



LABORATORY REPORT

NAME : MR.SI0043 REFERRED BY : SELF VISIT NO : VAMP26148129  
AGE : 40Y 0M 0D ZERO TARIFF CLIENT CODE COLLECTED ON : 21-04-2026 10:00  
GENDER : Male LAB MR# : AAMP01479408 RECEIVED ON : 21-04-2026 18:11  
OP / IP / DG # : APPROVED ON : 22-04-2026 20:06  
REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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SEROLOGY AND IMMUNOLOGY

HIV 1 Western Blot (with HIV 2 band) (Serum)

Envelope Antigens

gp160	Negative	Negative
gp120	Negative	Negative
gp41	Negative	Negative

GAG Antigens

p55	Negative	Negative
p24	Negative	Negative
p17	Negative	Negative

POL Antigens

p66	Negative	Negative
p51	Negative	Negative
p31	Negative	Negative

Control Band	Positive	
HIV II Band	Negative	Negative
HIV - I	Sero Negative	
HIV - II	Sero Negative	
Conclusion	HIV-1 Negative,HIV-2 Negative.	

Interpretation:

- The HIV Western-Blot test can be used as a more specific supplemental assay on human serum or plasma specimen found initially reactive using ELISA or other screening tests.
- The presence of gp 160/gp120 & p24 is a strong indication for seroconversion.
- Although a Blot positive for antibodies to HIV-1 indicates infection with the virus but diagnosis of AIDS can only be made clinically if a person meets the case definition of AIDS established by the World Health Organization or other relevant authorities.
- It is also known that antibodies to p24 and p31 decrease during the course of AIDS, leading to a shift in Western Blot interpretation from positive to indeterminate. Indetermination of results should then be based on subsequent blot testing and clinical evaluations in such situations.
- Due to its highly specific nature, non-reactivity of samples with HIV 2 specific antigen on an indeterminate viral blot, does not exclude the possibility of infection with other strains of HIV 2. Samples that are indicative of HIV 2 should be further tested with a HIV 2 western blot.





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- HIV-1 & HIV-2 Viruses share, many morphological and biological characteristics. It is likely that due to this, their antibodies have a cross reactivity of 30-70%.

**Dr. G. Amitha**  
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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.

