AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0045**	REFERRED BY	: SELF	VISIT NO	: VAMP26148101
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479380**	RECEIVED ON	: 21-04-2026 18:11
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 16:37
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Hepatitis B Panel - Immunity Screen			
SEROLOGY AND IMMUNOLOGY			
Hepatitis B Core Antibody Total (HBcAb- Total) *(Serum)*			
HBcAb- Total *ELISA*	0.02	< 0.9- Negative 0.9 - 1.1- Equivocal >1.1- Positive	Index Value

Interpretation:
Any patient showing an equivocal result should be re-tested on a second sample taken 1-2 weeks after the initial sample. Diagnosis of an infectious disease should not be established on the basis of a single test result. The patient's clinical history symptomatology, as well as other diagnostic data should be considered.
Anti- HBc Total is the first antibody to appear usually 4-10 weeks after appearance of HBsAg, at the same time as clinical illness and persists for years or maybe lifetime. It is almost always present during chronic HBV infection. It detects virtually all individuals who have been previously infected with HBV. Detection of Anti HBc Total positive donors reduces incidence of post transmission Hepatitis and possibility of other viral infections like HIV due to frequency of dual infections. This antibody may be seen in 2% of routine donors without any other serological marker and with normal liver enzyme levels. This indicates recovery from subclinical HBV infections. Anti HBc Total is not protective and cannot be used to distinguish Acute from Chronic infection.
Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results.

Hepatitis B surface Antibody Total (Anti HBs) *(Serum)*			
Anti HBs *ELISA*	5.20	Non Reactive : <10.00 Reactive : >=10.00	mIU/mL

Interpretation:
Presence of Anti HBs has been shown to be important in protection against HBV infection. Passively acquired antibody to HBV as in the case of blood transfusion and recent immunoglobulin therapy does not signify immunity.
For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers. A reactive anti-HBsAg result does not exclude a reactive HBsAg result. Individuals that have recieved blood component therapy during the previous 3 to 6 years may have a false reactive anti-HBs result due to passive transfer of anti-HBs. Anti-HBs indicates previous exposure to HBV in an asymptomatic individual. Anti-HBs moonitor the success of Hepatitis B vaccination, convalescence and recovery of Hepatities B infected individuals.

Hepatitis B surface antigen (HBsAg) - Screening *(Serum)*			
HBsAg *CLIA*	0.03	Non-reactive : <0.05 Reactive : >0.05	IU/mL

Interpretation:
HBsAg is the first marker to appear after Hepatitis B infection and may be observed 2 or 3 weeks before the clinical and biological symptoms of the disease appear. Its period of presence may be very short (a few days) or very long (several years). HBs Ag persisting beyond 6 months in the serum denotes "chronic hepatitis".Because of the existence of numerous asymptomatic chronic carriers, hepatitis B represents an important transfusion hazard and the prevention of the transmission is based upon the detection of the HBs Ag at the time of each blood

Sin No: 20385398

AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0045**	REFERRED BY	: SELF	VISIT NO	: VAMP26148101
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479380**	RECEIVED ON	: 21-04-2026 18:11
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 16:37
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit

Hepatitis B Panel - Immunity Screen

donation. This is a screening test and all positive samples must be confirmed by confirmatory tests like Neutralization assay or PCR.

False positive results can be obtained due to the presence of other antigens or elevated levels of Rheumatoid factor (RF), although this is seen in less than 1% of the samples tested.

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

Sin No: 20385398