

Patient Name :	Bill Date :
DOB/Age/Gender :	Sample Collected :
Patient ID / UHID :	Sample Received :
Referred By :	Report Date :
Sample Type :	Barcode No :
Client :	Report Status :

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

Tuberculosis (TB) Panel (AFB Stain + GeneXpert + AFB Culture)

Genexpert Ultra MTB/RIF

Nature of Specimen	SPUTUM
Result	Not Detected
Method : CBNAAT(Cartridge Based Nucleic acid amplification)	

Interpretation:

1. If result is MTB not detected :This indicates no tuberculosis (MTB),However ,if the clinical picture is strongly suggestive of MTB,a repeat test can suggested.
2. If result is MTB detected ,and Rifampicin resistance not detected:This indicates tuberculosis that can be treated with first line drugs usually.
3. If result is MTB detected ,and Rifampicin resistance detected:This indicates tuberculosis that can not be treated with only first line drugs.
4. The sample tested has trace concentration of Mycobacterium tuberculosis .Mutatio in rpoB gene suggestive of Rifampicin resistance.Indeterminate.

Comments:

- 1.it is a semi quantitative tested real time PCR for detectionof MTB complex DNA & Rifampicin Resistance.
- 2.Result Should be interpreted in conjunction with other laboratory tests and clinically correlated.
- 3.Reliable results are dependent on proper specimen collection.adequate amount & storage.
- 4.A positive test result does not necessarily indicate the presence of viable oraganism.
- 5.Test results might be affected by antecedent or concurrent:ATD therapy.
- 6.Mutation in probe bimding site may affect detection of new or unknown MDR-MTB strains.
- 7.Resistance can exist in spite of wild type pattern in the genotype test due to partial resistance development,rare mutations or mixed bacterial contamination.
- 8.Resistance may not be genotypically expressed due to presence of silent mutations.In such cases,phenotypic resistance determination needs to de consider.




 Dr. Amit Singh
 MD Microbiology
 Consultant Microbiologist

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AFB Culture

NATURE OF SPECIMEN	SPUTUM
AFB RESULT	NO MYCOBACTERIUM SPECIES ISOLATED AFTER 21 DAYS OF INCUBATION

Comment:

1. All positive result are confirmed by acid fast smear examination and ICT
2. Recovery of mycobacteria is dependent on the number of organisms present in the specimen. Sample collection technique, clinical symptoms & treatment and mycobacteria species
3. Bactec MGIT 320 is used for AFB Culture.
4. Culture can detect up to 10 to 100 viable Mycobacteria.
5. The bactec MGIT is designed for the rapid detection of mycobacteria in all type of clinical specimens.
6. Mycobacteria may vary in acid-fastness depending on species, age of culture, and other variables.
7. Patients on antitubercular therapy may have smear-positive but culture-negative specimens.
8. Mycobacteria are fastidious, and single negative culture should not be used to rule out their presence

Kindly correlate with clinical finding.



SIN No:MB028897

* NOTE – This sample has been processed at our reference lab. For any query, write us



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Tuberculosis (TB) Panel (AFB Stain + GeneXpert + AFB Culture)

AFB Stain I

METHOD	ZIEHL NEELSEN STAINING
NATURE OF SPECIMEN	SPUTUM
RESULT	AFB NOT SEEN.

Comment:

RNTCP (Revised National Tuberculosis Control Program) grading for AFB in sputum specimens

Result (Grading)	Number of Acid Fast Bacilli Observed (Oil Immersion Fields)
Negative	No AFB in 100 fields
Scanty	1-9 AFB in 100 fields
1+	10-99 AFB in 100 fields
2+	1-9 AFB/field in 50 fields
3+	>10 AFB/field in 20 fields

The sensitivity of microscopy for detection of acid fast bacilli is about 10,000 bacilli /ml. of the specimen.

Mycobacteria may be released irregularly from the lungs. Thus, it is advisable to screen more than one specimen.

An early morning sputum sample is more likely to contain AFB than a sample collected later in the day.

CBNAAT or **TB PCR** is recommended for early detection as they can detect 1 bacillus/ml.

*** End Of Report ***



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