



**Client**  
**Gurugram**

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

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

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

<b>Name</b> : Mr. DUMMY MB139	Billing Date	: 27/10/2020 11:47:00
Age : 12 Yrs	Sample Collected on	: 27/10/2020 11:50:32
Sex : Male	Sample Received on	: 27/10/2020 13:18:38
P. ID No. : P10001183044	Report Released on	: 28/10/2020 13:02:45
<b>Accession No</b> : 1000201026700	Barcode No.	: 9626296
Referring Doctor : SANJEEV GULATI	Ref no.	:
Referred By :		

**Report Status - Final**

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

<b>HCV RNA Viral Load- IPAQT</b> <i>Sample: Plasma EDTA</i>	TND	<10	IU/mL
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**HCV RNA Viral Load- IPAQT**

**Hepatitis C Viral Load Real Time PCR by Genexpert**

Method: Real Time PCR

Lower detection Limit: 10 IU/ml

Quantitative Range: 10 - 100000000 IU/ml

Quantitative Result (IU/ml)	Interpretation
TND	Target Not Detected
<10	Either HCV RNA not detected or not quantifiable
>100000000	HCV RNA detected, quantitation not possible since the quantitative result is above the quantitation range

**Clinical Significance**

Target not detected result means HCV RNA not detected. Lower detection limit result indicates either the Absence of HCV or a good response to anti HCV treatment, whichever the case may be.

A quantitative result expressed in IU/ml indicates the degree of amount of HCV RNA present in the patient serum and need not necessarily indicate the same in the liver, the target organ for HCV.

HCV, viral burden does not necessarily predict the natural history of clinical disease.

Viral load is not a useful prognostic indicator nor does it measure the severity of virus induced liver disease.

The measurement can only help us guide to initiate or monitor treatment response. +/- 0.5 difference of log10 value may be





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considered as clinically significant.

HCV viral load should always be used in conjunction with clinical history and other laboratory investigation such as viral genotype, liver enzymes and liver biopsy (if required)

\*\* End of Report\*\*

**Dr. Arpeeta Mazumdar**  
Microbiologist

1000201026700 Mr. DUMMY MB139



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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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