MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

SIN No:B2B2360199

Hematology

Monsoon & Covid Fever Panel

CBC (Complete Blood Count), Whole Blood EDTA

Date	29/Dec/2022 12:39PM	Unit	Bio Ref Interval
Haemoglobin	15.6	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	48.7	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	6.8	10~9/L	4.0-10.0
RBC Count Electrical Impedance	5.23	10~12/L	4.5-5.5
MCV Electrical Impedance	93.1	fL	83-101
MCH Calculated	29.8	pg	27-32
MCHC Calculated	32.0	g/dl	31.5-34.5
Platelet Count Electrical Impedance	150	10~9/L	150-410
MPV Calculated	**11.7**	fl	7.8-11.2
RDW Calculated	13.4	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	78.2	%	40-80
Lymphocytes	**11.6**	%	20-40
Monocytes	9.7	%	2-10
Eosinophils	**0.4**	%	1-6
Basophils	0.1	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	5.32	10~9/L	2.0-7.0
Absolute Lymphocyte Count	**0.8**	10~9/L	1.0-3.0
Absolute Monocyte Count	0.66	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.03	10~9/L	0.02-0.5
Absolute Basophil Count	**0.01**	10~9/L	0.02-0.1

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

Booking Centre :2277 - Home Collection DNCR, Delhi, 7982100200

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(CIN No.: U85100DL2021PLC381826)
Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

MC-2004

MAX Lab

Laboratory Investigation Report

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SIN No:B2B2360199

Hematology

Monsoon & Covid Fever Panel

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MC-2004

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SIN No:B2B2360199

Hematology

Monsoon & Covid Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Malaria Antigen – P Vivax & P Falciparum, EDTA			
Malaria Antigen Immumochromatography - pLDH & HRP2	Negative		Negative

Interpretation Rapid card test for malaria is a combo kit designed to test Plasmodium falciparum and Plasmodium vivax species of malaria. This is a combo kit coated with specific monoclonal antibodies against pLDH of the P. Vivax and HRP2 of the P. Falciparum. This kit can also detect the combined infection by these two species.
The result of this test needs to be corroborated with clinical features and other laboratory findings. Positive result with faint test line or false negative may be seen in low parasite density. Negative result can also be seen in prozone effect – i.e. very high antigen concentration compared to antibody concentration.
False positive result may be seen in acute Schistosomiasis.
Test may remain positive even after successful anti-malarial therapy and therefore should not be used for monitoring response to anti-malarial treatment.
Advice: "Peripheral smear for Malarial Parasite"

Kindly correlate with clinical findings

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

Anita Khanna
Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

Anita Khanna
Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

meenal mehta
Dr. Meenal Mehta MD (Path),
Senior Consultant
(Hematopathology & Cytopathology)

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Clinical Biochemistry

Monsoon & Covid Fever Panel

Liver Function Test (LFT), Serum

Date	29/Dec/2022 12:39PM	Unit	Bio Ref Interval
Total Protein Biuret	7.70	g/dL	6.6-8.7
Albumin BCG	4.9	g/dl	3.5-5.2
Globulin Calculated	2.8	g/dl	2.3 - 3.5
A.G. ratio Calculated	**1.8**		1.2 - 1.5
Bilirubin (Total) Diazo	0.5	mg/dl	0.2-1.2
Bilirubin (Direct) Diazo	0.2	mg/dl	0-0.3
Bilirubin (Indirect) Calculated	0.30	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) IFCC without pyridoxal phosphate	38.9	U/L	0-40
SGPT- Alanine Transaminase (ALT) IFCC without pyridoxal phosphate	**51.7**	U/L	0-40
AST/ALT Ratio Calculated	0.75	Ratio	
Alkaline Phosphatase	92	U/L	40 - 129
GGTP (Gamma GT), Serum ENZYMATIC COLORIMETRIC ASSAY	33.0	U/L	8-61

Interpretation **AST/ALT Ratio : -**

In Case of deranged AST and/or ALT, the AST/ALT ratio is > 2.0 in alcoholic liver damage and < 2.0 in non – alcoholic liver damage

Kindly correlate with clinical findings

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SIN No:B2B2360199

Clinical Biochemistry

Monsoon & Covid Fever Panel

Anita Khanna

Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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MC-2004

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SIN No:B2B2360199

SEROLOGY SPECIAL.

Monsoon & Covid Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Dengue NS 1 Antigen Test (Elisa)			
Dengue NS 1 Antigen ELISA	0.06	Ratio	

Ref. Range
Negative Ratio < 0.50
Equivocal 0.50 ≤ Ratio - < 1.00
Positive Ratio ≥ 1.00
Comment :

- The detection of NS1 antigen has been described as an alternative method for early diagnosis of dengue virus infection.
- NS1 antigen was found circulating from the first day and up to 9 days after the onset of fever, with comparable levels observed in primary and secondary infections.
- A negative results does not preclude the possibility of early dengue virus infection.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

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MC-2714

MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

SIN No:B2B2360199

SEROLOGY SPECIAL.

Monsoon & Covid Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgG Antibody, Serum*			
Dengue IgG	0.01	Index	

Ref. Range
Negative < 9.0
Equivocal 9.0 - 11.0
Positive >11

Comment :

- Primary dengue virus infection is characterized by elevations in specific IgM antibody in 3 to 5 days after the onset of symptoms.
- IgG levels also become elevated after 10 to 14 days after the onset of symptoms. During secondary infection, IgM levels generally rise more slowly and reach lower levels than in primary infection, while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
- Serological cross-reactivity across the flavi virus group (dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile virus and yellow fever virus) is common.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

SIN No:B2B2360199

SEROLOGY SPECIAL.

Monsoon & Covid Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgM Antibody, Serum*			
Dengue IgM	0.10	Index	

Ref. Range
Negative < 9.0
Equivocal 9.0 - 11.0
Positive >11

Comment :

- Primary dengue virus infection is characterized by elevations in specific IgM antibody in 3 to 5 days after the onset of symptoms.
- IgG levels also become elevated after 10 to 14 days after the onset of symptoms. During secondary infection, IgM levels generally rise more slowly and reach lower levels than in primary infection, while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
- Serological cross-reactivity across the flavi virus group (dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile virus and yellow fever virus) is common.
- A negative results does not preclude the possibility of early dengue virus infection.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D
Principal Director
Max Lab & Blood Bank Services

Dr. Bansidhar Tarai, M.D
Associate Director
Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD
Associate Consultant
Microbiology

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Serology

Monsoon & Covid Fever Panel

Test Name	Result	Unit	Bio Ref Interval

Typhi Dot Test (IgM & IgG)*, Serum
Immunochromatography

Typhidot(IgG) Immunochromatography	Negative		
Typhidot(IgM) Immunochromatography	Negative		

Interpretation

- This is rapid card test, based on lateral flow chromatographic immunoassay.
- This is a screening test and definite clinical diagnosis should not be based on this single test result.
- The result is to be confirmed by other supplemental tests like blood culture and widal test.
- Positive result (IgM response) can vary according to time elapsed from the onset of fever and immunocompetence status.
- A negative result does not rule out recent or current infection. If S.typhi infection is still suspected, a repeat sample is advised after 5-7 days.
- False positive result can be seen in patients having high titer of rheumatoid factor.

Advise:

- First week of fever: Blood culture
- Second week of fever: Widal Tube test

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SIN No:B2B2360199

Serology

Monsoon & Covid Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Widal Test (Slide)*, Serum			
Slide Agglutination			
Salmonella typhi, (O)	<1:80	Titre	<1:80
Slide Agglutination			
Salmonella typhi, (H)	<1:80	Titre	<1:160
Slide Agglutination			
Salmonella paratyphi (AH)	<1:80	Titre	<1:160
Slide Agglutination			
Salmonella paratyphi (BH)	<1:80	Titre	<1:160
Slide Agglutination			

Interpretation

1. This is slide agglutination test. Widal test by tube method is more specific and recommended test.
2. This is only screening test and definite diagnosis should not be based upon this single test.
3. 'H' titre > 1:160 and 'O' titre > 1:80 are positive however the treatment should be started based upon the clinical symptoms and other supplemental tests like blood culture and Widal tube method.

Advice:

1. First week of fever: Blood Culture.
2. Second week of fever: Widal tube test.

Kindly correlate with clinical findings

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

Dr. Saloni Sehgal (MBBS, MD)
Principal Consultant &
Head Microbiology & Infection Control

Dr. Neera Kaushik (M Phil)
Senior Consultant Microbiology

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Passport No.	:		

SIN No:B2B2360199

Molecular Diagnostics

Monsoon & Covid Fever Panel

Test Name	Result	Unit	Bio Ref Interval
COVID 19 RT PCR (SARS CoV-2) -Nasopharyngeal/Oropharyngeal Swab*			
Real Time PCR			
COVID-19 (SARS CoV-2) Real Time PCR	Negative		

Comment

Positive result does not necessarily indicate the presence of an active, viable virus as RTPCR only detects the presence of viral RNA (dead or alive).
In clinically suspected patients, a single negative test result does not exclude infection. Presence of inhibitors, mutations and insufficient RNA can influence the test results.
In case of clinical discrepancy with RTPCR test results, please feel free to contact us for further course of action.
Please correlate the test result with Clinical & Radiological findings.

CT Value Literature: -

1. There are no reliable studies to definitively prove a direct correlation between disease severity / infectiousness and CT values. Viral load does not have much role in patient management.
2. CT values differ from one kit to the other. Comparability of CT values among different kits is a challenge as different labs are using a mixed basket of kits with different CT cut-offs and different gene targets.
3. Samples from asymptomatic / mild cases show CT values similar to those who develop severe disease.
4. Patients in early symptomatic stage may show a high CT value which may subsequently change. In such cases, high Ct values will give a false sense of security.
5. Severity of COVID-19 disease largely depends on host factors besides the viral load. Some patients with low viral load may land up in very severe disease due to triggering of the immunological responses.Hence, again high CT value may give a false sense of security.
6. Negative result shows no CT value

ICMR Registration Number: MAXDL001

SRF No.:0708304465755

Kindly correlate with clinical findings

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

Dr. Bansidhar Tarai, M.D
Associate Director
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Dr. Sonu Kumari Agrawal, MD
Associate Consultant
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Dr Nidhi Malik, MD
Consultant Microbiology

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