DIAGNOSTIC REPORT

PATIENT NAME : DUMMY PATIENT ID :

ACCESSION NO : **0002UG999999** AGE : 25 Years SEX : Male DATE OF BIRTH :

DRAWN : 30/07/2021 11:57 RECEIVED : 30/07/2021 11:57 REPORTED : 31/07/2021 11:57

REFERRING DOCTOR : CLIENT PATIENT ID :

Passport No : :

Test Report Status **Final**	Results	Biological Reference Interval	Units

IMMUNOHAEMATOLOGY

ANTIBODY TITER

ANTIBODY TITER, SERUM

ANTIBODY TITER TITER

INDIRECT COOMBS TEST, SERUM

INDIRECT COOMBS TEST

Interpretation(s)

ANTIBODY TITER, SERUM-'Rh disease (also known as Rhesus isoimmunisation, Rh (D) disease, Rhesus incompatibility, RhD Hemolytic Disease of the Newborn) is one of the causes of hemolytic disease of the newborn (HDN). The disease ranges from mild to severe, and typically occurs only in some second or subsequent pregnancies of Rh negative women where the fetus's father is Rh positive, leading to a Rh+ pregnancy. During birth, the mother may be exposed to the infant's blood, and this causes the development of antibodies, which may affect the health of subsequent Rh+ pregnancies. In mild cases, the fetus may have mild anaemia with reticulocytosis. In moderate or severe cases the fetus may have a more marked anaemia and erythroblastosis (erythroblastosis fetalis). When the disease is very severe it may cause haemolytic disease of the newborn (HDN), hydrops fetalis or stillbirth.Quantitative analysis of maternal anti-RhD antibodies in an increasing level is a sign of fetal Rh disease.A titer of > 1:4 is considered sensitized.

INDIRECT COOMBS TEST, SERUM-

Indirect antiglobulin test (IAT)Indirect Coombs test (ICT) is used to screen the blood for antibodies that are directed against the antigens present in the red blood cells.This test is used to help screen for suspected ABO incompatibility reaction. It is also used when an Rh incompatibility reaction in pregnant women is suspected. If antibodies are detected, further testing is conducted in order to determine the exact kind of antibodies present. An abnormal (positive) indirect Coombs' test suggests-Autoimmune or drug-induced hemolytic anemia,Erythroblastosis fetalis hemolytic disease,Incompatible blood transfusion.

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

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CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
   a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
   b. Incorrect specimen type
   c. Request for testing is withdrawn by the ordering doctor or patient
   d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (91115 91115). Post proper investigation repeat analysis may be carried out.

SRL Limited
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062