

**Client**  
**Gurugram**

Pathkind Diagnostic Pvt. Ltd.  
Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

**Processed By**  
**Pathkind Diagnostic Pvt. Ltd.**

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

<b>Name</b> : Mr. DUMMY MB138	Billing Date	: 15/09/2020 16:58:22
Age : 65 Yrs	Sample Collected on	: 15/09/2020 10:00:53
Sex : Male	Sample Received on	: 15/09/2020 17:21:53
P. ID No. : P1000161077	Report Released on	: 16/09/2020 16:48:07
<b>Accession No</b> : 100020000077748	Barcode No.	: 8711759
Referring Doctor : Dr Kanak Gupta	Ref no.	:
Referred By :		

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
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**MOLECULAR DIAGNOSTICS**

**# HIV Viral Load- IPAQT** 1950  
*Sample: Plasma EDTA*

**HIV Viral Load- IPAQT**

**HIV-1 Viral Load Real Time PCR by Genexpert**

Method: Real Time PCR

Lower detection Limit: 40 copies/ml

Quantitative Range: 40 -10000000 copies/ml

Quantitative Result (Copies/ml)	Interpretation
TND	Target Not Detected
<40	Either HIV-1 RNA not detected or not quantifiable
>10000000	HIV-1 RNA detected, quantitation not possible since the quantitative result is above the quantitation range

**Clinical Significance**

1. HIV-1 RNA (viral load) is a surrogate marker for HIV-1 disease progression and response to antiretroviral treatment (ART).
2. HIV-1 RNA assays do not detect HIV-2 viral load
3. Viral load is not a useful prognostic indicator nor does it measure the severity of viral disease.
4. The measurement can only help us guide to initiate or monitor treatment response.
5. A single HIV-1 viral load test result should not be used as the sole criterion in guiding therapeutic decision a



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intervention in the clinical care of HIV-1 infected patients. +/-0.5 difference of log 10 value may be considered as clinically significant.

6. HIV-1 viral loads should always be used in conjunction with clinical history and other laboratory investigations.
7. Note: Viral load test results may vary from lab to lab.
8. Therefore, it is advisable to have the viral load tests done at the same laboratory each time during treatment monitoring so that the results are comparable.

\*\* End of Report\*\*

**Dr. Arpeeta Mazumdar**  
Microbiologist



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HEART	Lipid Profile	Lipid Profile with Direct LDL	Lipid Profile with Direct LDL
DIABETES	FBS, HbA1c	FBS, HbA1c, Microalbumin	FBS, HbA1c, Microalbumin
KIDNEY	BUN, Creatinine, Bun/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E
BONES	Vitamin D, Calcium	Vitamin D, Calcium, Phosphorus	Vitamin D, Calcium, Phosphorus, Rheumatoid Factor
THYROID	T3, T4, TSH	T3, T4, TSH	FT3, FT4, TSH
NERVES	Vitamin B12	Vitamin B12	Vitamin B12
LIVER	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg
ANAEMIA	Iron, TIBC, UIBC, % Saturation	Iron, TIBC, UIBC, % Saturation, Ferritin	Iron, TIBC, UIBC, % Saturation, Ferritin, Folic Acid
INFECTION	CBC, ESR	CBC, ESR	CBC, ESR

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