Reference No.	**: - 2501002540**	Age/Gender	: **55 Yrs/Male**
Pt's Name	**: Mr. ARUN KUMAR 10308502**		**NOD-JIT**
Referred By	**: NA**		
Sample Collection Date/Time	**: 03-Jan-2025**	Date	**:03-Jan-2025**
Sample Receiving Date/Time	**: 03-Jan-2025 11:41AM**	Approved Date	**:03-Jan-2025 12:36PM**
Sample From	**: JITM Diagnostics**	Report Print Time	**:03-Jan-2025 01:25PM**

Biochemistry

Test Description	Observed Value	Biological Reference Interval
D-Dimer*	266.00	0.0 - 885 ng FEU/mL
Chemiluminescent Enzyme Immunometric Assay		

Comments :

The formation of D-Dimer requires three hemostatic stages: formation of clot (coagulation), Factor XIIIa crosslinking, and clot breakdown of fibrin (fibrinolysis).

Several studies have shown a correlation of increased D-dimer levels with clinical conditions that relate to the formation of fibrin, mirroring an in vivo lysis of formed cross-linked fibrin.

These conditions include deep venous thrombosis (DVT), disseminated intravascular coagulation (DIC), pulmonary embolism (PE), postoperative states, malignancy, trauma, and pre-eclampsia. Signs and symptoms of DVT are non-specific and present in a myriad of non-thrombotic disorders3; hence, timely, accurate, and fast D-dimer assay could provide significant utility for managing and monitoring patients with suspected DVT. Pulmonary embolism may result from deep vein thrombosis; hence, stressing an essential need of early diagnosis and treatment of DVT.4

Note:

1. D dimer half-life is approximately 6 hours in circulation of individuals with normal renal function. Patients with stabilized clots and not undergoing active fibrin deposition and plasmin activation may not give detectable D dimer elevations, anti-coagulant therapy
2. In PE, the larger the clot size, higher the expected level of circulating D dimer. Conversely, the amount of D-dimer release from very small clots may be diluted by the circulation and may not give a detectable increase.
3. Fibrinolysis is a highly regulated process and in delicate dynamic balance. In case of hereditary, acquired deficiency and dysfunction of Fibrinogen, the rate of fibrinolysis will be altered there by not givin detectable D dimer level
4. False positive may be seen with high levels of rheumatoid factor,bilirubin, lipemic sera and hemolysed blood.

The test should be read in conjunction with other clinical parameters.

*** End Of Report ***

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This test is done by Immuno Diagnostics Pvt Ltd

Reference No.	**: - 2501002541**	Age/Gender	: **41 Yrs/Male**
Pt's Name	**: Mr. BANDESH KAPASIA JD148367**		**NOD-JIT**
Referred By	**: NA**		
Sample Collection Date/Time	**: 03-Jan-2025**	Date	**:03-Jan-2025**
Sample Receiving Date/Time	**: 03-Jan-2025 11:41AM**	Approved Date	**:03-Jan-2025 12:36PM**
Sample From	**: JITM Diagnostics**	Report Print Time	**:03-Jan-2025 01:25PM**

Test Description	Observed Value	Biological Reference Interval
D-Dimer* Chemiluminescent Enzyme Immunometric Assay	220.00	0.0 - 885 ng FEU/mL

Comments :

The formation of D-Dimer requires three hemostatic stages: formation of clot (coagulation), Factor XIIIa crosslinking, and clot breakdown of fibrin (fibrinolysis).

Several studies have shown a correlation of increased D-dimer levels with clinical conditions that relate to the formation of fibrin, mirroring an in vivo lysis of formed cross-linked fibrin.

These conditions include deep venous thrombosis (DVT), disseminated intravascular coagulation (DIC), pulmonary embolism (PE), postoperative states, malignancy, trauma, and pre-eclampsia. Signs and symptoms of DVT are non-specific and present in a myriad of non-thrombotic disorders3; hence, timely, accurate, and fast D-dimer assay could provide significant utility for managing and monitoring patients with suspected DVT. Pulmonary embolism may result from deep vein thrombosis; hence, stressing an essential need of early diagnosis and treatment of DVT.4

Note:

1. D dimer half-life is approximately 6 hours in circulation of individuals with normal renal function. Patients with stabilized clots and not undergoing active fibrin deposition and plasmin activation may not give detectable D dimer elevations, anti-coagulant therapy
2. In PE, the larger the clot size, higher the expected level of circulating D dimer. Conversely, the amount of D-dimer release from very small clots may be diluted by the circulation and may not give a detectable increase.
3. Fibrinolysis is a highly regulated process and in delicate dynamic balance. In case of hereditary, acquired deficiency and dysfunction of Fibrinogen, the rate of fibrinolysis will be altered there by not givin detectable D dimer level
4. False positive may be seen with high levels of rheumatoid factor,bilirubin, lipemic sera and hemolysed blood.

The test should be read in conjunction with other clinical parameters.

*** End Of Report ***

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Reference No.	**: - 2501002543**	Age/Gender	: **65 Yrs/Male**
Pt's Name	**: Mr. SUJIT SINGH 10308465**		**NOD-JIT**
Referred By	**: NA**		
Sample Collection Date/Time	**: 03-Jan-2025**	Date	**:03-Jan-2025**
Sample Receiving Date/Time	**: 03-Jan-2025 11:42AM**	Approved Date	**:03-Jan-2025 12:36PM**
Sample From	**: JITM Diagnostics**	Report Print Time	**:03-Jan-2025 01:25PM**

IMMUNOASSAY

Test Description	Observed Value	Biological Reference Interval
HIV I & II Antibody Quantitative*	0.10	

Chemiluminescent microparticle immunoassay

INTERPRETATION :

ACTIVITY INDEX	RESULT
Less Than 0.90	NEGATIVE
Between 0.90 To 1.10	EQUIVOCAL
More Than 1.10	POSITIVE

CLINICAL USE: This is a screening test for the HIV infection with a sensitivity of >99.9%. As per NACO guidelines, all reactive samples are tested by three different methods prior to release of report. All reactive results must be confirmed with a Western Blot Test.

Note: -

1. Positive test result indicates antibody detected against HIV-1/2.It does not differentiate between type of antibody and antigen.
2. Negative test result indicates antibody is not detected against HIV- 1/2.
3. Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
4. False positive results may be observed in autoimmune diseases,alcoholic hepatitis,primary biliary cirrhosis,Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
5. False negative results may occur during the window period and during the end stage of the disease.

*** End Of Report ***

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This test is done by Immuno Diagnostics Pvt Ltd

Reference No.	**: - 2501002545**	Age/Gender	: **17 Yrs/Female**
Pt's Name	**: Ms. FOZIYA JD153078**		**NOD-JIT**
Referred By	**: NA**		
Sample Collection Date/Time	**: 03-Jan-2025**	Date	**:03-Jan-2025**
Sample Receiving Date/Time	**: 03-Jan-2025 11:40AM**	Approved Date	**:03-Jan-2025 12:22PM**
Sample From	**: JITM Diagnostics**	Report Print Time	**:03-Jan-2025 01:25PM**

Test Description	Observed Value	Biological Reference Interval
	Total IgE	
Serum IgE Chemiluminescence Immuno Assay	279	Ref_range & Units <1.0 Years 1.4 - 52.3 IU/mL 1-4 Years 0.4 - 351.6 5-10 Years 0.5 - 393.0 11-15 Years 1.9 -170 Adults 0.0 - 378.0 IU/mL

INTERPRETATION:

Less Than One Year	1.4 - 52.3
1-4 Years	0.4-351.6
5-10 Years	0.5-393.0
11-15 Years	1.9-170
Adults	0.0-378.0

COMMENTS :

Because IgE is a mediator of the allergic response, quantitative measurement of serum IgE, when integrated with other clinical indicators, can provide useful information for the differential clinical diagnosis of atopic and not-atopic disease. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level which is within the range of normally expected values does not rule out a limited set of IgE-dependent allergies.

Total serum IgE levels may also be elevated in the presence of some clinical conditions thatare not related to allergy. These clinical conditions, immunodeficiency states, autoimmune disease, hodgkin~s disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.

*** End Of Report ***

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This test is done by Immuno Diagnostics Pvt Ltd

Reference No.	**: - 2501002546**	Age/Gender	: **24 Yrs/Female**
Pt's Name	**: Mrs. AKANSHA MITTAL 10308462**		**NOD-JIT**
Referred By	**: NA**		
Sample Collection Date/Time	**: 03-Jan-2025**	Date	**:03-Jan-2025**
Sample Receiving Date/Time	**: 03-Jan-2025 11:40AM**	Approved Date	**:03-Jan-2025 12:22PM**
Sample From	**: JITM Diagnostics**	Report Print Time	**:03-Jan-2025 01:25PM**

Test Description	Observed Value	Biological Reference Interval
	Total IgE	
Serum IgE Chemiluminescence Immuno Assay	**716**	Ref_range & Units <1.0 Years 1.4 - 52.3 IU/mL 1-4 Years 0.4 - 351.6 5-10 Years 0.5 - 393.0 11-15 Years 1.9 -170 Adults 0.0 - 378.0 IU/mL

INTERPRETATION:

Less Than One Year	1.4 - 52.3
1-4 Years	0.4-351.6
5-10 Years	0.5-393.0
11-15 Years	1.9-170
Adults	0.0-378.0

COMMENTS :

Because IgE is a mediator of the allergic response, quantitative measurement of serum IgE, when integrated with other clinical indicators, can provide useful information for the differential clinical diagnosis of atopic and not-atopic disease. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level which is within the range of normally expected values does not rule out a limited set of IgE-dependent allergies.

Total serum IgE levels may also be elevated in the presence of some clinical conditions thatare not related to allergy. These clinical conditions, immunodeficiency states, autoimmune disease, hodgkin~s disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.

*** End Of Report ***

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