



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	PUNAM GOPLRAOGADE
DATE OF BIRTH	03-11-1993
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	19-02-2022
BOOKING REFERENCE NO.	21M118682100011760S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. TEKADE GAJANAN SAHEBRAO
EMPLOYEE EC NO.	118682
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	MUMBAI, BAIL BAZAR
EMPLOYEE BIRTHDATE	26-03-1992

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 **16-02-2022** till **31-03-2022**. 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's spouse 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))

DEPARTMENT OF PATHOLOGY TEST REPORT

UHID	: WHN2.0000318752	Age/Sex: 29(Y)03(M)16(D)/F	Order Date	: 19-Feb-2022
Name	: Mrs PUNAM GOPALRAO GADE		Order No.	: OPD453028
Con.Doctor	: WOCKHARDT		Report Date	: 19-Feb-2022

BOB ANNUAL HCUFOR FEMALE 2020

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>LIPID PROFILE</u>			
Serum Cholesterol, CHOD-PAP	131	mg/dl	1) Desirable Cholesterol Level: <201 2) Borderline Cholesterol: 200-240 3) High Cholesterol: >240
Serum Triglycerides, GPO-PAP	45 *	mg/dl	70-200
Serum HDL-Cholesterol, Direct Method	52	mg/dl	45-65
Serum VLDL Cholesterol, Calculated	9.00 *	mg/dl	10-35
Serum LDL Cholesterol, Calculated	70.00 *	mg/dl	80-130
Serum CHOL/HDL RATIO, Calculated	2.52		1) Low Risk 3.3-4.4 2) Average Risk 4.4-7.1 3) Moderate Risk 7.1-11.0 4) High Risk >11.0
<u>LIVER PROFILE</u>			
Serum Alkaline Phosphatase, PNP AMP Kinetic	95	U/L	35-104
Serum SGOT, UV Kinetic (AST)	14	U/L	1-32
Serum SGPT, UV Kinetic (ALT)	9	U/L	1-31
Serum Total Protein, Biuret	7.31	g/dl	6.6-8.7
Serum Albumin, BCG	4.96 *	g/dl	3.4-4.8
Serum Globulin, Calculated	2.35	g/dl	2-4
Serum Albumin:Globulin Ratio, Calculated	2.11 *		1-2
Serum Total Bilirubin, Diazo	0.76	mg/dl	0-1.2
Serum Direct Bilirubin, Diazo	0.30	mg/dl	0-0.3
Serum Indirect Bilirubin, Calculated	0.46	mg/dl	0-0.8

* Indicates test value is outside reference range defined. All such values are rechecked.


WOCKHARDT HOSPITALS, NAGPUR

1643, North Ambazari Road, Nagpur - 440 033. Tel : (0712) 6624444, 6624100

Fax : (0712) 2261266 Website : www.wockhardthospitals.com

Registered Office Address :- Wockhardt Towers , BKC , Bandra (East) Mumbai 400051

CIN: U85100MH1991PLC063096

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Dr. ALKA THOOL , MD-PATH
SENIOR PATHOLOGIST

Performed by

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BOB ANNUAL HCUFOR FEMALE 2020

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>
<u>URINE ROUTINE</u>		
<u>Physical Examination</u>		
Colour	Pale Yellow	
Appearance	Clear	
<u>Urinalysis(Roche UriSys1100)</u>		
Specific Gravity	1.015	
PH	6	
Leukocytes, by urinalyser, calculated	0.00	/hpf
Nitrite, urinalyser	Negative	
Protein, urinalyser	Negative	
Glucose, urinalyser	Normal	
Ketone, urinalyser	Negative	
Urobilinogen, urinalyser	Normal	
Bilirubin, urinalyser	Negative	
Erythrocytes, by urinalyser,calculated	0.00	/hpf

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BOB ANNUAL HCUFOR FEMALE 2020**Parameter**
PAP SMEAR**Result**

L.M.P.

31/01/22

REPORT

Lab no. WN2C/58/2022

Microscopy: Intermediate and superficial cells are seen against a background of neutrophils and Doderlein bacilli.
Endocervical cells are seen.

Impression: Inflammatory smear.

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Fasting Blood Sugar, Hexokinase	97	mg/dl	70-115
Urine Sugar (fasting)	Not Detected		
Post Prandial Blood Sugar, Hexokinase	95 *	mg/dl	100-140
Urine Sugar (post Prandial)	NA		
Blood Urea Nitrogen, Calculated	7.48	mg/dl	6-20
Serum Creatinine, Jaffe's Kinetic	0.72	mg/dl	0.5-0.9
Serum Total T3, ECLIA	101.5	ng/dL	84.6-201.8
Serum Total T4, ECLIA	7.94	µg/dl	5.13-14.06
Serum TSH, ECLIA	2.09	µIU/mL	0.2-4.2
Serum Uric Acid, Enzymatic	3.84	mg/dl	1-5.7

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
COMPLETE BLOOD COUNT (WITH ESR)			
Haemoglobin, Cell counter	12.7	g%	12-16
Haematocrit, Calculated	39.2	%	37-47
MCV, Calculated	87.3	fl	76-96
MCH, Calculated	28.1	pg	27-32
MCHC, Calculated	32.2	%	30-35
RDW-CV, Calculated	13.0	%	12-15
RBC Count, Cell counter	4.49	Million/ul	4-5
TLC Count, Cell counter	8300	Cells/cumm	4000-11000
Differential Count			
Neutrophil, Cell Counter/Manual	58	%	40-70
Lymphocyte, Cell Counter/Manual	31	%	20-40
Monocyte, Cell Counter/Manual	06	%	2-8
Eosinophil, Cell Counter/Manual	05	%	2-6
Basophil, Cell Counter/Manual	00	%	0-2
Platelet Count, Cell counter	312	Thou/Cumm	150-450
Blood ESR, Westergren's Method	13	mm/hr	0-20

CBC done on 5-part Coulter UniCel DxH 800 haematology analyzer.

ESR done on ALIFAX Roller 20LC ESR analyzer.

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Glycosylated Hemoglobin HbA1C, HPLC	5.3	%	Action required: 7.0-8.0% Good control: 6.5-7.0% Normal control: 4.8-6.4% Poor control: >8.0%

Estimated Mean glucose 111.38 mg/dl

Aberrant glycosylated haemoglobin values may be seen in patients with haemoglobinopathies, recent blood transfusion and severe anemias. In such cases, alternative methods of determination of blood glucose is recommended.

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BLOOD STORAGE CENTER TEST REPORT

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<u>Parameter</u>	<u>Result</u>
<u>BLOOD GROUP & RH FACTOR</u>	
Blood Group	O
Rh Factor	Positive
Note	DONE IN JJBC

All blood groups should be confirmed from an authorised blood bank.

Blood grouping must be mandatorily repeated at the time of requirement of blood or components in a blood bank.



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Blood Group	O
Rh Factor	Positive
Note	DONE IN JJBC

All blood groups should be confirmed from an authorised blood bank.

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