

**MEDICAL EXAMINATION REPORT (MER)**

Application No. : OC6317433J0201 Examinee Name: Mr./Mrs./Ms. Runveer Singh Vidhani

This report is strictly confidential & should NOT be discussed/revealed/handed over in original or photocopy to anyone.

Examination Date: 18-02-2022 Place: - Clinic  Residence/Office  Time: \_\_\_\_\_  
 Mark Of Identification: Mole/Scar /Any Other (Specify location) \_\_\_\_\_  
 Date of Birth: 10 DD 07 MM 1975 YYY Gender: Male Female  Examinees Contact no. \_\_\_\_\_  
 Photo ID checked: Passport / Election ID / Pan Card / Driving License / Credit Card with photo / Recognized Club card / Co. ID card / Any other ADHAR CARD Details of photo ID checked 3074

**Measurements:**  
 Height: 165 cms Weight: 77 kgs Waist: 88 cms Hip: 90 cms  
 Blood Pressure: Initial 130 Systolic / 80 Diastolic  
 (If >140/90, pls record 3 reading with intervals of 5 mins each)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Pulse rate and character: 70

**Habits & Addictions:**

TYPE	QUANTITY PER (DAY/WEEK/MTH)	DURATION
Cigarettes/Beedis/Cigar	<u>no</u>	_____
Gutkha/Snuff/Paan etc	<u>no</u>	_____
Beer/Wine/Hard Liquor	<u>no</u>	_____

**Family History & Health Status:**

RELATION	AGE IF LIVING	HEALTH STATUS	IF DECEASED, AGE AND CAUSE OF DEATH
FATHER	_____	_____	<u>72 Natural Death</u>
MOTHER	<u>90</u>	<u>Good Health</u>	_____
BROTHER (s)	<u>56, 43</u>	<u>Good Health</u>	_____
SISTER (s)	<u>60, 51</u>	<u>Good Health</u>	_____

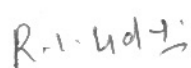

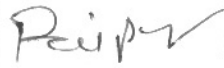
If answers to any of the questions below are "Yes", please provide details for each condition as follows: 1) Question No; diagnosis & date of diagnosis. 2) Name & Address of the treating doctor / hospital. 3) Duration of illness/ injury and date of recovery. 4) Is the examinee still under treatment? 5) Nature of test/s done and results.

PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
1) Are you the examinees medical attendant? If yes, since _____ year(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2) a) Is there any abnormality or deformity or disorder in general appearance? b) Describe Build - Normal / thin / muscular / obese / stocky c) Has there been any significant weight gain or weight loss recently?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
3) Whether in the past, the examinee: a) Has been hospitalized for Accident/ Medical treatment / Surgery (If Yes, details pls) b) Has he undergone any Path tests (Including HIV and HBsAg) / Radiological tests /Cardiological tests / USG / 2 D Echo / CT scan/MRI/Mammogram or any other tests (Please specify date/reason/ findings) c) Underwent surgery , if yes, please specify: i) The year and nature of operation & diagnosis ii) Location of the scar, size & condition of the scar. iii) Degree of impairment, if any	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
4) Has the examinee or his / her spouse been tested positive or is under treatment for HIV / AIDS / Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If answer is yes, please provide details as per the questions mentioned above
5) Mouth, Eyes, Ears, Nose and Throat: a) Is there any evidence of oral cancer or leukoplakia? b) Any history of ear discharge / perforation / nose bleed or any other ear / nose / throat abnormality c) Any history of error of refraction or evidence of eye / retinal abnormality or Cataract	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	(Kindly attach separate sheet for details, if required)
6) a) Is there any history of seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches? b) Is there any evidence of paresis, paralysis, abnormal gait, speech, wasting, involuntary movements, pupillary reflexes?	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
7) CVS: a) History of exertional dyspnoea, arrhythmia, peripheral vascular disease? b) Any evidence of gallop, carotid bruit, raised JVP, pedal edema, gross pallor? c) Is murmur present? If yes, please give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d) Any history of Stenting, PTCA, CABG, Open Heart Surgery?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	

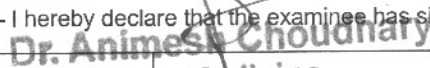
PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
8) a) Any history of breathlessness, wheezing cough, bronchitis, asthma, TB? b) Any evidence of rhonchi, rale, emphysema?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blood Pressure Since 2020
9) a) Is the examinee on treatment for hypertension? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Teb. Arbidel AM-40
10) a) Is examinee suffering from Diabetes? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetic - Since - 2020 Teb - Valic - M03
11) GI System - Is there: a) Any history of hernia, disease of liver, gall bladder (like stones etc.), pancreas, stomach, intestines? b) Any evidence of organomegaly in abdominal pelvis &/or presence of free fluid c) Any history of piles, fissure, fistula, ulcerative colitis? d) Any history of jaundice? If yes, any viral markers done?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dr. S. S. Agrawal 50cmgt
12) GU System: Has the examinee suffered or is suffering from diseases like stones, infections etc. of kidney, ureter, urinary bladder or urethra?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13) Is there any evidence of Endocrine, thyroid dysfunction? If yes, please give details	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14) Any history of arthritis / fracture / joint surgery / hyperuricemia / gout?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If answer is yes, please provide details as per the questions mentioned on earlier page
15) a) Any evidence of psoriasis, eczema, varicose veins or xanthelasma? b) Any operative / non operative significant scars - burns, injuries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Kindly attach separate sheet for details, if required)
16) Are there any abnormalities in testes relating to location, size and consistency? (Please do a physical examination only in case of suspicion)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17) a) Is there any history of evidence of cancer, tumor, growth or cyst? b) Has examinee suffered from significant enlargement of lymph glands?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18) a) Is there any history of anxiety / stress / depression / psychosis. b) Was the examinee treated for any psychiatric ailment? If so, give details about medication given and absenteeism from work, if any	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19) Is the examinee currently under any form of medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20) FOR FEMALE EXAMINEE ONLY: a) Any adverse menstrual history and LMP? b) Any history of miscarriage, abortion, MTP, gestational HT/DM? If yes give details. c) Is she now pregnant? If yes, number of weeks _____ d) Do you suspect any disease related to breast on history? (Please do a physical examination only in case of suspicion) e) Any reason to suspect disease of pelvic organs on history? Please mention your suspicion (no need for internal examination) f) Has she undergone any of these tests: pap smear, mammogram or ultrasound of pelvis? If yes, please give details of date, reason and result.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Important Note:- This contract of insurance is based on the principle of utmost good faith, which means that you have disclosed complete details of your health, previous medical history (if any) and any other details about yourself and your family. If you wish to disclose any details (health or otherwise), which have not been disclosed or have been incorrectly disclosed, in the proposal form, please contact any of our touch points as specified below. Please note that Non-disclosure of any material information may render the policy null and void.

EXAMINEES DECLARATION: - I declare that the answers to the above questions are true, and that I have not withheld any material information and I understand that the answers given by me to each of the questions in the proposal and MER shall be the basis of the contract for the assurance on my life with ICICI Prudential Life Insurance Company Ltd.

 Signature / Thumb Impression of Examinee	 Signature of person accompanying minor life & Relation	 City
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EXAMINERS DECLARATION: - I hereby declare that the examinee has signed / affixed his / her thumb impression in my presence

 Signature of the Medical Examiner	 Rubber Stamp with ME code	 ME Name and Qualification
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CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER:-

Was the examinee co-operative? (YES / NO) yes

In your opinion, is there anything about the examinees health, lifestyle or character which might unfavorably affect insurability or any points on which you suggest further information be obtained? no

Any other remarks e.g: - your clinical impression, suggestions, recommendations no

# Self-Declaration Form



Application Number: 6631743310201

Date: 19/02/2022

Name of the Life Assured: Mr. Ranveer Singh Mishra

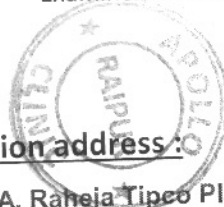
Q. No	Question	Answers
1	Education	<input checked="" type="checkbox"/> Post graduated <input type="checkbox"/> Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> 12th <input type="checkbox"/> 10th <input type="checkbox"/> below 10th
2	Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Agriculturalist <input type="checkbox"/> ICICI group employee <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Self Employed CA <input type="checkbox"/> Self Employed Doctor <input type="checkbox"/> Self Employed Architect <input type="checkbox"/> Self Employed Businessman <input type="checkbox"/> Self Employed Consultant <input type="checkbox"/> Self Employed Lawyer <input type="checkbox"/> Self Employed Others <input checked="" type="checkbox"/> Others(Specify):
3	Income (Yearly/Monthly)	<input type="checkbox"/> Rs: <input checked="" type="checkbox"/> Not Interested
4	Any previous life Insurance declined or issued on revised terms?	Yes/ <input checked="" type="checkbox"/> No

I hereby declare that above information is true & Correct please consider the same.

Signature of Life Assured: R. Mishra

Examiner Name & Stamp: Dr. Animesh Choudhary

Place: Raipur



MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur

Communication address:

Passport Office, Ground Floor, Unit No. 1A & 2A, Raheja Times Plaza, Rani Sati Rd, Malad East, Mumbai, Maharashtra 400097

COMP/DOC/May/2021/65/5728

# COVID-19 declaration for physical medicals



Application number: 00817433110201

Date: 19/02/2022

Name of life to be assured: Ranveer Singh Midhani

- I, the above named applicant, hereby declare and give my approval to conduct medical tests with regards to my proposal to purchase a life insurance policy from ICICI Prudential Life Insurance Company Ltd. ("Company") through Home/Centre visit.
- I certify, represent and warrant as follows:  
I have not:
  - Tested positive with COVID-19 or its symptoms
  - Been identified as a potential carrier of COVID-19 and/or any of its symptoms;
  - Experienced any symptoms commonly associated with COVID-19
  - Been in direct contact with or the immediate vicinity of any person I knew and/or now know to be infected with the COVID-19
  - Been in any location positively designated as hazardous and/or potentially infected with COVID-19
- I further affirm and declare that the answers to the above questions are true, correct and complete to the best of my knowledge.
- I understand and declare that I have read and understood the nature of the above questions, and the guidelines shared by the Company to prevent spread/carry/catching of COVID-19. Further, I am aware of the risks associated with undergoing medical tests/examination either through Home/Centre visit, and understand/agree that the Company shall not be held liable in any manner for any act or omission with respect to undergoing medical tests.
- I will take all reasonable preventive steps that may be recommended by the Company and further agree and undertake to notify the Company of any change in my health status, including diagnosis/or quarantine.

This application shall form a part of my life insurance policy contract, in case of acceptance by the Company.

*R. S. Midhani*

Signature of Life Assured: \_\_\_\_\_

Place: Paipar



Signature of witness: \_\_\_\_\_

(Note: To be witnessed by someone other than the advisor/employee of the Company)

भारत सरकार  
Government of India

आधार

रणवीर सिंह विघुरी  
Ranveer Singh Vidhuti  
जन्म तिथि/DOB: 10/07/1975  
पुरुष/ MALE

Download Date: 13/11/2021

Issue Date: 27/10/2021

3229 0020 3074  
VID : 9176 2308 7903 6699

मेरा आधार, मेरी पहचान

R. S. Chouhary



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur

ID: 25  
RANVEER SINGH  
Male 46 Years

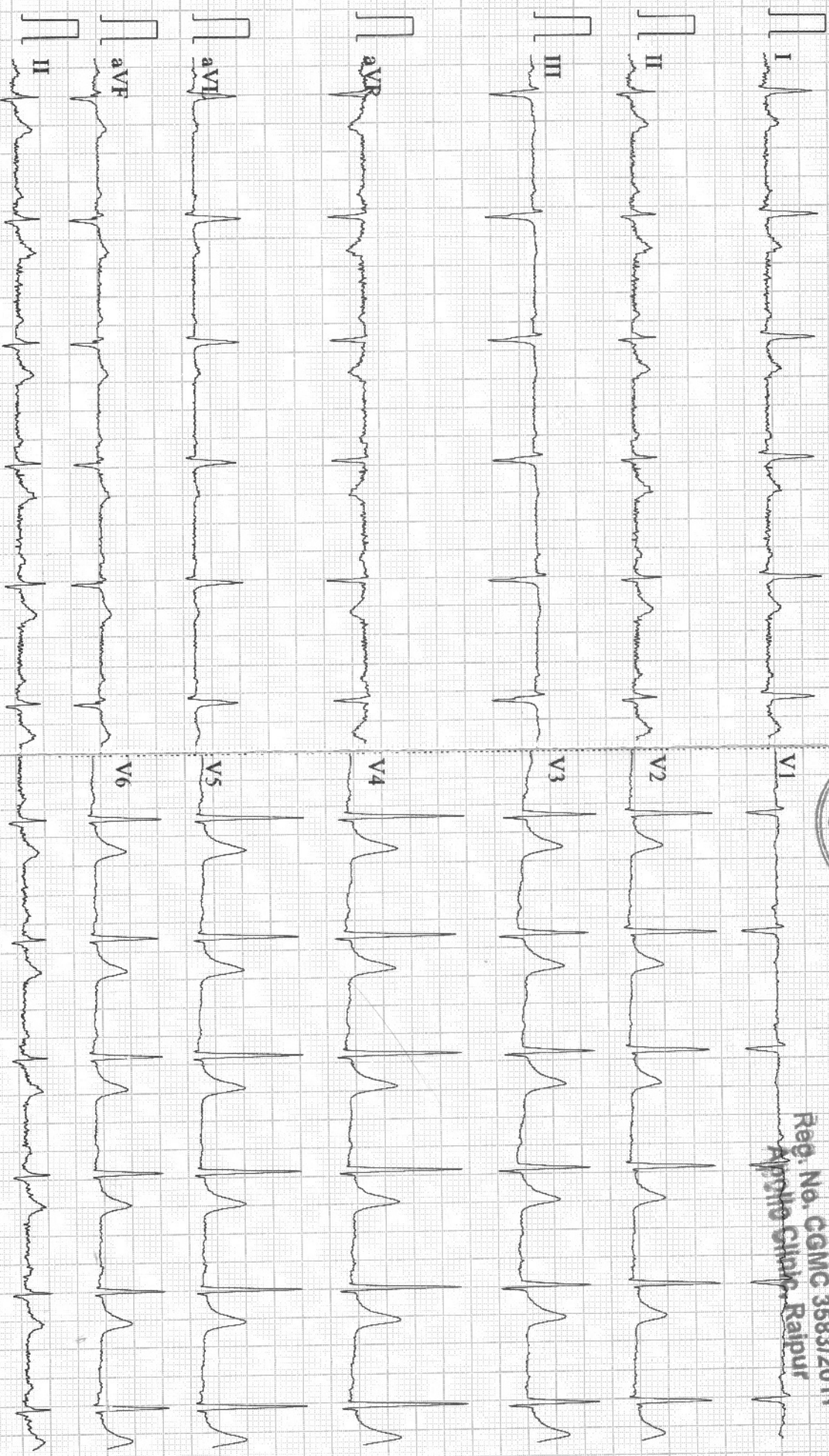
18-02-2022 08:53:52 AM  
HR : 69 bpm  
P : 90 ms  
PR : 160 ms  
QRS : 90 ms  
QT/QTc : 362/388 ms  
P/QRS/T : 41/-16/41 °  
RV5/SV1 : 1.775/0.579 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinics Raipur

R.V. N. J.V.





475 / MR RANVEER SINGH VIDHURI / 46 Yrs / M / 165 Cms / 77 Kg Date: 18-Feb-2022

Stage	Time	Duration	Belt Speed (Kmph)	Elevation	METS	Rate	%THR Achieved	BP	RPP	PVC	Comments
Supine	00:03	0:01	00.0	00.0	01.0	74	43%	130/80	096	00	
Standing	00:06	0:01	00.0	00.0	01.0	74	43%	130/80	096	00	
ExStart	00:12	0:06	02.7	10.0	01.1	073	42%	130/80	094	00	
BRUCE Stage 1	03:12	3:00	02.7	10.0	04.7	112	64%	130/90	145	00	
BRUCE Stage 2	06:12	3:00	04.0	12.0	07.1	139	80%	130/90	180	00	
PeakEx	07:01	0:49	05.5	14.0	08.0	148	85%	130/90	192	00	
Recovery	07:30	0:29	00.2	00.0	04.2	130	75%	130/90	169	00	
Recovery	08:00	1:00	00.2	00.0	01.2	114	66%	140/90	159	00	
Recovery	08:10	1:09	00.2	00.0	01.0	109	63%	140/90	152	00	

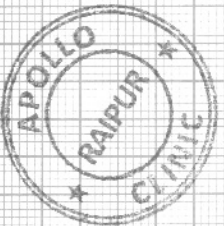
**Findings :**

Exercise Time : 06:50  
 Max HR Attained : 148 bpm 85% of Target 174  
 Max BP Attained : (Sys) 140/90  
 Max Workload Attained : 8 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**Report :**

Report: Stress test is Negative for Reversible Myocardial Ischemia with fair function capacity.

R.I.V.D.S.



Dr. Deepan Das  
 MBBS, D. CARDIO  
 Reg. No. DGMC 3583/2011  
 Allengers Raipur

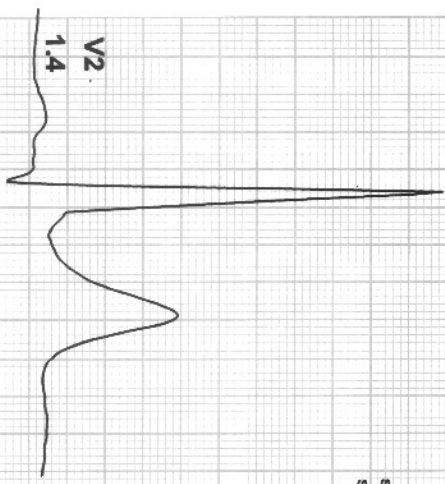


475 / MR RANVEER SINGH VIDHURI / 46 Yrs / M / 165 Cms / 77 Kg / HR : 74

Date: 18-Feb-2022 11:05:39 AM METS: 1.0/ 74 bpm 42% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:03 0.0 Kmph, 0.0% 25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



I  
STL 0.7  
STS 0.6

II  
1.4  
1.3

III  
0.7  
0.7

aVR  
-1.0  
-1.0

aVL  
0.0  
-0.1

aVF  
1.1  
1.0

V1  
-0.3  
-0.3

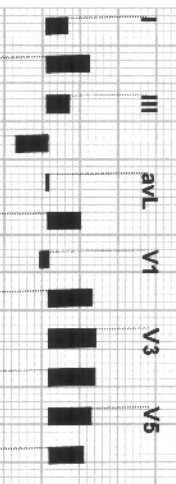
V2  
1.4  
1.1

V3  
1.5  
1.3

V4  
1.5  
1.3

V5  
1.4  
1.2

V6  
1.1  
1.0



REMARKS:

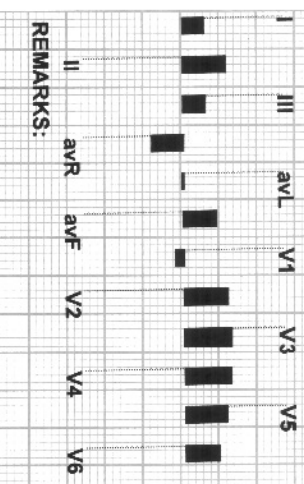
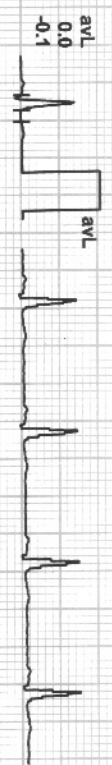
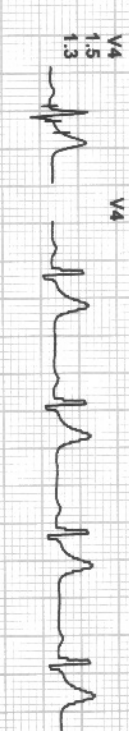
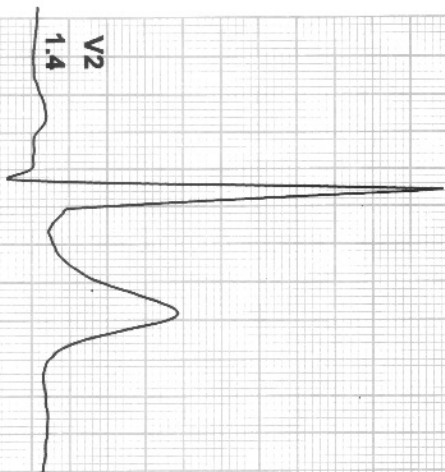




Date: 18-Feb-2022 11:05:39 AM METS: 1.0/ 74 bpm 42% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 00:06 0.0 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

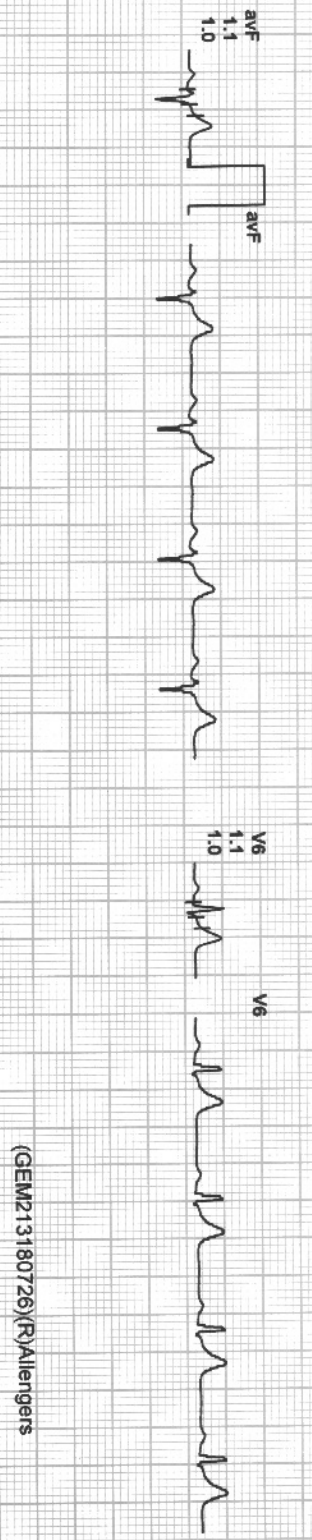
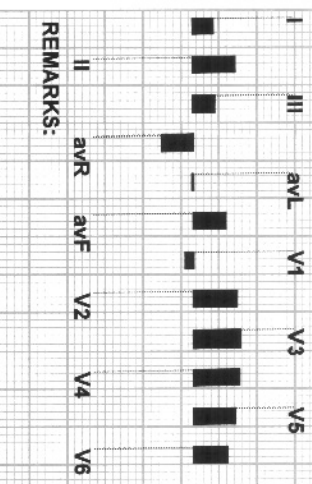
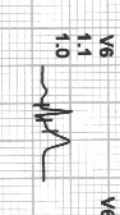
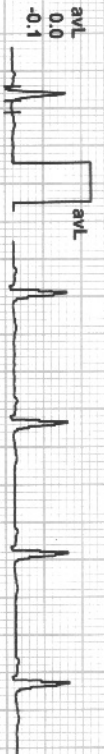
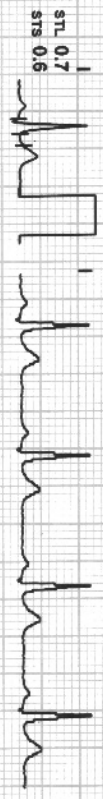
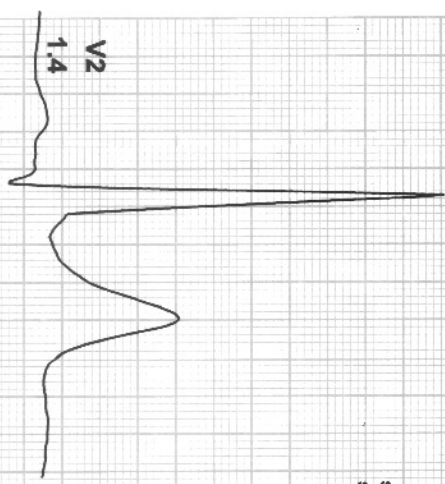


475 / MR RANVEER SINGH VIDHURI / 46 YRS / M / 165 Cms / 77 Kg / HR : 73

Date: 18-Feb-2022 11:05:39 AM METS: 1.1/1.73 bpm 41% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 2.7 KmPh 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



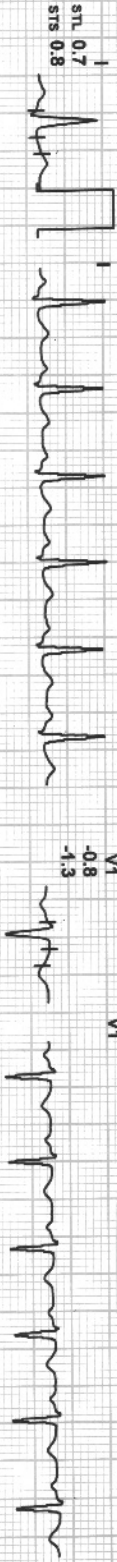


Date: 18-Feb-2022 11:05:39 AM METS: 4.7/ 112 bpm 64% of THR BP: 130/90 mmHg Combined Medians/ BLC-On/ Notch On/ HF: 0.05 Hz/LF 100 Hz

ExTime: 03:00 2.7 Kmph. 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 70 ms Post J

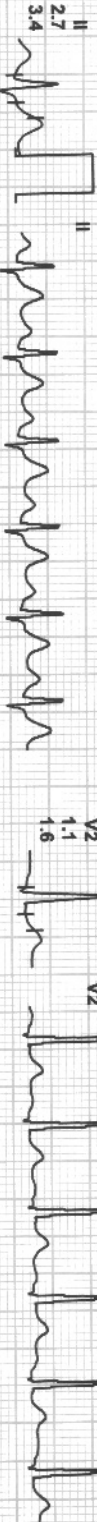
STL 0.7  
STS 0.8



V1 -0.8  
-1.3

V1

II 2.7  
3.4



V2 1.1  
1.1  
1.6

V2

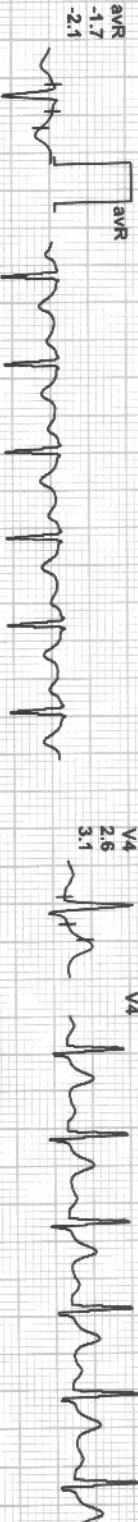
III 2.0  
2.5



V3 2.5  
2.8

V3

aVR -1.7  
-2.1



V4 2.6  
3.1

V4

aVL -0.6  
-0.9



V5 2.3  
2.9

V5

aVF 2.3  
2.9

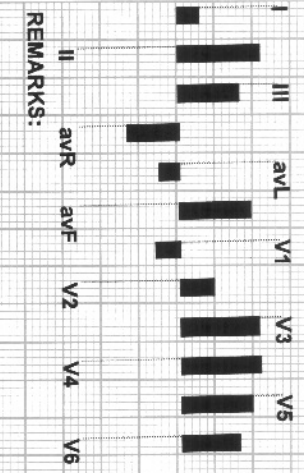


V6 1.9  
2.4

V6



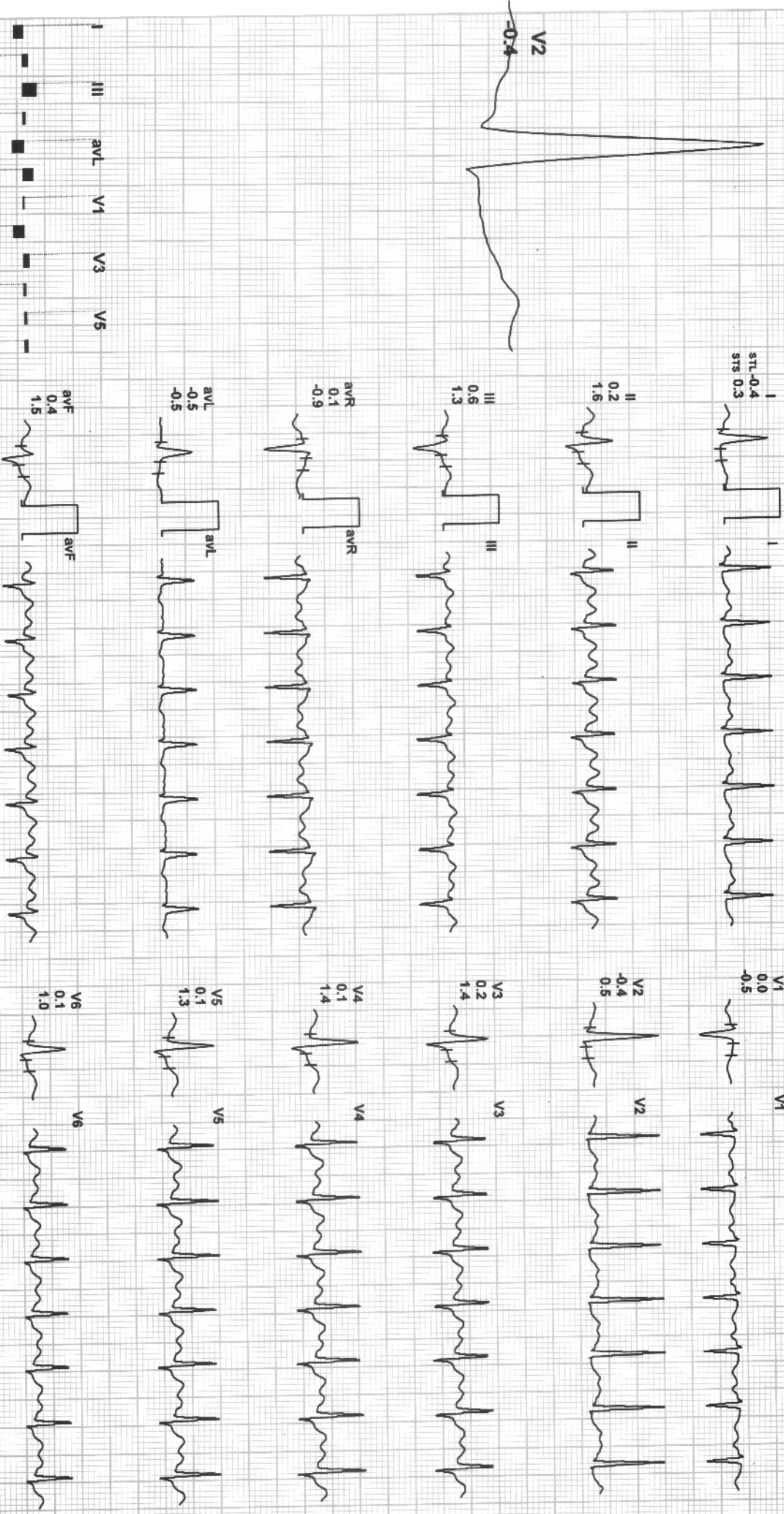
V2 1.1



REMARKS:



Date: 18-Feb-2022 11:05:39 AM METS: 7.7/ 139 bpm 79% of THR BP: 130/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz  
4X 60 mS Post J EXTime: 06:00 4.0 KmPh, 12.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

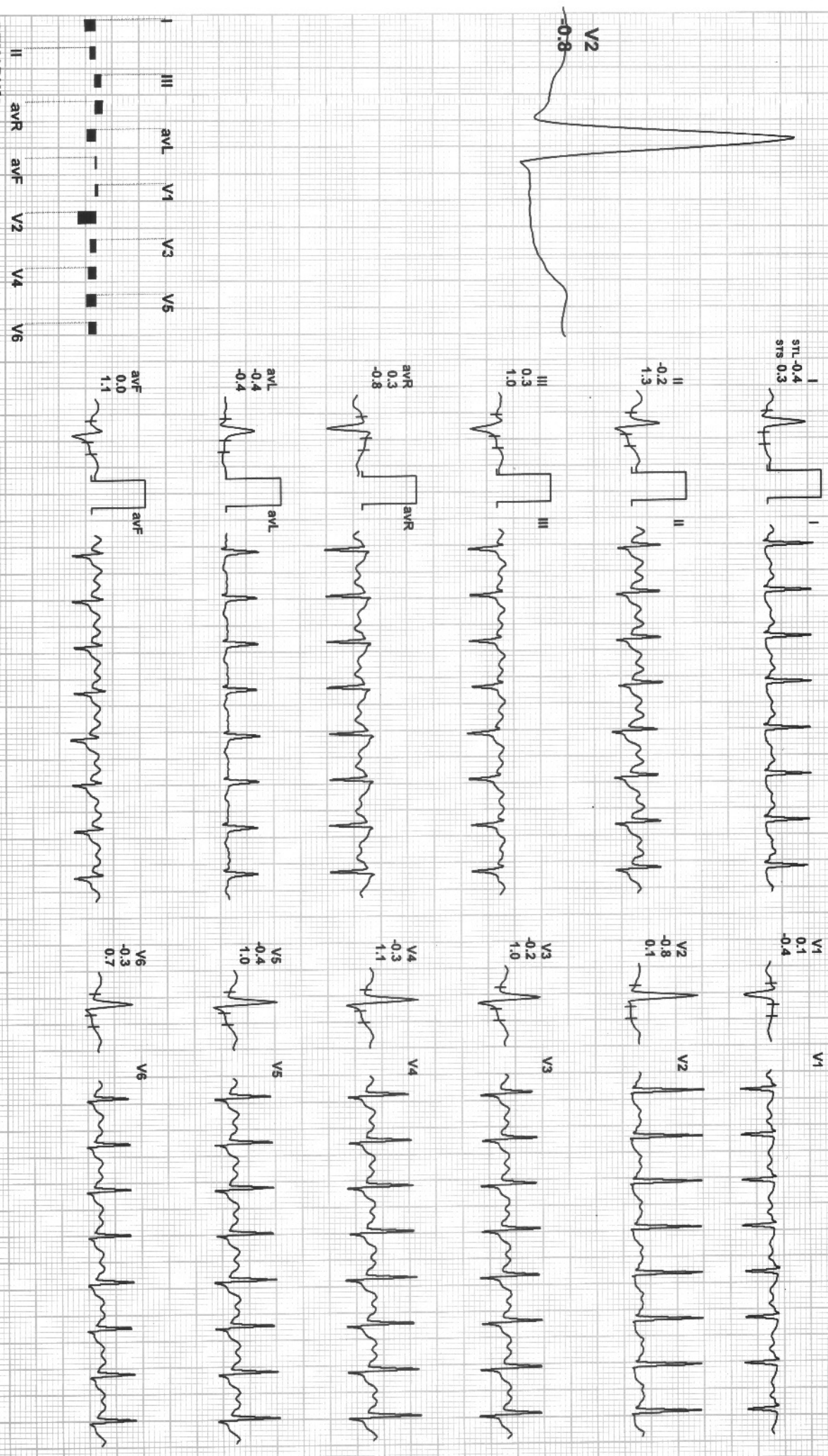


475 / MR RANVEER SINGH VIDHURI / 46 Yrs / M / 165 Cms / 77 Kg / HR : 148

Date: 18-Feb-2022 11:05:39 AM METS: 8.0 / 148 bpm 85% of THR BP: 130/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:49 5.5 KmPh, 14.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



REMARKS:



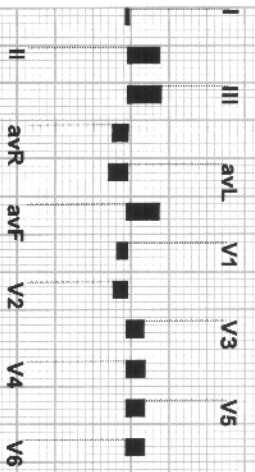
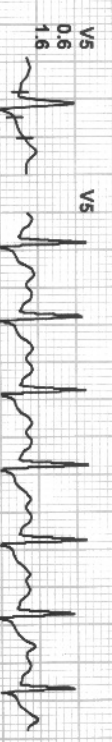
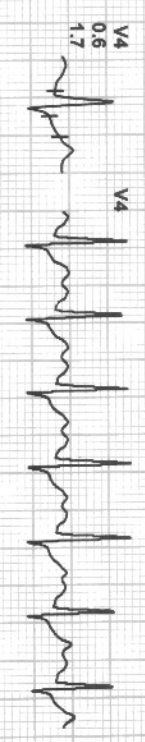
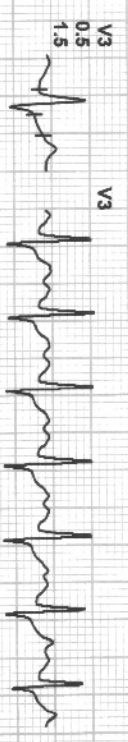
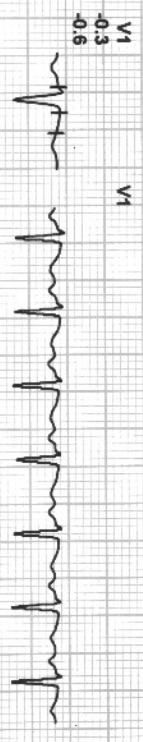
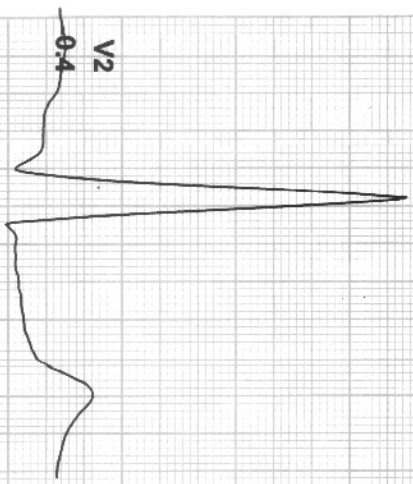
475 / MR RANVEER SINGH VIDHURI / 46 Yrs / M / 165 Cms / 77 Kg / HR : 130

Date: 18-Feb-2022 11:05:39 AM METS: 4.2/ 130 bpm 74% of THR BP: 130/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzL/F 100 Hz

EXTime: 06:50 0.2 Km/h, 0.0%

4X 80 MS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

Allengers

75 / MR RANVEER SINGH VIDHURI / 46 Yrs / M / 165 Cms / 77 Kg / HR : 114

Date: 18-Feb-2022 11:05:39 AM METS: 1.2/ 114 bpm 65% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

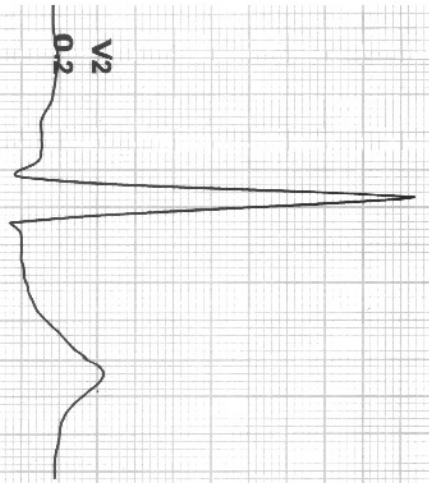
80 MS Post J

Recovery(1:00)



ExTime: 06:50 0.2 Kmph 0.0%

25 mm/Sec. 1.0 Cm/mV



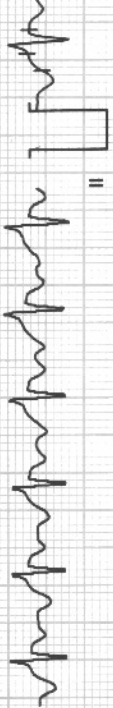
STL 0.1  
STS 0.6



V1  
-0.2  
-0.7



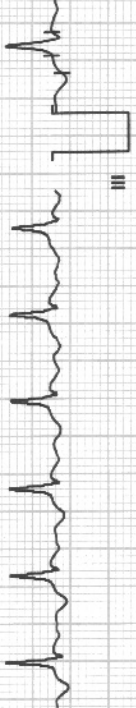
II  
1.7  
2.4



V2  
0.2  
1.0



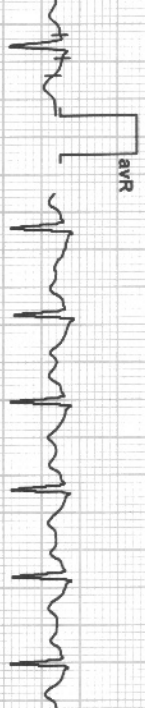
III  
1.3  
1.7



V3  
1.5  
2.1



aVR  
-0.9  
-1.5



V4  
1.4  
2.2



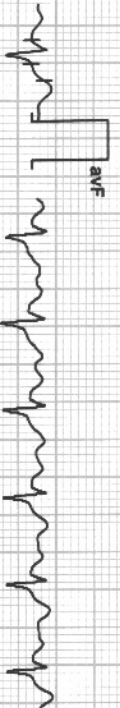
aVL  
-0.7  
-0.6



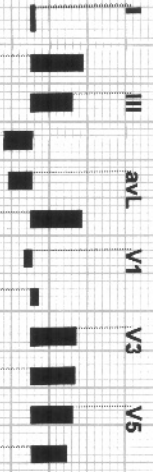
V5  
1.3  
2.1



aVF  
1.6  
2.1



V6  
1.1  
1.7



REMARKS:

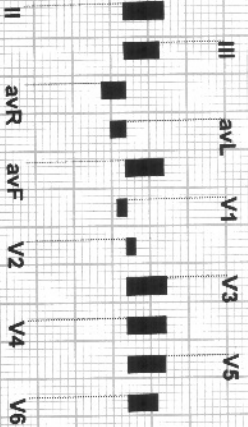
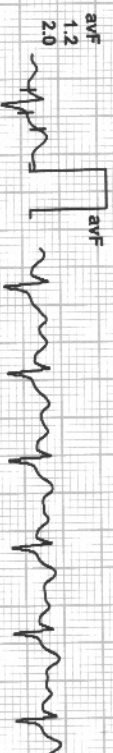
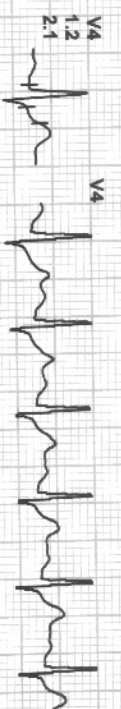
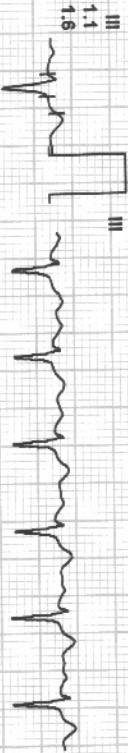
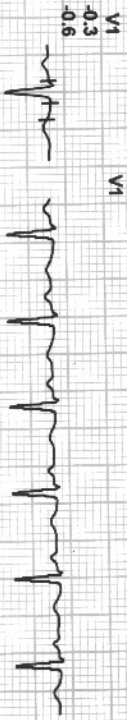


/ MR RANVEER SINGH VIDHURI / 46 Yrs / M / 165 Cms / 77 Kg / HR : 109

18-Feb-2022 11:05:39 AM METS: 1.0/ 109 bpm 62% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:50 0.2 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

80 mS Post J



REMARKS:



<b>Patient Name</b>	: Mr. RANVEER SINGH VIDHURI	<b>Age / Gender</b>	: 46Y/Male
<b>UHID/MR No.</b>	: FRAI.0000021484	<b>OP Visit No</b>	: FRAIOPV38821
<b>Visit Date</b>	: 18-02-2022 12:28	<b>Reported on</b>	: 18-02-2022 21:22
<b>Sample Collected on</b>	: 18-02-2022 13:26	<b>Specimen</b>	: Whole Blood ( Edta )
<b>Ref Doctor</b>	: ICICI Prudential	<b>Pres Doctor:</b>	:
<b>Emp/Auth/TPA ID</b>	: 1250		
<b>Sponsor Name</b>	: CALLMEDILIFE HEALTHCARE SERVICES PVT LTD		

**DEPARTMENT OF LABORATORY MEDICINE**

<b>TEST NAME</b>	<b>RESULT</b>	<b>BIOLOGICAL REFERENCE INTERVALS</b>	<b>UNITS</b>
<b>HAEMOGRAM</b>			
Hb(Haemoglobin) Method: CELL COUNTER	<b>12.7*</b>	13 - 17.2	gm%
RBC Count Method: CELL COUNTER	4.65	3.5 - 5.5	million/ cumm
PCV / Haematocrit Method: CELL COUNTER	39.4	37 - 50	%
MCV Method: CELL COUNTER	84.7	76 - 96	fl
MCH Method: CELL COUNTER	27.3	27 - 32	pg
MCHC Method: CELL COUNTER	32.3	31 - 35	gm/dl
RDW Method: CELL COUNTER	12.8	12 - 15.1	%
Total Leukocyte Count Method: CELL COUNTER	6.26	4 - 11	thous/ cumm
Neutrophil Method: CELL COUNTER	54	40 - 75	%
Lymphocyte Method: CELL COUNTER	38	20 - 40	%
Eosinophil Method: CELL COUNTER	03	1 - 6	%
Monocyte Method: CELL COUNTER	05	2 - 8	%
Basophil Method: CELL COUNTER	00	0 - 1	%
Platelet Count Method: CELL COUNTER	205	150 - 450	lacs/cumm
E S R Method: Westergren's Method	20	00 - 20	mm/hr

**End of the report**

*Results are to be correlated clinically*

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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**Dr. AVISHESHI KUMAR SINGH**  
 MBBS, MD  
**0771 4033341/42**

Patient Name : Mr. RANVEER SINGH VIDHURI  
 UHID/MR No. : FRAI.0000021484  
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 Ref Doctor : ICICI Prudential  
 Emp/Auth/TPA ID : 1250  
 Sponsor Name : CALLMEDILIFE HEALTHCARE SERVICES PVT LTD

Age / Gender : 46Y/Male  
 OP Visit No : FRAIOPV38821  
 Reported on : 18-02-2022 21:22  
 Specimen : Serum  
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>CREATININE</b>			
CREATININE: Method: Jaffe	1.04	0.6 - 1.2	mg/dL
<b>GLUCOSE - ( FASTING )</b>			
GLUCOSE - ( FASTING ) Method: REAGENT GRADE WATER	105.0	60 - 120	mg/dl
<b>GLYCOSYLATED HEMOGLOBIN (HBA1C)</b>			
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD.. Method: TURBIDOMETRY	5.4	Non-diabetic: <= 5.6 Pre-diabetic: 5.7 - 6.4 Diabetic: >= 6.5	%


TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>HIV I AND II</b>			
HIV I AND II RAPID Method: CARD TEST	Non-Reactive	Non-Reactive	
<b>HBSAG</b>			
HBSAG Method: CARD TEST	NON-REACTIVE	NON-REACTIVE	

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>NICOTINE</b>			
Nicotine	Negative	Negative	

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
Shubham\_Thakur



Dr. AVISHESH KUMAR SINGH  
MBBS, MD  
Pathologist

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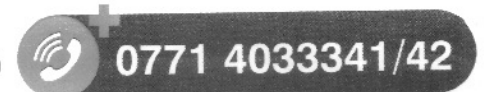
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**Reported on** : 18-02-2022 21:22  
**Specimen** : Serum  
**Pres Doctor:** :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Total Cholesterol Method: Spectrophotometric	160.0	00 - 200	mg/dl
Triglyceride Method: Spectrophotometric	<b>155.0*</b>	60 - 150	mg/dl
HDL Method: Spectrophotometric	52.0	35 - 60	mg/dl
LDL Method: Spectrophotometric	77.0	60 - 130	mg/dl
VLDL Method: Spectrophotometric	31.0	10 - 50	mg/dl
Cholesterol/HDL Method: Spectrophotometric	3.07		

End of the report

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**0771 4033341/42**

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**Age / Gender** : 46Y/Male  
**OP Visit No** : FRAIOPV38821  
**Reported on** : 18-02-2022 21:22  
**Specimen** : Serum  
**Pres Doctor:** :


DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LFT WITH GGT</b>			
TOTAL BILIRUBIN (DPD) Method: Enzymatic	1.0	0.1 - 1.2	mg/dl
DIRECT BILIRUBIN (DPD) Method: Spectrophotometric	0.2	0.05 - 0.3	mg/dl
INDIRECT BILLIRUBIN Method: Spectrophotometric	0.8	0.1 - 1	mg/dl
SGPT/ALT (IFCC) Method: Enzymatic	16	6 - 40	U/L
SGOT/AST (IFCC) Method: Enzymatic	30	6 - 32	U/L
S.ALKALINE PHOSPHATASE Method: Spectrophotometric	102	25 - 147	IU/L
GGT (IFCC) Method: Spectrophotometric	56	5 - 80	U/L
TOTAL PROTEIN (BIURET) Method: Spectrophotometric	7.0	6 - 8	g/dl
ALBUMIN (BCG) Method: Spectrophotometric	4.0	3.5 - 5.0	g/dl
S.GLOBULIN Method: Spectrophotometric	3.0	1.5 - 3.6	g/dl
S.A/G RATIO Method: Spectrophotometric	1.33		

End of the report

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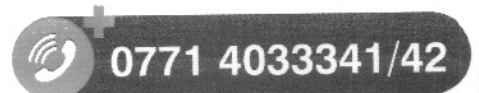
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Age / Gender : 46Y/Male  
 OP Visit No : FRAIOPV38821  
 Reported on : 18-02-2022 21:22  
 Specimen : Urine  
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

TEST RESULT

PHYSICAL EXAMINATION:

Volume of urine	40 ml
Colour	Colourless
Specific Gravity	1.005
Deposit	Absent
Appearance	Clear
pH	8.0

CHEMICAL EXAMINATION:

Protein	Absent
Sugar	Absent
Ketone Bodies	Absent
Blood	Absent
Leukocytes	Absent
Urobilinogen	Absent
Bili Pigments	Absent


MICROSCOPIC EXAMINATION:

Pus Cell	1 - 2	/ hpf
Red Blood Cells	Not Seen	/ hpf
Epithelial Cells	0 - 2	/ hpf
Cast	Not Seen	
Crystals	Not Seen	

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