



FAMILY HEALTH CENTRE, VALAPATTANAM

LABORATORY REPORT

 LAB ID: 23

Patient Name: Rishal	Age: 17	Sex: M.
Ref. Dr:	OP No: 046197	Date: 11.6.24

HAEMATOLOGY			URINE		STOOL
Haemoglobin	15.4 gm%	18gm%	Colour		Macroscopic Exm.
Total WBCs Count		4000-11000 Cells/Cmm	Reaction		
Differential Count			Sp. gravity		
Neutrophils	%		Sugar		
Lymphocytes	%		Albumin		
Eosinophils	%		MICROSCOPY / HPF		Microscopic Exm.
Monocytes	%		Pus cells		
Basophils	%		RBCs		
ESR		mm/hr	Epi. cells		
Platelet count		1.5-4.5 Lakhs/Cmm	Crystals		
RBC Count		3.8-4.8 Millions/Cmm			
PCV		35.50%	Casts		Occult Blood
MCV		80-100fl	Ketone bodies		Reducing substs
MCH		26-38pg	Bile salts		
MCHC		31-37g/dL	Bile Pigments		
Absolute Eosinophil Count		40-440/Cmm	Pregnancy test		
Bleeding Time		1-4mts			
Clotting time		3-7 mts			

PS for MP

BIOCHEMISTRY

Test	Result	Ref. Ranges & Units	Test	Result	Ref. Ranges & Units
Blood Sugar (F)		70-110 mg/dL	LDL Cholesterol		< 130 mg/dL
Blood Sugar (R/PP/ACT)	109 mg%	80-140 mg/dL	S. Total Bilirubin		0.1-1.0 mg/dL
Blood Urea		15-40 mg/dL	S. Direct Bilirubin		0.0-0.25 mg/dL
S. Creatinine		0.8-1.5 mg/dL	S. G. O. T (AST)		6-38 IU/L
S. Uric Acid		1.5-7.0 mg/dL	S. G. P. T (ALT)		10-40 IU/L
S. Total Cholesterol		< 200 mg/dL	S. ALK. Phosphatase		34-98IU/L
S. Triglycerides		<160 mg/dL	S. Total Protein		6.0-8.0 gm/dL
S. HDL Cholesterol		> 40 mg/dL	S. Albumin		3.5-5.3 gm/dL
S. VLDL Cholesterol		< 25 mg/dL	S. Globuline		2.5-3.3 gm/dL

SEROLOGY

Test	Report	Normal	WIDAL (Tube & Slide)
HBs AG :			S. Typhi 'O' :
Hev card test :- Negative.			S. Typhi 'H' :
			S. Para Typhi 'AH' :
			S. Para Typhi 'BH' :
			Dengue I gM/ IgG Antibody (Rapid Test) :
			Leptospira I gM/ IgG Antibody (Rapid Test) :
Medical Officer	JSO	Technician	

MEDICAL DIRECTOR

Dr. ZAINUL ABIDEEN K.P. MBBS

OBSTETRICS & GYNAECOLOGY

Dr. MALEKHA ANSARI
MBBS, DGO, Senior Gynaecologist

GENERAL MEDICINE

Dr. PADMARAJ T.M
MBBS, MD (Internal Medicine), Diabetologist
Dr. ALLEN ALOYSIUS D'SILVA
MBBS, MD, DNB (General Medicine)
(DFID-Vellara) Diabetology

PAEDIATRICS & NEONATOLOGY

Dr. JAFFER K. MBBS, DCH
Dr. MAAHIR MAYAN
MBBS, MD (Paediatrics & Neonatology)

ORTHOPAEDICS

Dr. JINASH T.P
Consultant Orthopaedic Surgeon,
Fellowship in Arthroscopy &
Sports Injury (Germany)
Specialised in Complex Knee Surgeries.

Dr. DHANCOOP DHANANJAYAN
MBBS, MS (Orthopaedics), MCh
DNB (Orthopaedics), MNAAMS

GENERAL SURGERY & LAPAROSCOPIC

Dr. SOORAJ K
MBBS, DNB (General Surgery)

E.N.T

Dr. NAZEEM ABDUL MAJEED
MBBS, MS (ENT), Manipal Asst. Professor,
Consultant Endoscopic, Head & Neck Surgeon

Dr. LATHA MARY
MBBS, DLO (ENT Surgeon)

DERMATOLOGY

Dr. SWATHY K VASU DHA, DVA
Dr. REVATHI SETHUPRASATH
MBBS, DVA
Consultant Dermatologist and cosmetologist

CARDIOLOGY

Dr. DIVYA E MUKUND
MBBS, MD, DM (Cardiology)

Dr. MUKUNDU
MBBS, MD, DM (Cardiology)

Dr. DEEPAK RAJU
MBBS, MD, DM (Cardiology)

OPHTHALMOLOGY

Dr. ATHUL.M MBBS, MD (Ophthalmology)

PSYCHIATRY

Dr. PRAVEEN MBBS, MD (Psychiatry)

PULMONOLOGY

Dr. RAVEEV RAM
MBBS, DCCO

Dr. NITHIN K.T
MBBS, MD (Pulmonology), Consultant
Pulmonologist Allergy & Asthma specialist

NEPHROLOGY

Dr. ROHITH RAJ MBBS, DM (Nephrology)

UROLOGY

Dr. SOORAJ VIJAYAN
MBBS, MS (General Surgery),
MCh (Urology & Andrology)

RESIDENT ANAESTHESIOLOGIST

Dr. NIKITHA MANI
MBBS, MD, DNB (Anaesthesia)

ULTRASOUND SCANNING

Dr. HAREESH BABU
MBBS, MD (Radio Diagnosis)

Dr. HADI HASSAN
MBBS, MD (Radio Diagnosis)

Pt Name	: Mr. RISHAL M K	Date	: 13/06/2024 3:44 pm
F/H Name	:	Valid Upto	: 19/06/2024
Age/Sex	: 18Y /Male	Fees	: 150.000
Mobile No	: 9605513765	MRD No	: OP-000190081
Address	: ASEENAS VALAPATTANAM	Bill No.	: HOS/18769
Consultant	: Dr RMO.	Token No	: W035
Department	: RMO		

Bp-110/70mmHg
SpO2: 98%

came for hepatitis B PR: 88 btkm
vaccinate

Ado

① ins. hepatitis B (6 Dose) of

(next dose 13/7/24)



NATIONAL AIDS CONTROL ORGANIZATION

Laboratory Test Report form for HCTS Confirmatory facility

Name & Address of the SA-ICTC: ICTC
INTEGRATED COUNSELLING &
TESTING CENTRE
DISTRICT HOSPITAL, KANNUR

Name: Surname M.K Middle name _____ First Name Rishal

Gender: Male Female Transgender Age: 17 (Years)

PID No.: _____ 05766 Lab ID No.: 36

Date & Time of Blood Drawn: 1.6.24 (DD/MM/YY) 2.20 pm (HH:MM)

Test Details:

- Specimen type used for testing (tick one) : Serum / Plasma / Whole Blood
- Date & Time of specimen tested: 1.6.24 (DD/MM/YY) 3.45 pm (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell had to be left blank; indicate as NA wherever not applicable

Column 1	Column 2	Column 3	Column 4
Name of the HIV Kit	Reactive / Nonreactive (R/NR) for HIV-1 antibodies	Reactive / Nonreactive (R/NR) for HIV-2 antibodies	Reactive / Nonreactive (R/NR) for HIV antibodies
Test I: <u>COMB AIDS</u>	<u>NA</u>	<u>NA</u>	<u>NR</u>
Test II: <u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
Test III: <u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

Interpretation of the result : Tick (✓) Relevant

- Specimen if negative for HIV antibodies
 - Specimen is positive for HIV-1 antibodies
 - *Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
 - Specimen is indeterminate of HIV antibodies. Collect fresh sample in two weeks
- * Confirmation of HIV 2 sero-status at identified referral laboratory through ART Centers


Nishad. C.A

Name & Signature
 Laboratory Technician

Name & Signature
 Laboratory In-charge



GENERAL MEDICAL CERTIFICATE

Legal name (written exactly as it appears in passport)

First/given name: RISHAL MULLA KARIYATH

Family/surname: MULLA KARIYATH

Permanent home address: HASEENAS, NEARALOO PALLI PO VALAPATTANAM, KANNUR

Date and place of birth (dd/mm/yyyy) 04/06/2006

The patient mentioned above is at present free from infectious diseases and is in good physical and mental condition. There are no medical objections to a stay as a student abroad.

Please, circle the appropriate answer below	Examination date*	Result
AIDS*: (HIV infection can only be detected after 3 months) Please, attach HIV serologic test result.	01/06/2024	negative / positive
Hepatitis-B*: Please, attach the copy of your vaccination card / in the lack of vaccination card, documentation about your antibody protection.	Started vaccination schedule 13/06/24	card attached/protection level: IU/I
Hepatitis-B*: (HBV infection can only be detected after 3 months) Please, attach HBV serologic test result.	06/06/2024	negative / positive
Hepatitis-C*: (HCV infection can only be detected after 3 months) Please, attach HCV serologic test result.	11/06/2024	negative / positive
Chest X-ray: Please, attach the chest's X-ray result (not the film) in English / Hungarian (not older than 3 months).	01/06/2024	negative / positive

*Please note: tests have to be taken within a year!

Remarks:

Any chronic diseases the patient is being treated for: NO.

Special needs: Not Applicable.

NAME AND ADDRESS OF THE DOCTOR: DR. SONU. B. NAIR
FHC VALAPATTANAM, KANNUR DISTRICT, KERALA

PLACE AND DATE: 14/06/2024

SIGNATURE AND STAMP OF THE DOCTOR:

Sonu B Nair
മുഖ്യകമ്മീഷണർ
കുടുംബാരോഗ്യകേന്ദ്രം
വളപട്ടണം

