



LABORATORY REPORT

NAME	: MR.PR0046	REFERRED BY	: SELF	VISIT NO	: VAMP26148102
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	LAB MR#	: AAMP01479381	RECEIVED ON	: 21-04-2026 18:11
OP / IP / DG #	:			APPROVED ON	: 21-04-2026 20:54
				REPORT STATUS	: Final Report



Test Name	Result	Biological Ref. Interval	Unit
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Hepatitis B Panel - Monitoring

SEROLOGY AND IMMUNOLOGY

Hepatitis B surface antigen (HBsAg) - Screening (Serum)

HBsAg CLIA	0.02	Non-reactive : <0.05 Reactive : >0.05	IU/mL
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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 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.

Hepatitis B surface Antibody Total (Anti HBs) (Serum)

Anti HBs ELISA	5.30	Non Reactive : <10.00 Reactive : >=10.00	mIU/mL
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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 received 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 monitor the success of Hepatitis B vaccination, convalescence and recovery of Hepatitis B infected individuals.

Hepatitis B Envelope Antigen (HBeAg) (Serum)

Hepatitis B Envelope Antigen ELISA	0.02	Negative : <0.9 Equivocal : 0.9-1.1 Positive : >1.1	Index
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Interpretation:

HBeAg is a marker of active HBV replication in the liver indicating a highly infectious state. It appears within 1 week after appearance of HBsAg and is found only when HBsAg is present. HBeAg appears early in disease before biochemical changes and disappears after liver enzymes peak which is usually after 3-6 weeks. Persistence for more than 20 weeks suggests progression to Chronic carrier state and possible Chronic Hepatitis. It is the best predictor of maternal infectivity (90%) to untreated neonates at the time of delivery. The presence of HBeAg in chronic infection usually indicates active hepatic replication of the virus and also a higher probability of liver damage and infectivity. However certain wild type strains with pre-core mutation may undergo active replication even in the absence of HBeAg.





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Hepatitis B Envelope Antibody (Anti-HBe) (Serum)

Hepatitis B envelope Antibody ELISA	0.02	Negative : <0.9 Equivocal : 0.9-1.1 Positive : >1.1	Index
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Interpretation:

Anti HBe appears after HBeAg disappears and remains detectable for several years. Persistence indicates decreasing infectivity suggesting good prognosis for resolution of acute infection. Association of Anti HBe with Anti HBc in the absence of HBsAg and Anti HBs confirms recent acute infection. Anti HBe is an indicator for resolution of acute infection and reduced level of infectivity.

Hepatitis B core Antibody IgM (Anti HBc - IgM) (Serum)

Anti HBc - IgM ELISA	0.05	Negative : <1.00 Positive : >1.00	Index Value
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Interpretation:

A positive result indicates recent acute hepatitis B infection. A negative test result does not exclude the possibility of exposure to hepatitis B virus. Anti- HBc IgM is the earliest specific antibody appearing usually within 2 weeks after HBsAg. It is found in high titres for a short period during the acute phase that covers the serologic window and declines to low levels during recovery. It may be detectable upto 6 months. Results from immunosuppressed patients should be interpreted with caution. Testing additional HBV markers is recommended for the final diagnosis of the infection, in those very particular cases.

Hepatitis B Core Antibody Total (HBcAb- Total) (Serum)

HBcAb- Total ELISA	0.03	< 0.9- Negative 0.9 - 1.1- Equivocal >1.1- Positive	Index Value
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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.





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Hepatitis B Panel - Monitoring

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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.
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.

