

LABORATORY REPORT

NAME : MR.SI0558 REFERRED BY : SELF VISIT NO : VAMP26148048
AGE : 40Y 0M 0D ZERO TARIFF CLIENT CODE COLLECTED ON : 21-04-2026 10:00
GENDER : Male LAB MR# : AAMP01479327 RECEIVED ON : 21-04-2026 18:11
OP / IP / DG # : APPROVED ON : 21-04-2026 20:51
REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
Febrile Agglutination Test			

SEROLOGY AND IMMUNOLOGY

Weil Felix (Rickettsial Antigens - OX2, OXK & OX-19) (Serum)

Weil Felix Test For Rickettsia (Agglutination)

OX - 19	1:40	< 1:160
OX - 2	1:40	< 1:160
OX - K	1:40	< 1:160

Interpretation:

The following indicates the agglutination pattern generally observed in Rickettsial diseases

Disease	OX19	OX2	OXK
Epidemic typhus	Agglutination +	Low titre /No agglutination	No agglutination
Endemic typhus	Agglutination +	No agglutination	No agglutination
Tickborne spotted fever	Agglutination +	Agglutination +	No agglutination
Scrub typhus	No agglutination	No agglutination	Agglutination +
Brill-Zinsser disease	No agglutination /Low titre	No agglutination /Low titre	No agglutination

Test Interpretation :-

1. Titres of 160 or above are considered significant.
2. When significant titres are obtained proteus infection has to be ruled out.
3. Rise in titres is of greater clinical significance than high titre in a single test.
4. High levels of residual antibodies can be seen in normal healthy populations or in patients with previous residual infections.

Brucella Antibodies - Agglutination (Serum)

Brucella Antibodies - Agglutination Non reactive 1:40 Non reactive 1:40
Tube Agglutination

Interpretation:

Note

1. A rising titer is of diagnostic significance.
2. False negative results are rare, however false positive results are seen in cholera, or after brucella skin test.

Comments:

Brucellosis can present as both acute and chronic infections. The acute form presents as fevers whereas the chronic form can mimic tuberculosis. Brucella species were the first biological agent to be weaponized by USA in its biological warfare program. This assay detects antibodies to brucella abortus & brucella melitensis. The antibodies rise during second to third week of illness and 90% of patients have titers of >1:160. These antibodies may remain positive even after the infection has been cured.

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This is an electronically authenticated laboratory report.

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Sin No: 20385345





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Febrile Agglutination Test			
WIDAL Slide Agglutination tests (Serum)			
Salmonella Typhi, O Antigen	1:20	<1:80	Titer
Salmonella Typhi, H Antigen	1:20	<1:160	Titer
Salmonella Paratyphi AH Antigen	1:20	<1:80	Titer
Salmonella Para Typhi BH Antigen	1:20	<1:80	Titer

Interpretation:

This is a test for measurement of somatic O and flagellar H antibodies against typhoid and paratyphoid bacilli. Agglutinins against Typhi & Paratyphi usually appear by the end of first week, i.e. a test carried out earlier may give a negative result, the recommended test in the first week is a blood culture. Thereafter, the titer of agglutinins increases steadily till the third or fourth week after which it declines gradually. A titer of 1:80 or more for O antigen & 1:160 or more for H antigen is considered significant. Demonstration of rising titer by testing two or more serum samples at different intervals is more significant than a single test. Cases with prior disease, inapparent infection or immunization may develop anamnestic response. This may be differentiated by repeat testing after 7-10 days. The anamnestic response shows only a transient rise in agglutinin titer while in enteric fever the rise is sustained. Early treatment of cases of enteric fever with antibiotics may inhibit the antibody formation.

Dr. G. Amitha
MBBS, MD (MICROBIOLOGY)
Consultant Microbiologist

Disclaimer:

1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.





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Febrile Agglutination Test

7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.

8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

