hepatitis B Surface Antigen (HBsAg), Quantitative

Hepatitis B surface antigen (HBs Ag) *CMIA*	0.16	S/CO	< 1.0 Non - Reactive > 1.0 Reactive

Interpretation:
Infection with HBV results in a wide spectrum of acute & chronic liver diseases & also is clearly linked with the development of hepatocellular carcinoma. HBV infection produces an array of unique antigens and antibodies which follow distinct and individual serological patterns. By monitoring these makers, it is possible not only to diagnose infection, but also to determine the stage of the disease and probable prognosis. HBsAG is the first marker to appear following infection, and is the best indirect indicator of potentially infectious sera.
It is a screening test and reactive samples need to confirmed by alternate method like viral load or PCR

HIV 1&2 Antibody, Quantitative

HIV I & II Quantitative & P24 COMBO *CMIA*	0.34	S/CO	<1.00 :Nonreactive >1.00 :Reactive

Interpretation:
The cutoff is 1.00 S/CO.

S/CO	Reference Ranges
< 1.00	Nonreactive
≥ 1.00	Reactive

Final Interpretation

Initial Interpretation	Results with Retes	Final Interpretation
Nonreactive	No retest required	Nonreactive. HIV p24 Ag and/or HIV-1/HIV-2 Ab not detected.
Reactive	If both retest results are < 1.00	Nonreactive. HIV p24 Ag and/or HIV-1/HIV-2 Ab not detected
	If one or both retest results are ≥ 1.00	Reactive. Presumptive evidence of HIV p24 Ag and/or HIV-1/ HIV-2 Ab; perform a supplemental assay

1. Non-Reactive result implies that no Anti HIV-I OR HIV-II Antibodies have been detected in the sample by this method. This means that either the patient has not exposed to HIV-I or HIV-II infection or the sample has been tested during the "WINDOW PHASE"(before the development of detectable levels of antibodies). Hence negative result does not exclude the possibility of exposure to or infection with HIV-I/HIV-II.
2. Immunoassay for the in vitro qualitative determination of HIV-1 p24 antigen and antibodies to HIV-1, including group O, and HIV-2 in human serum
3. It is a screening test and reactive samples need to confirmed by alternate method like western blot or PCR

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

Dr. Dummy

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