





PRINT - PRINTS 3

Patient Name : Mrs.BHARATHI R

Age/Gender : 28 Y 3 M 29 D/F UHID/MR No : APJ1.0018573749

Visit ID : CANNOPV429511

Ref Doctor : Self Emp/Auth/TPA ID : 36E2337 Collected : 30/Oct/2024 10:22AM Received : 30/Oct/2024 04:19PM

Received : 30/Oct/2024 04:19PM Reported : 30/Oct/2024 04:51PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY : Microscopio

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

NOTE/ COMMENT : Please correlate clinically.

Page 1 of 10

Dr.MARQUESS RAJ M.D,DipRCPath,D.N.B(PATH) Consultant Pathologist

SIN No:CAG241006181

This This Hest bas been performed at Appello Health and Linestyle date Achiennai, Diagnostics Laboratory.









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: Final Report Status

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA			4	·
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.89	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88.1	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	61.0	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4331	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2151.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	113.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	461.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.01		0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY

: Microscopic

RBC MORPHOLOGY

: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

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Dr.MARQUESS RAJ M.D,DipRCPath,D.N.B(PATH) Consultant Pathologist

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Age/Gender





: Mrs.BHARATHI R : 28 Y 3 M 29 D/F

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WBC MORPHOLOGY

PLATELETS

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Status

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

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PARASITES : No haemoparasites seen.

NOTE/ COMMENT : Please correlate clinically.

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Dr.MARQUESS RAJ M.D,DipRCPath,D.N.B(PATH) Consultant Pathologist

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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mic = 0.33

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Age/Gender : 28 Y 3 M 29 D/F UHID/MR No : APJ1.0018573749

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Ref Doctor : Self Emp/Auth/TPA ID : 36E2337 Collected : 30/Oct/2024 10:22AM Received : 30/Oct/2024 04:19PM

Reported : 30/Oct/2024 07:44PM

Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Page 4 of 10

Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:CAG241006181

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 (05









pm -p. 33

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Received : 30/Oct/2024 05:06PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 30/Oct/2024 06:04PM

DEPARTMENT OF BIOCHEMISTRY

Reported

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	82	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation			
70-100 mg/dL	Normal			
100-125 mg/dL	Prediabetes			
≥126 mg/dL	Diabetes			
<70 mg/dL	Hypoglycemia			

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	64	mg/dL	70-140	HEXOKINASE

Result is rechecked. Kindly correlate clinically

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name

Result

Unit

Bio. Ref. Interval

Page 5 of 10

Method



M.D.(Biochemistry)

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DEPARTMENT OF BIOCHEMISTRY

Status

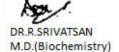
ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

ALANINE AMINOTRANSFERASE	15	U/L	<50	UV with P5P	
(ALT/SGPT), SERUM					

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.77	mg/dL	0.3–1.2	DPD

Page 6 of 10





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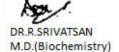
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM	<u>'</u>	<u>'</u>		<u>'</u>
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.74	mg/dL	0.72 – 1.18	JAFFE METHOD
BUN / CREATININE RATIO	15.78			Calculated

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: 30/Oct/2024 06:13PM

DEPARTMENT OF BIOCHEMISTRY

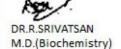
Reported

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.74	mg/dL	0.72 – 1.18	JAFFE METHOD

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no. -p. 33

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.027		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOP	Υ		
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	9	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 9 of 10

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DEPARTMENT OF CLINICAL PATHOLOGY

Reported

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

*** End Of Report ***

Page 10 of 10

Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

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TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:CAG241006179

APOLLO CLINICS NETWORK

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: Mrs. BHARATHI R

UHID

: APJ1.0018573749

Printed On Department : 30-10-2024 10:27 AM

Referred By

: Radiology

: 36E2337

Employeer Id

: Self

Qualification

OP Visit No.

Age

Registration No.

: 28Yrs 4Mths

: CANNOPV429511

Advised/Pres Doctor : --

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

*NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---

Dr.ARRAGHUL MBBS MD Radiodiagnosis 139605 Radiology



: Mrs. BHARATHI R

UHID

: APJ1.0018573749

Printed On

: 30-10-2024 01:55 PM

Department

: Cardiology

Reffered By

: Self

Employeer Id : 36E2337

Age

: 28Yrs 4Mths

OP Visit No.

: CANNOPV429511

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF CARDIOLOGY

Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 79 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---

Dr. ARULNITHI AYYANATHAN MBBS., MRCP, AB, MBA 63907 Cardiology



GOVERNMENT OF INDI



பாரதி **Bharathi** பிறத்த நான் / DOB : 01/07/1996

Queir / FEMALE

5481 2381 6964



ஆதார் *- சா<mark>தாரண</mark> மனிதனின் அதிகார*ம்

APJ1, 18573749 Oca- 107909



क्रवान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:

D/O: ராஜசேகர், எண் 1, பாரதிஸ்வரர் காலனி 5 வது தெரு, கோடம்பாக்கம், கோடம்பாக்கம், சென்னை. தமிழ் நாடு, 600024

Address:

D/O: Rajasekar, NO 1, BHARATHEESWARAR COLONY 5 TH ST. KODAMBAKKAM, Kodambakkam, Chennai, Tamil Nadu, 600024



1947 1800 300 1947

help@uidai.gov.in www.uidai.gov.in

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P.O. Box No. 1947, Bengaluru-560 001

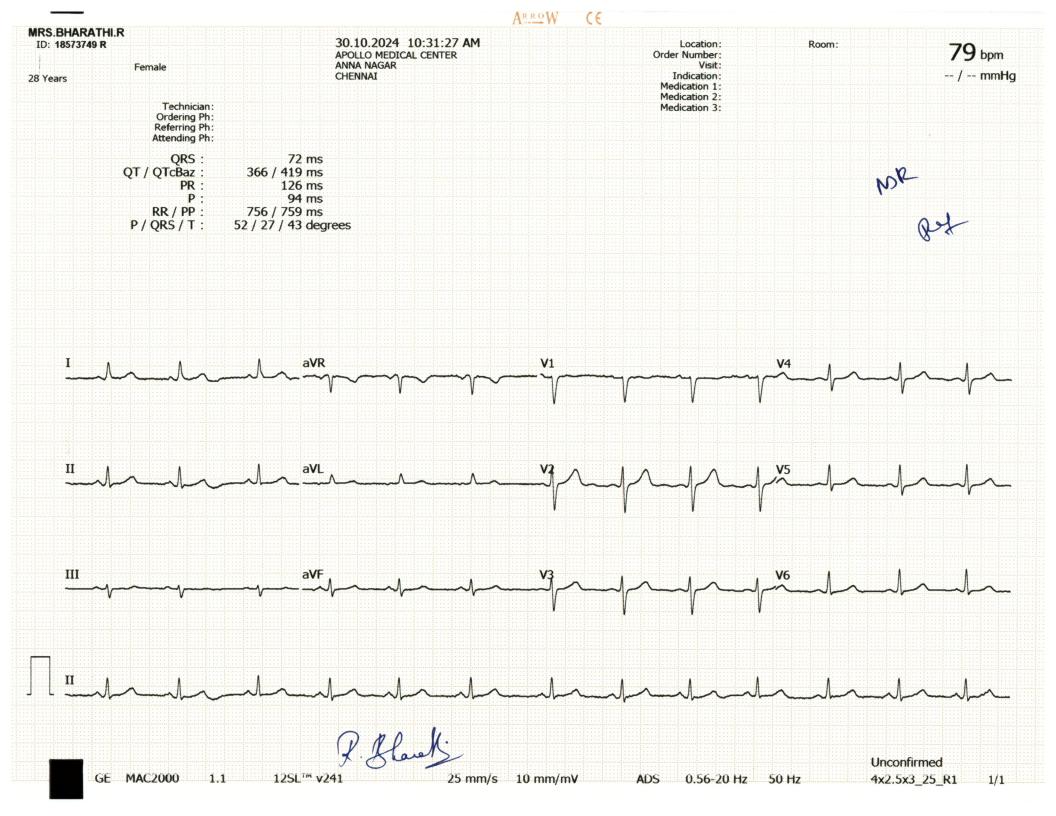
D. Sharelli



OPHTHALMOLOGY



D					Expertise. Closer to you
	novo their R		Date: 3	1,-10.	10: 573749
Occupation:					
Age: 28 y	Sex: Male Fer	naie□	Conicato		
Address:					
F					
	REPO	RT ON OPHTI	IALMIC EXAM	IINATION	
History:					15 years.
Present Complaint:					
ON EXAMINATION:			RE	LE	
Ocular Movements :				5	
Anterior Segment :		K	rece	Die	Y.
Intra-Ocular-Pressure :		(5			
Visual Acuity: D.V.:			2.1	\sim	
Without Glass :			\mathcal{N}		
With Glass:					
N.V. :			6/ 18	61 18	· ·
Visual Fields :					
Fundus :			ME	N	6
mpression:					. 0
Advice :			True	12	ill.
Colour Vision :			True N		N.





Fwd: Health Check up Booking Request(36E2337), Package Code(ARCOFEMI MEDIWHEEL -PRE EMPLOYMENT I)

From Bharathi Rajasekar < bharathirajasekar 96@gmail.com >

Date Wed 10/30/2024 10:18 AM

To Annanagar Apolloclinic <annanagar@apolloclinic.com>

----- Forwarded message ------

From: Mediwheel < wellness@mediwheel.in >

Date: Tue, Oct 29, 2024, 4:09 PM

Subject: Health Check up Booking Request(36E2337), Package Code(ARCOFEMI MEDIWHEEL -PRE

EMPLOYMENT I)

To: < bharathirajasekar96@gmail.com Cc: < customercare@mediwheel.in

011-41195959

Dear Bharathi,

We have received your booking request for the following health checkup,

User Package Name Pre-Employment Health Checkup Female

Package Code : ARCOFEMI MEDIWHEEL -PRE EMPLOYMENT I

Name of

Diagnostic/Hospital : Apollo Medical centre - Anna Nagar

Address of Apollo Medical Centre, 30, F- Block, 2nd Avenue, Anna Nagar

Diagnostic/Hospital East, Chennai - 600012

Appointment Date : 30-10-2024

Preferred Time : 08:30 AM - 09:00 AM

Member Information					
Booked Member Name Age Gender					
Bharathi 28 year Female					

Tests included in this Package

- ESR
- · Blood Glucose (Fasting)
- Creatinine
- Bilirubin Total

- Blood Glucose (Post Prandial)
- SGPT
- BUN
- CBC
- Blood Group ABO RH Typing
- Chest X-ray
- ECG
- · General Physician Consultation
- Eye Check-up Consultation
- Gynae Consultation

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CERTIFICATE OF MEDICAL FITNESS

Medically Fi	t for Employment.	
Fit with restr	rictions/recommendations	
Though follo impediments		revealed, in my opinion, these are not
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7	Be certificate is not meant for	Or medico-legal purposes Or. VIGNESH T.N., MBBS, DNB Apollo Family Physician Apollo Family 25615 Reg. No. 125615