

Hospital Id No. 674140-22  
Patient A. K. M Mahaboub Alam Age 48 Sex M  
Address  
Telephone 01711037645  
Diagnosis  
Date of Admission 19-8-22  
Date of Discharge 21-8-22

Blood Group ..... Rh (D) Factor .....  
Drug Allergy .....  
Chronic Disease .....  
Follow Up Medicine .....

নিয়মিত ওষুধ খাবেন। আপনার চিকিৎসকের পরামর্শ ছাড়া ওষুধ  
পরিবর্তন করবেন না। যে কোন সমস্যায় চিকিৎসকের সাথে যোগাযোগ করুন।



## DISCHARGE CERTIFICATE

Patient Details	Admission Details
HOSPITAL ID: <u>674140-22</u> Admission No. : <u>40-1012/12030-22</u> Name : <b>A.K.M Mahaboub Alam Biswas</b> Sex : Male Age : 48yrs. Address : 14/817 Rupnagar Dhaka Mobile: 01711037645	Date of admission : 19-Aug-2022 11:56:32 AM Date of discharge : 21/08/2022 Admission Under : <b>Prof. Fazila-Tun-Nesa Malik</b> Ward/Cabin : WARD 7 Bed : 09 Print Date: 20/08/2022 Time: 6:02:13PM

**Diagnosis :** I21.1 RMI ( Inf ) ( 08.08.22 ), I10- Essential (primary) hypertension, E11- Non-insulin-dependent diabetes mellitus with CA-TVD(20.8.22)

### Investigation :

#### Blood Tests :

Random Blood Sugar(RBS):-14.8, S. Creatinine:-1.1, S. Total Cholesterol(TC):-118, Blood Group(A,B,O):-A, Rh(D) Factor:-Positive (+) ve, Haemoglobin (Hb)gm:-11.4, Haemoglobin (Hb)%:-71, PCV:-34,

**Echo :** Ischaemic heart disease with regional wall motion abnormality present. Mild to moderate MR Mild to moderate LV systolic dysfunction. LVEF=40-42%

**E.C.G. :** Supplied

**X-Ray :** Done

#### Cardiac Catheterisation / Angiography :

CAG done on 20.08.22

Coronary artery disease (TVD)

#### Interventional Procedures/PPM :

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HOSPITAL ID: 674140-22 Admission No. : 40-1012/12030-22 Name: A.K.M Mahaboub Alam Biswas

ক্রমিক	ঔষধ	নিয়মিত	সেবন	বন্দবন্দ
1	Tab. Lopirel plus	0+1+0	Continue	After Meal
2	Tab. Betaloc(25 mg)	1+0+1	Continue	After Meal
3	Tab. Atova(20 mg)	0+0+1	Continue	Before Meal
4	Tab. Abetis(20 mg)	0+0+1	Continue	After Meal
5	Tab. Nitrin SR(2.6 mg)	½+½+0	Continue	8.00AM. & 4.00PM.
6	Tab. Lijenta(5mg)	1+0+0	Continue	After Meal
7	Tab. Monas(10 mg)	0+0+1	Continue 15 days	After Meal
8	Tab. Pantonix(20 mg)	1+0+1	Continue	30 Minutes Before Meal
9	Tab. Fusid Plus(20/50)	1+0+0	Continue	After Meal
10	Injection Novorapid	12+10+8(+2)	Continue	Before Meal, Under Skin
11	Injection Abasaglar 100IU	0+0+10(+2)	Continue	Before Meal, Under Skin
12	Tab. Rivotril(0.5 mg)	0+0+1	If No Sleep	After Meal
13	Anril Spray	1-2 Puff	If Chest Pain	Under The Tongue
14	Tab. Neofloxin(500 mg)	1+0+1	7 Days	After Meal

#### ADVICES (উপদেশ)

- 1| ডায়াবেটিস নিয়ন্ত্রনে রাখুন।
- 2| নিয়মিত রক্তচাপ পরীক্ষা করবেন।
- 3| তেল এবং চর্বি জাতীয় খাবার (গরু, খাসীর মাংস, দুধের সরিষা, মাখন, ছানা, নারিকেল, মগজ, ডিমের কুসুম, ডেইরী প্রডাক্ট) কম খাবেন।
- 4| নিয়মিত ঔষধ খাবেন।
- 5| 9 দিন বিশ্রামে থাকবেন।
- 6| 9 দিন হাই কমোট ব্যবহার করবেন।
- 7| 9 দিন চেয়ারে বসে নামাজ পড়বেন।
- 8| ভাত, আলুসহ অন্যান্য শর্করা জাতীয় খাবার কম খাবেন।
- 9| ধূমপান, পাতে লবণ এবং জর্দা খাওয়া নিষেধ।
- 10| আপনার বিশেষজ্ঞ ডাক্তারের সাথে দেখা করার আগের দিন ০২-৫৮০৫১৩৫৫, ০২-৫৮০৫১৩৬৫ নাম্বারে ফোন দিনেন।  
প্রতি দিন সকাল ৮:০০ট - ৯:০০টার মধ্যে (শুক্রবার ও সরকারি ছুটির দিন ব্যতিত)।

#### পরবর্তী চিকিৎসার জন্য সুপারিশ (Recommendations) :

Consult with your consultant & admission to hospital as early as possible for Revascularization. / CABG

৩ মাসের পর Proof Zin টিন এর  
জ্ঞান মেসার্সে করবে

Followup (পরবর্তী স্বাক্ষর):

Consultant Registrar

Delowar  
Prepared By

Dr. Mehral  
Medical Officer



Ref : N.H.F.H. & R.I.

DATE : .....

### CORONARY ANGIOGRAM REPORT

Ref By : Prof. Fazila-Tun-Nesa Malik

Procedure Date : 20/08/2022

Patient Id : 674140-22

Admission No : 40-1012/12030-22

Patient Name : A.K.M Mahaboub Alam Biswas

Age : 48yrs.

Sex : Male

Diagnosis : RMI (Inf)

Thrombolytic :

Risk Factor : HTN , DM

Allergy :

ECG :

Stress Test :

Echo Comments : Ischaemic heart disease with regional wall motion abnormality present. Mild to moderate MR Mild to moderate LV systolic dysfunction. LVEF=40-42%

Catheters/Guide wires : JL-3.5 & JR-3.5 (6F)

Drugs used during procedure : Heparin, Iopamiro (50 ml), Lignocaine

Complications during procedure : None

Routes : Transfemoral

#### CAG REPORT

LMCA	Short & Free of disease.
LAD	Type IV vessel & 60-70% stenosis in its proximal segment followed by 40-50% diffuse disease in its distal segment.
LCX	Having 30-40% stenosis in its proximal segment followed by 90% stenosis in its distal segment
RCA	Dominant vessel & 90-95% long diffuse disease in its mid to distal segment. PDA & PLV narrow caliber vessel & 30-40% stenosis in its proximal segment
LIMA	Free of disease.

Comments: Coronary artery disease (TVD)

Recommendation: Revascularization

*For  
Dr. Shamim  
20.8.22*

#### Performing Consultant

**Prof. Fazila-Tun-Nesa Malik**

MBBS, FCPS, MRCP (UK), FRCP (Edin), FACC, FSCAI

Commonwealth Scholar in Cardiology (UK)

Chief Consultant Cardiologist.

National Heart Foundation Hospital & Research Institute

**Md. Shamim Chowdhury**

BS, MD (Cardiology)

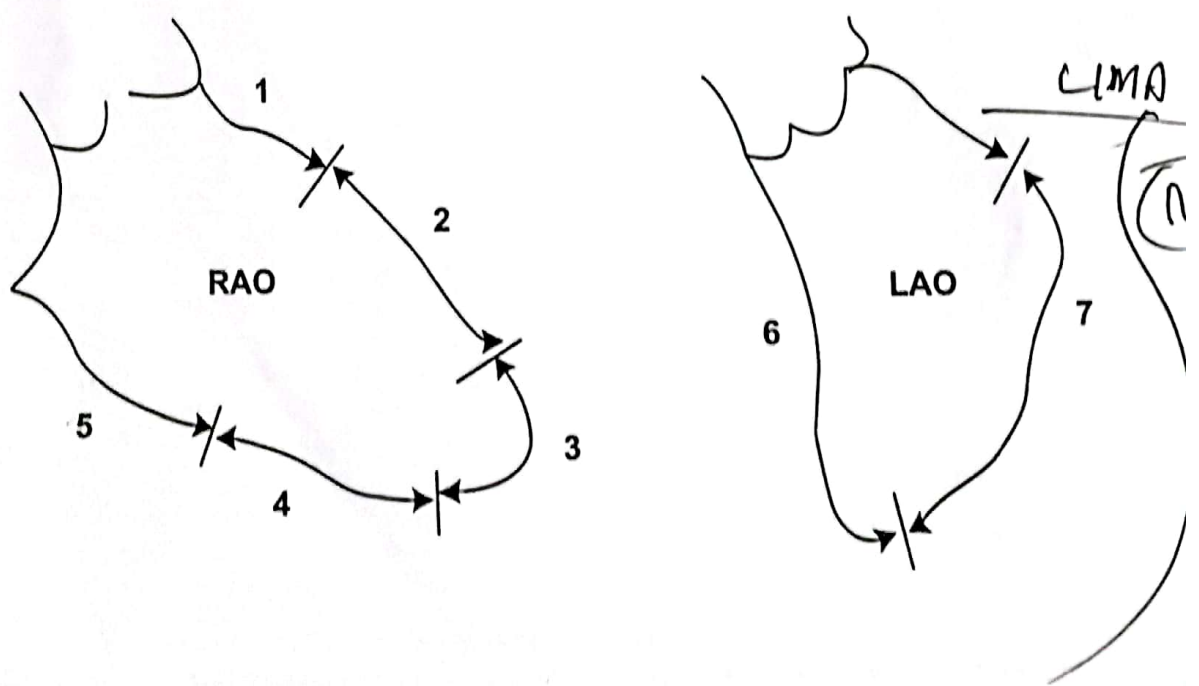
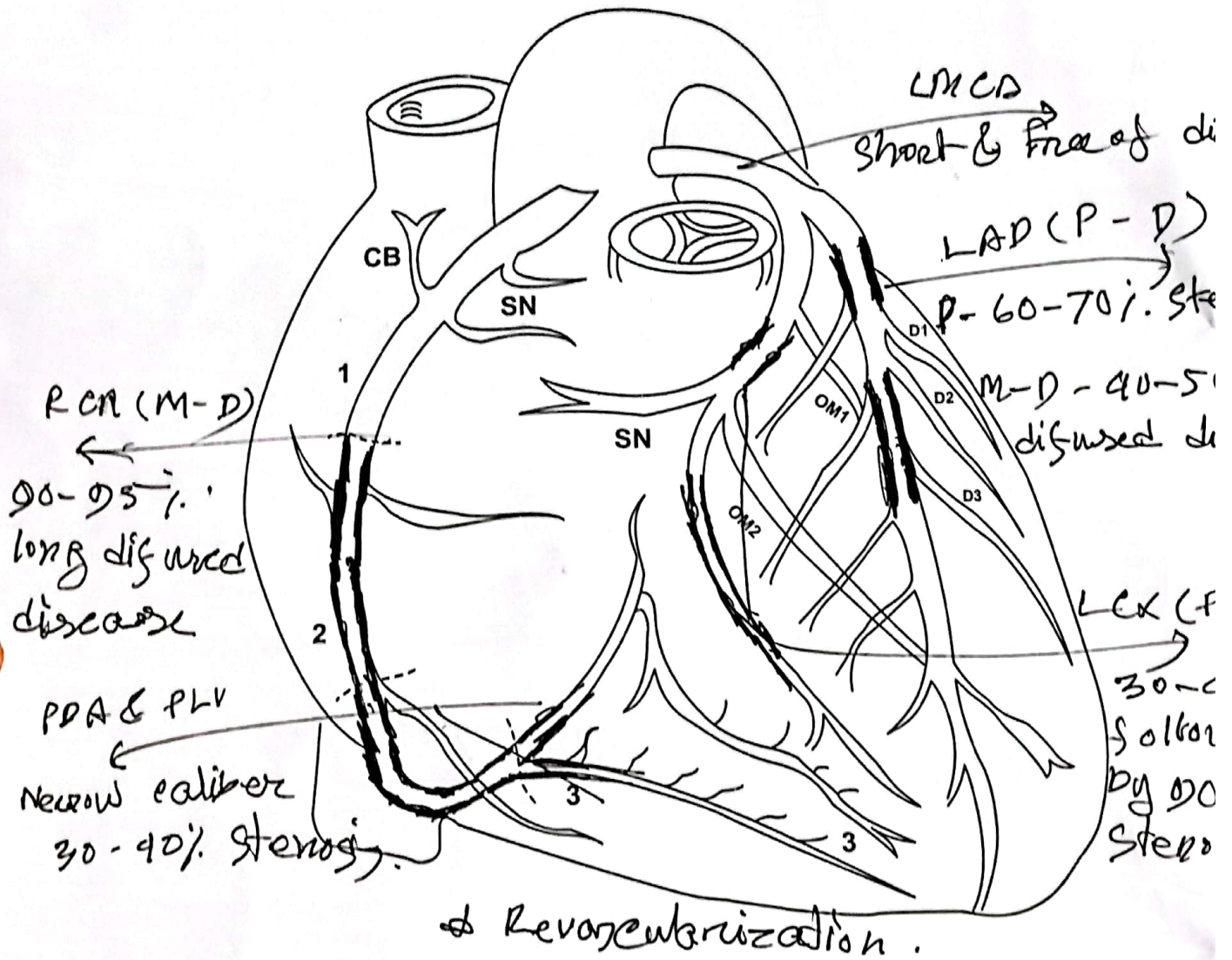
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## ECHOCARDIOGRAPHY REPORT

Echo 2D and M-mode

Patient Id : 674140-22	Token : 0	Order No : 238584	Echo Date : 20/08/2022
Patient Name : A.K.M Mahaboub Alam Biswas		Requisition No : 40-1012/12030-22	
Age : 48yrs.	Gender : Male	Ref. From : INPATIENT	Printing Date & Time : 20/08/2022 8:52:40AM
Height : 0.00 cm	Weight : 0.00 Kg	BSA (m2) : 0.00	Ref. By : Prof. Fazila-Tun-Nesa Malik

TEST	RESULT	UOM	TEST	RESULT	UOM
AOD	29	mm	Mitral EF Slope		cm/sec
LAD	33	mm	MV Annulus		mm
ACS		mm	TV Annulus		mm
IVST	08	mm	PV Annulus		cm <sup>2</sup>
LVPWd	08	mm	MV Area		mm
LVIDd	53	mm	AV Area		-
LVIDs	42	mm	AV Ring		mm
LVEF	40-42	%	RVIDd		mm
FS	22	%	RVOT		mm
EPSS		mm			

Note: LVEF by Global Eye-ball estimation

Descriptions :	
ECHO Window	Good
Pericardium	Normal pericardium. No effusion seen
LV Wall Motion	Basal inferior wall, basal mid posterior walls are almost akinetic. Mid distal inferior wall, basal mid IVS markedly hypokinetic. Mild to moderate LV systolic dysfunction
RV Wall Motion	No RWMA seen. RV systolic function is good.
Valves	All valves are normal in morphology and motion.
Chambers	Normal
Wall Thickness	Normal
IAS	Intact
IVS	Intact
Intracardiac mass	No thrombus or vegetation seen.
Colour Doppler	Mild to moderate MR

### Comments :

- Ischaemic heart disease with regional wall motion abnormality present.
- Mild to moderate MR
- Mild to moderate LV systolic dysfunction. LVEF=40-42%

*Dr. Esmat Ara*

Dr. Esmat Ara  
MBBS, FCPS (Cardiology)  
Registrar (Cardiology)  
National Heart Foundation Hospital  
& Research Institute.

Prepared By: Ramicha

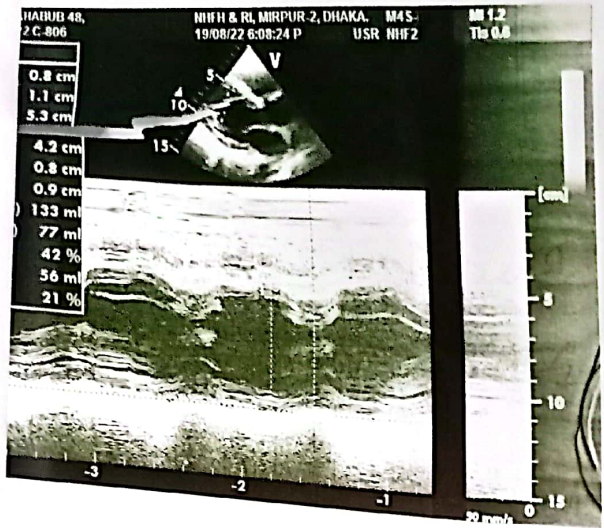
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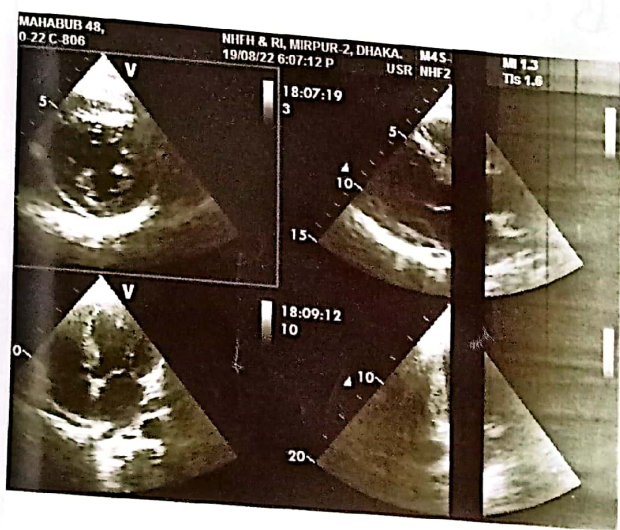


হাসপাতাল অ্যান্ড রিসার্চ ইনস্টিটিউট  
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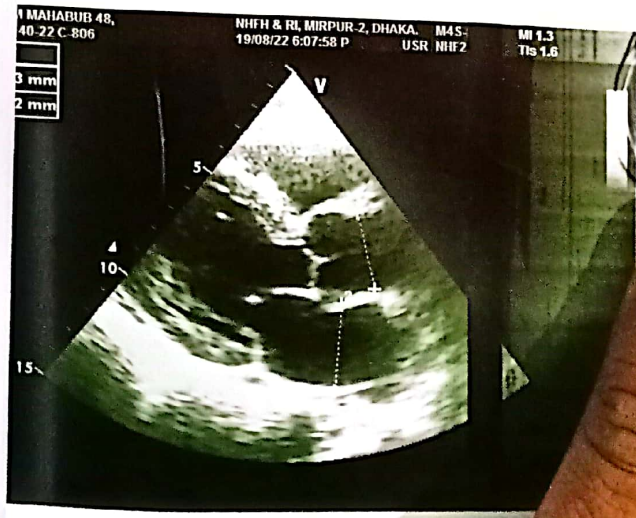
**ECG REPORT**

Print Date & Time : 19/8/2022  
Test Date : 19/08/2022

Order No  
Requisition No : 241184  
Specimen : Blood



Unit	Norm
0 /cu.mm	1,50,00
min-sec	02 mi
min-sec	04 m
gm/dl	1
%	7
%	
mm	
/cu.mm	5.00
%	
%	
%	
%	
%	



*Signature*  
Dr. Anika Fa  
Medical Officer (Pa)

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Bund rd	}	Almost
Bund rd post		reproducible
Med distal rd	}	
Bund rd IVS		marked lyps brut

EF - 40-42%

Mild to mod. M

Edema





## HAEMATOLOGY REPORT

Ref By Prof. Fazila-Tun-Nesa Malik  
Ref. From CABIN=806

Print Date & Time : 19/08/2022 8:09:13PM  
Test Date : 19/08/2022

Patient Id : 674140-22	Order No
Patient Name A K M Mahaboub Alam Biswas	Requisition No 241184
Age 48yrs Gender Male	Specimen Blood

Test	Result	Unit	Normal Value
Platelet Count	3,20,000	/cu.mm	1,50,000 - 4,50,000
<b>Coagulation Profile</b>			
Bleeding Time(B.T)	3.50	min-sec	02 min - 07 min
Clotting Time(C.T)	5.40	min-sec	04 min - 08 min
<b>Blood CBC</b>			
Haemoglobin (Hb)gm	11.4 ✓	gm/dl	12 - 16
Haemoglobin (Hb)%	71	%	75 - 100
PCV	34	%	40 - 50
ESR	20	mm	0 - 20
<b>Total Count(TC))</b>			
W B C	6,600 ✓	/cu.mm	5,000 - 10,000
<b>Differential Count (DC)</b>			
Polymorphs	58	%	45 - 70
Lymphocytes	33	%	20 - 40
Monocytes	05	%	02 - 06
Eosionophils	04	%	01 - 04
Basophils	00	%	00 - 02

Report Processor

Medical Technologist

Dr. Anika Fairuz  
Medical Officer (Pathology)



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**BIOCHEMISTRY REPORT**

Ref By : Prof. Fazila-Tun-Nesa Malik  
Ref From : CABIN=806

Print Date & Time : 19/8/2022 8 09:15PM  
Test Date : 19/08/2022

Patient Id : 674140-22  
Patient Name : A.K.M Mahaboub Alam Biswas  
Age : 48yrs. Gender : Male  
Order No  
Requisition No : 241184  
Specimen : Blood

Test	Result	Unit	Reference Range
Random Blood Sugar(RBS)	14.8 ✓	mmol/L	4.4 - 7.5
Blood Urea	<del>23</del>	mg/dl	15 - 50
S. Creatinine	1.1 ✓	mg/dl	0.6 - 1.4
S. Total Cholesterol(TC)	118	mg/dl	140 - 200
<b>Electrolytes</b>			
Sodium(Na)	140.1 ✓	mmol/L	135 - 148
Potassium(K)	4.34 ✓	mmol/L	3.5 - 5.3
Chloride(Cl)	103.0	mmol/L	98 - 107

  
Nazimul Ehasmin  
Report Processor

  
Abul Malek  
Medical Technologist

  
Dr. Anika Fairuz  
Medical Officer (Pathology)

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### SEROLOGY REPORT

Ref. By : Prof. Fazila-Tun-Nesa Malik  
Ref From CABIN=806

Print Date & Time 19/08/2022 8 09 26PM  
Test Date : 19/08/2022

Patient Id : 674140-22  
Patient Name : A.K.M Mahaboub Alam Biswas  
Age : 48yrs. Gender : Male  
Order No :  
Requisition No : 241184  
Speciman : Blood

Test	Result	Unit	Normal Value
Blood Group(A,B,O)	A		
Rh(D) Factor	Positive (+) ve		
HIV-1/2 (Screening)	Negative (-) ve		
HBs. Ag	0.10	Index	Negative: < 0.99, Positive: =1.0
Anti HCV	0.06	Index	Negative: <0.80, Positive: >0.81

Prepared by  
Nesrin Sultana  
Report Processor

Checked by  
Abdul Malek  
Medical Technologist

Dr. Anika Fairuz  
Medical Officer (Pathology)

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**URINE EXAMINATION REPORT**

Ref. By : Prof. Fazila-Tun-Nesa Malik

Print Date & Time : 19/8/2022 8 09 28PM

Ref. From CABIN=806

Test Date : 19/08/2022

Patient Id : 674140-22

Order No :

Patient Name : A.K.M Mahaboub Alam Biswas

Requisition No : 241184

Age : 48yrs.

Gender : Male

Specimen : Urine

Test	Result
Urine Examination	
Quantity	Sufficient
Colour	Straw
Appearance	Clear
Sediment	Nil
Reaction(PH)	Acidic
Excess Phosphate	Nil
Albumin	Trace
Sugar (Reducing Subs)	(+)
Epithelial Cells	1-3 HPF
Pus Cells	0-2 HPF
RBC	Not Found
Casts	Not Found
Amor. Phosphate	Not Found
Gra. Cast.	Not Found
Cal. Oxalate	Not Found

Prof. Fazila-Tun-Nesa Malik  
Nursing Supervisor  
Report Processor

Abdul Malek  
Medical Technologist

Dr. Anika Fairuz  
Medical Officer (Pathology)

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# Treatment on Discharge

- Tab Lopirud plus 0 + 2 + 0 କ୍ଷୀଣିତ ————— ରକ୍ଷା
- Tab Betaloc 25 2 + 0 + 2 ————— ରକ୍ଷା
- Tab Atorva 20 0 + 0 + 2 ————— ରକ୍ଷା
- Tab Nitro 4R 2b 2/2 + 0 + 2/2 + 0 ————— ରକ୍ଷା
- Tab Abeti 20 mg 0 + 0 + 2 ————— ରକ୍ଷା
- 3. Noronopid 22 + 20 + 6 (±2) କାର୍ଯ୍ୟକାରୀ ରକ୍ଷା ————— ରକ୍ଷା  
 କାର୍ଯ୍ୟକାରୀ ରକ୍ଷା  
 କାର୍ଯ୍ୟକାରୀ ରକ୍ଷା
- 3. Abosoglon 0 + 0 + 2 କାର୍ଯ୍ୟକାରୀ ରକ୍ଷା ————— ରକ୍ଷା  
 କାର୍ଯ୍ୟକାରୀ ରକ୍ଷା  
 କାର୍ଯ୍ୟକାରୀ ରକ୍ଷା
- Tab Ligenta 5m 2 + 0 + 0 ————— ରକ୍ଷା
- Tab Rivostat 0.5 0 + 0 + 2 ————— ରକ୍ଷା
- Tab Pentonix 20 mg 2 + 0 + 2 କାର୍ଯ୍ୟକାରୀ ରକ୍ଷା ରକ୍ଷା
- Tab Monas 10 0 + 0 + 2 ————— ରକ୍ଷା

✓ Trocer Pump Spray  
 ବୁକ୍ ବାଦ/ଜାମ/ଧାସକଟି ହଲେ 1-2 ବାର ଚିକିତ୍ସା  
 ନିତେ ଚକ୍ଷୁ କରେ ଦୁଧ ବନ୍ଧ ରାଧୁନ ଓ ବିକାଶ ନିମ୍ନ

Streptokinase

TPM

Case Note:

6

Further Management plan on discharge

Doppler Echo

TEE

ETT

Holter Monitoring

EPS

CAG

PCI

CABG

MVR

Refd to:

ডাঃ রবিন্দ্রনাথ বার্মান [পুনর্গত] Angiogram  
হাসপাতাল

নিম্নের উপদেশসমূহ মানিয়া চলিবেন

- সত্ত্বাহ/মাস পূর্ণ বিশ্রামে থাকবেন
- নিয়মিত ওষুধ খাবেন
- হাঁপিয়ে যাওয়ার মত পরিশ্রম করবেন না
- অতিরিক্ত চর্বিযুক্ত খাবার খাবেন না
- ধূমপান, জর্দা, গুল ও অন্যান্য নেশাজাতীয় দ্রব্যাদি সেবন নিষেধ
- উচ্চ রক্তচাপ, ডায়াবেটিস ও ওজন নিয়ন্ত্রণে রাখবেন
- পাতে লবণ খাবেন না
- চিকিৎসকের পরামর্শ ছাড়া ওষুধ পরিবর্তন বা বন্ধ করবেন না
- প্রয়োজনে হৃদরোগ বহির্বিভাগে রবিবার / বুধবার চিকিৎসকের পরামর্শ নিচ্ছেন
- কোন অসুবিধা হলে তাৎক্ষণিক নিকটস্থ সরকারি হাসপাতালে বা রংপুর মেডিকেল কলেজ হাসপাতালে জরুরী বিভাগে দেখাবেন।

অন্যান্য পরামর্শ (প্রয়োজনে)

\* পুনরায় ভর্তি বা উপদেশের জন্য এই ছাড়পত্র অবশ্যই সাথে আন



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
Govt. of the people's Republic of Bangladesh

হৃদরোগ বিভাগ

DEPARTMENT OF CARDIOLOGY

রংপুর মেডিকেল কলেজ ও হাসপাতাল, রংপুর  
RANGPUR MEDICAL COLLEGE & HOSPITAL, RANGPUR

ছাড়পত্র

DISCHARGE CERTIFICATE

No: 7462/24

Ward No: 36

No: .....

Bed/ P. Bed/ Cabin: .....

Mrs./Miss: A.K.M. Mahabub Alam 56

Her's/Husband's Name: Labir Abdur Rashid

Address: Sunderganj Gaibandha

Date of Admission: 08/08/22

Date of Discharge: 04/08/22

Attending Professor: DR. RABINDRANATH BARMAN  
Assoc. Prof. Unit-III

(She had been suffering from: DAMI (int), HTN, DM  
. B.A

Inter Sign

Assistant Registrar  
Deptt. of Cardiology  
RpMCH

12.8.22

Duty Doctor  
Name:



ন্যাশনাল হার্ট ফাউন্ডেশন  
NATIONAL HEART FOUNDATION  
26/4, Darus Salam Road

MOLECULAR DIAGNOSTICS

**On Admission**

Presenting complaints:

H/o chest pain for 10 hours.  
Pain radiate to the jaw area.  
H/o DM, HTN, asthma.

O/E BP - 110/70 mmHg  
P - 84 bpm.

On Discharge

Risk factors:

1. Smoking
2. HTN
3. Dyslipidaemia

Co-morbid Conditions:

1. CVD
2. Renal failure
3. Br. Asthma/COPD
4. PVD
5. PUD
6. Others:

**Investigation done**

Blood Sugar: FBS/PPBS/RBS: 13.2 mg/dl

S. Creatinine: mg/dl Blood: Hb%: 11.8, ESR: 3

Fasting Lipid Profile: HDL: mg/dl, LDL: mg/dl, TC: mg/dl, TG: mg/dl

S. Electrolytes: Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, HCO<sub>3</sub><sup>-</sup>

Cardiac Troponin I: Negative / Weakly Positive / Positive (3.21)

X-Ray Chest (P/A View):

ECG: On Admission:

Followup: On Discharge:

Echocardiogram (2D/Doppler):

CAG:

ETT:

Others:

Invoice No : I-190822/1374939  
Patient Name : A.K.M Mahaboub Alam Biswas  
Mobile No : 01711037645  
Address : Rupnagar, Dhaka  
Test Method : Reverse Transcriptase Real Time PCR  
Ref. By :  
Test Name : COVID - 19 RNA Test.  
Voucher Date : 19/08/2022

**TEST RESULT**

**Novel Coronavirus (SARS-CoV-2)**

PCR Target : S and RdRp Gene  
Instrument : Rotor Gene Q 5Plex, QIAGEN.  
PCR Kit : RADI COVID- 19 PCR Kit  
Extraction Method : Automated Nucleic Acid Extraction

Test Principle : The RADI COVID 19 Detection Kit uses real-time PCR Technology utilizing reverse transcription. It is intended for the detection of SARS-CoV-2 in upper and lower respiratory specimens. It uses real-time PCR in a laboratory setting.

Report Processor

Checked By  
Medical Technician

www.nhf.org.bd  
Phone: 58054708-12, Fax: 48039237, F  
PLOT NO-7/2, SECTION-2, M  
E-mail : nhfadmin@agni.com, admin@



ন্যাশনাল হার্ট ফাউন্ডেশন হাসপাতাল অ্যান্ড রিসার্চ ইনস্টিটিউট  
NATIONAL HEART FOUNDATION HOSPITAL & RESEARCH INSTITUTE

26/4, Darus Salam Road, Mirpur-1, Dhaka-1216.

**MOLECULAR DIAGNOSTIC LABORATORY**

Invoice No : I-190822/1374939 Patient ID 674140-22  
Patient Name : A.K.M Mahaboub Alam Biswas Age 48yrs Years Gender : Male  
Mobile No : 01711037645 Bed-Ward OPD=41-  
Address : Rupnagar, Dhaka  
Test Method : Reverse Transcriptase Real Time PCR  
Ref. By :  
Test Name : COVID - 19 RNA Test. Specimen : Nasopharyngeal swab  
Voucher Date : 19/08/2022 Finalized Date : 19/08/2022

**TEST RESULT**


**Novel Coronavirus (SARS- CoV-2) RNA:** Negative

PCR Target : S and RdRp Gene  
Instrument : Rotor Gene Q 5P!ex, QIAGEN, Germany  
PCR Kit : RADI COVID- 19 PCR Kit  
Extraction Method : Automated Nucleic Acid Extractor (QIA cube HT, Qiagen, Germany)

**Test Principle:** The RADI COVID 19 Detection kit is an invitro diagnostic medical device, based on real time PCR Technology utilizing reverse transcriptase (RT) Reaction to convert RNA into complimentary DNA. It is intended for the presumptive qualitative detection of nucleic Acid from the covid 19 in upper and lower respiratory specimens. The assay is for use by a laboratory professional trained to use real-time PCR in a laboratory.

Report Processor

  
Checked By  
Medical Technologist

  
Dr. Sk. Shenab Hasan  
MBBS, MD (Microbiology),  
Junior Consultant  
Molecular Diagnostic Laboratory

PLOT NO-7/2, SECTION-2, MIRPUR, DHAKA-1216, BANGLADESH  
Phone: 58054708-12, Fax: 48039237, Facebook: www.com/bangladesh.heartfoundation  
E-mail : nhfadmin@agni.com, admin@nhf.org.bd

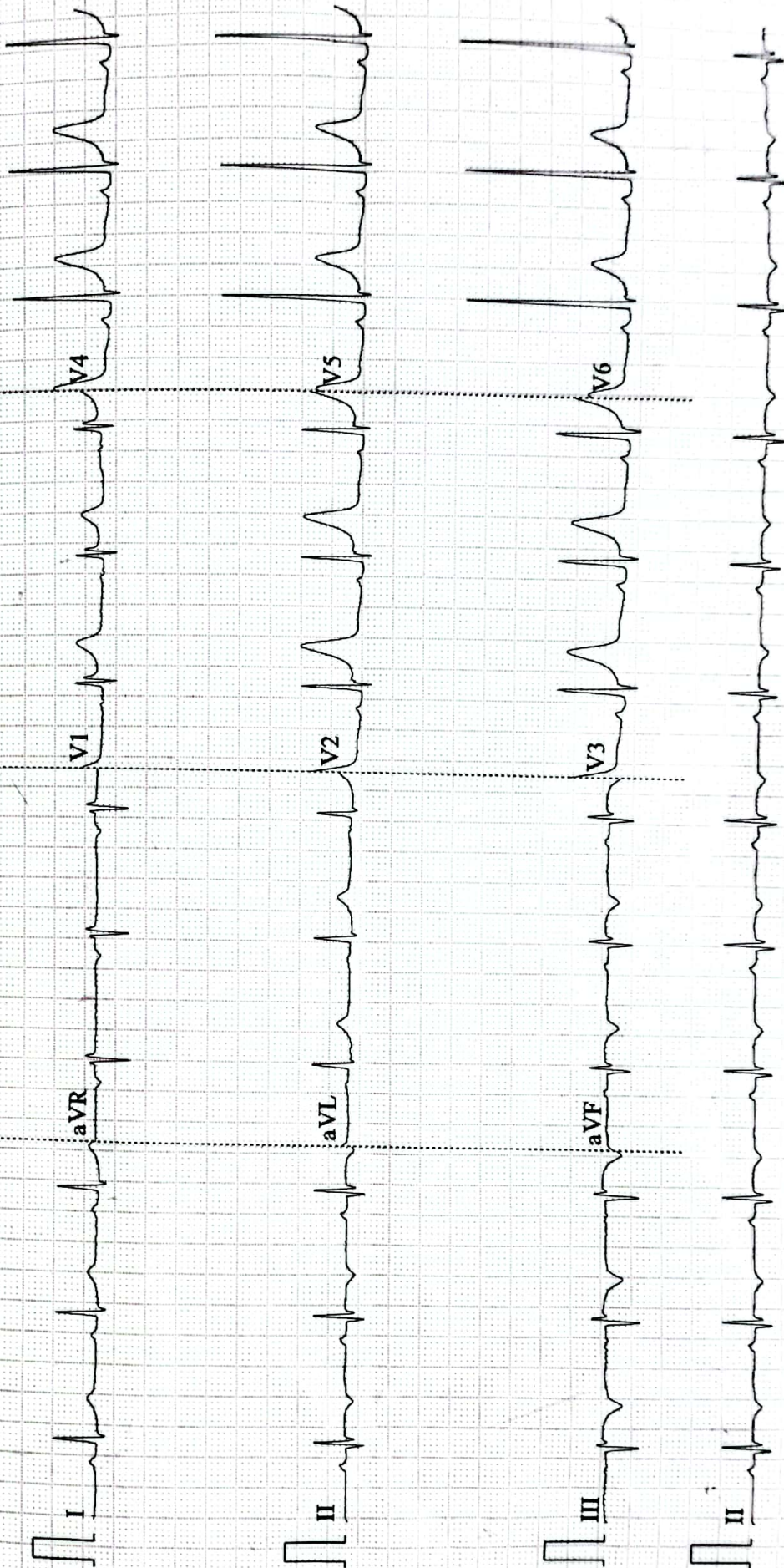


Tall T waves - consider acute ischemia or hyperkalemia  
Abnormal ECG

QRS : 86 ms  
QT/QTc : 396/431 ms  
P/QRS/T : 24/-16/-52  
R/S in V1 : 2.29/0.214 mV

Report Confirmed by:

A.k.m Mahaboub 8-806  
Alam Biswas  
Age: 48-1 ID: 679140-22



0.67-35H 5C50 25mm/s 10mm/mV 4\*2.5s+1r ♡71 SE-1200Express V2.21 Glasgow V28.60 NATIONAL HEART FOUNDAI