



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SINGH NARENDRA
EC NO.	71000
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	GHAZIABAD,RAJNAGAR
BIRTHDATE	23-06-1974
PROPOSED DATE OF HEALTH CHECKUP	25-06-2022
BOOKING REFERENCE NO.	22J71000100019736E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **04-06-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation





बैंक ऑफ बड़ोदा
Bank of Baroda



नाम
Name NARENDRA SINGH

कर्मचारी कूट क्र
E. C. No. 71000

जरीकवा प्राधिकारी मु. प्र.सु. अ.का. न.दि.
Issuing Authority, CM (S), ZO, ND.

धारक के हस्ताक्षर
Signature of Holder

LABORATORY REPORT

Name : MR NARENDRA SINGH Age : 48 Yr(s) Sex : Male
Registration No : MH010665703 Lab No : 202212002090
Patient Episode : H18000000074 Collection Date : 24 Dec 2022 10:46
Referred By : HEALTH CHECK MGD Reporting Date : 24 Dec 2022 14:18
Receiving Date : 24 Dec 2022 10:46

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	97.0	mg/dl	[70.0-110.0]

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-----END OF REPORT-----


Dr. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT

Name	: MR NARENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665703	Lab No	: 32221208281
Patient Episode	: H18000000074	Collection Date	: 24 Dec 2022 20:19
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Dec 2022 11:51
Receiving Date	: 24 Dec 2022 20:27		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.402	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal

antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

LABORATORY REPORT

Name	: MR NARENDRA SINGH	Age	: 48 Yr(s) Sex :Male
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Patient Episode	: H18000000074	Collection Date	: 24 Dec 2022 20:19
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Dec 2022 11:51
Receiving Date	: 24 Dec 2022 20:27		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ECLIA)	1.39	ng/ml	1 [0.70-2.04]
T4 - Thyroxine (ECLIA)	9.53	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.460	μIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

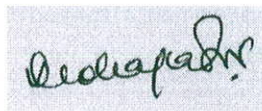
* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----



Dr. Lona Mohapatra
CONSULTANT PATHOLOGY

LABORATORY REPORT

Name	: MR NARENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665703	Lab No	: 202212002089
Patient Episode	: H18000000074	Collection Date	: 24 Dec 2022 10:46
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Dec 2022 14:28
Receiving Date	: 24 Dec 2022 10:50		

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.64	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	15.7	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	47.4	%	[40.0-50.0]
MCV (DERIVED)	102.2 #	fL	[83.0-101.0]
MCH (CALCULATED)	33.8 #	pg	[27.0-32.0]
MCHC (CALCULATED)	33.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	198	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	9.6		
WBC COUNT (TC) (IMPEDENCE)	6.02	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[17.0-45.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	11.0 #	/1sthour	[0.0-

LABORATORY REPORT

Name	: MR NARENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665703	Lab No	: 202212002089
Patient Episode	: H18000000074	Collection Date	: 24 Dec 2022 10:50
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Dec 2022 14:21
Receiving Date	: 24 Dec 2022 10:50		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction [pH]	6.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NOT DETECTED)
Glucose	Normal	(NOT DETECTED)
Ketone Bodies	+Ketone Bodies+	(NOT DETECTED)
Urobilinogen	+	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	nil /hpf	
CASTS	nil	
Crystals	calcium oxilate	
OTHERS	nil	

LABORATORY REPORT

Name	: MR NARENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665703	Lab No	: 202212002089
Patient Episode	: H18000000074	Collection Date	: 24 Dec 2022 10:46
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Dec 2022 14:26
Receiving Date	: 24 Dec 2022 10:50		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.7 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	117	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	234 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	99	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	61.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	20	mg/dl	[0-35]
CHOLESTEROL, LDL, DIRECT	153.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

LABORATORY REPORT

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Patient Episode	: H18000000074	Collection Date	: 24 Dec 2022 10:46
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Dec 2022 14:18
Receiving Date	: 24 Dec 2022 10:50		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.5		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum

UREA	21.4	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	10.0	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.66 #	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	3.9 #	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	139.5	mmol/L	[136.0-144.0]
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POTASSIUM, SERUM	4.71	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.3	mmol/l	[101.0-111.0]

Method: ISE Indirect

eGFR (calculated)	114.3	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.

LABORATORY REPORT

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.61	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.48 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	8.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.61	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.36		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	11.00 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	70.0	IU/L	[32.0-91.0]

