



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>Sreeja M.</u>
2. Mark of Identification	:	(Mole/Scar/any other (Specify location)):
3. Age/Date of Birth	:	<u>31/10/1987</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

**PHYSICAL DETAILS:**

a. Height ..... <u>161</u> ..... (cms)	b. Weight ..... <u>64</u> ..... (Kgs)	c. Girth of Abdomen ..... <u>77</u> ..... (cms)
d. Pulse Rate ..... <u>104</u> ..... (Min)	e. Blood Pressure: <u>100/80</u>	Systolic Diastolic
	1 <sup>st</sup> Reading	<u>100</u> <u>80</u>
	2 <sup>nd</sup> Reading	<u>100</u> <u>80</u>

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<u>69</u>	<u>Okay</u>	
Mother	<u>67</u>	<u>Okay</u>	
Brother(s)	<u>40</u>	<u>Okay</u>	
Sister(s)	<u>—</u>	<u>—</u>	

**HABITS & ADDICTIONS:** Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
	<u>— Nil —</u>	

**PERSONAL HISTORY**

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details.  Y/N
- b. Have you undergone/been advised any surgical procedure?  Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital?  Y/N
- d. Have you lost or gained weight in past 12 months?  Y/N

**Have you ever suffered from any of the following?**

- Psychological Disorders or any kind of disorders of the Nervous System?  Y/N
- Any disorders of Respiratory system?  Y/N
- Any Cardiac or Circulatory Disorders?  Y/N
- Enlarged glands or any form of Cancer/Tumour?  Y/N
- Any Musculoskeletal disorder?  Y/N
- Any disorder of Gastrointestinal System?  Y/N gastritis
- Unexplained recurrent or persistent fever, and/or weight loss  Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports  Y/N
- Are you presently taking medication of any kind?  Y/N

**DDRC SRL Diagnostics Private Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

Y/N

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

*(Ovarian cyst was found, in scan, taken 2 months before)*

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

.....  
.....

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

*FIT*

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

*Dr. Austin Varghees*

Seal of Medical Examiner :

*Aushif*  
**Dr. Austin Varghees**  
**MBBS**  
**TCMC Reg. No:77017**

Name & Seal of DDRC SRL Branch :

Date & Time :



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Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

**Subject:** Bob medical checkup

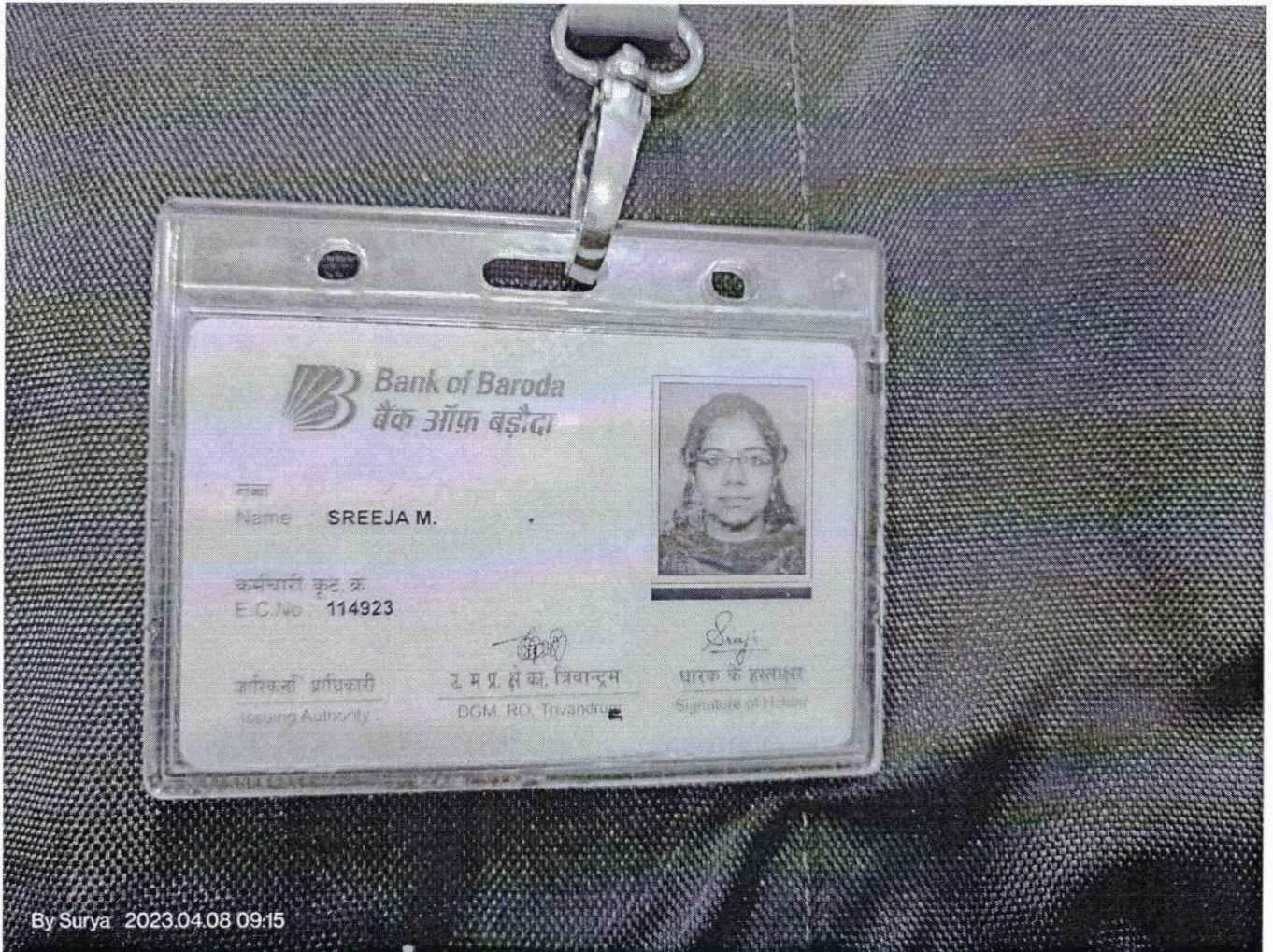
**From:** Surya Vijayan <sooryavijayan02@gmail.com>

**Date:** 08/04/2023, 09:16 am

**To:** mchkottayam.ddrc@srl.in

Id proo

— IMG20230408091502.jpg —



— Attachments: —

IMG20230408091502.jpg

4.2 MB

From,

Sreeja M.  
Bank of Baroda  
Kodimatta.

08/04/2023

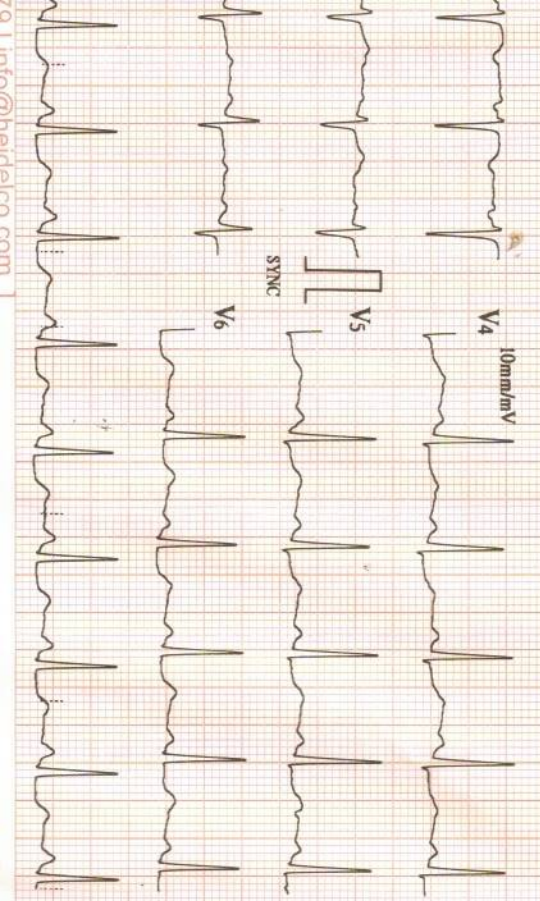
To,

DDRC SRL  
Diagnostic Services.

Madam,

I am not interested in motion test included in the Bank total health medical checkup.

Yours truly  
Sreeja



10mm/mV

V4

V5

V6

SYNC

08/04/2023 13:05

ID : 1960

Name: SREEJA

Sex : Female

Age : 35

HR : 104

R-R : 575

P-R : 130

QRS : 80

QT/QTc : 332/437

P/QRS/T : 56/54/42

RV5/SV1 : 1.100/0.870 mV

RV5+SV1 : 1.970

bpm

ms

ms

ms

ms

mV

V2.002(BIOS:V2.004/AMP-V1.006)



\*Machine Interpretation Only\*

Confirm with Physician

Physician:

25mm/s 0.5-25Hz

10mm/mV

10mm/mV

10mm/mV



10mm/mV

10mm/mV

10mm/mV

## ECG REPORT

ACCESSION NO : 4036WD001193

NAME : SREEJA

AGE : 35

SEX : FEMALE

DATE : 08.04.2023

COMPANY : MEDIWHEEL

RATE : 104 bpm

RHYTHM : sinus tachycardia

P. WAVE : normal

P-R INTERVAL : 130ms

Q,R,S,T. WAVES : normal

AXIS : normal

ARRHYTHMIAS : nil

QT INTERVAL : 332ms

OTHERS : Nil

OPINION : Normal ECG



*[Signature]*  
**Dr. Austin Varghees**  
 MBBS  
 TCMC Reg. No:77017

## OPHTHALMOLOGY REPORT

ACCESSION NO:4036WD001193

This is to certify that I have examined

MR /MS.....Sreeja.....Aged.....35 yrs.....and

His / her visual standard is as follows.

Acuity of Vision

For Far

R .....6/8.....

L .....6/8.....

with Spex { RT 6/6  
                  { LT 6/6

For Near

R .....Ng.....

L .....Ng.....

Colour Vision

.....NORMAL.....

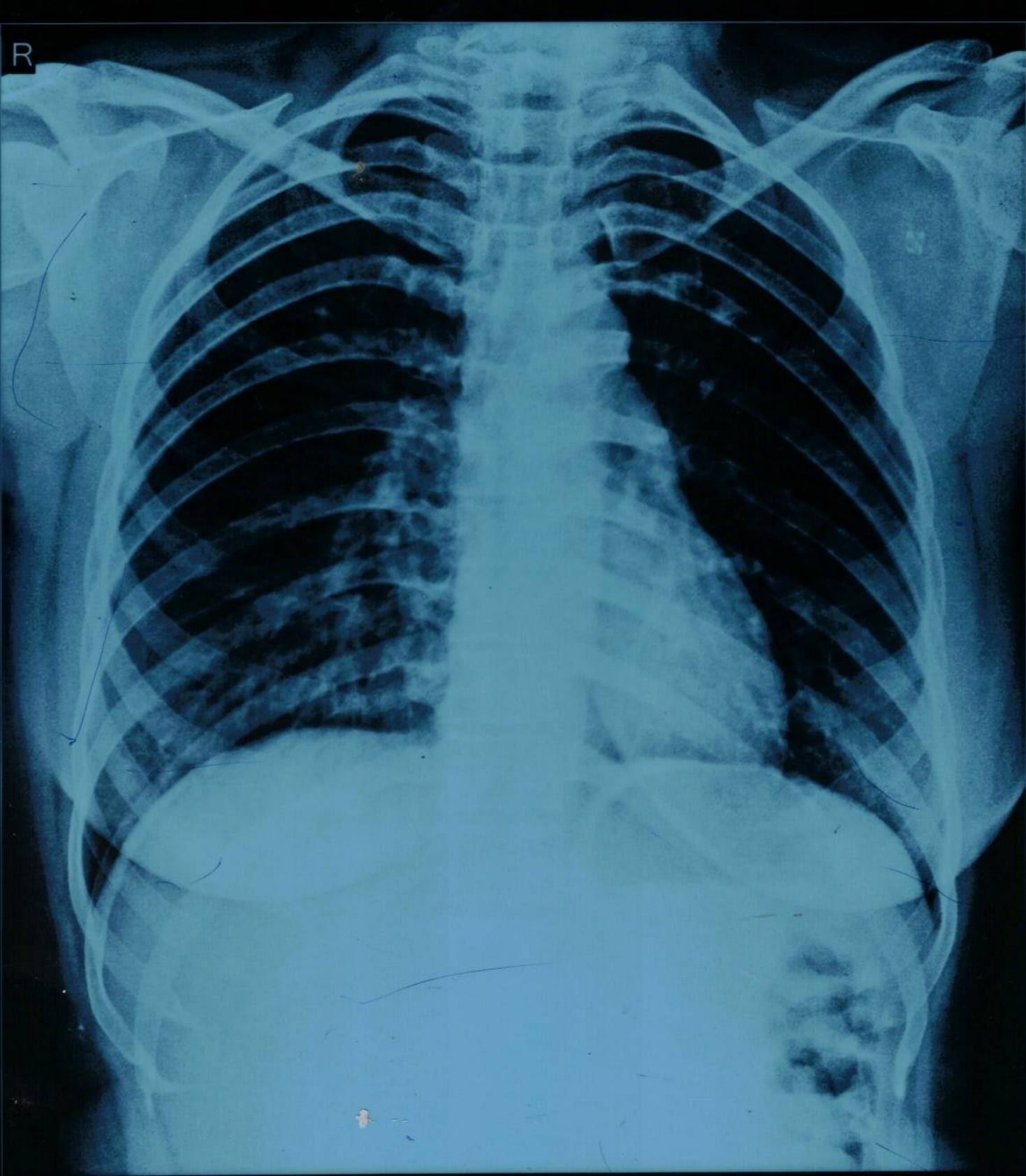
DATE: 08.04.2023



*[Signature]*

OPTOMETRIST





SREEJA 35Y 1171 CHEST-PA 08-04-2023


DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

3002111

## X - RAY CHEST - REPORT

ACCESSION NO : 4036WD001193  
 NAME : SREEJA  
 AGE : 35  
 SEX : FEMALE  
 DATE : 08.04.2023  
 COMPANY : MEDIWHEEL  
 EXPOSURE : *Good*  
 POSITIONING : *Central*  
 SOFT TISSUES : *Normal*  
 LUNG FIELDS : *Normal*  
 HEART SHADOW : *Normal*  
 CARDIOPHRENIC ANGLE : *No dilatation*  
 COSTOPHRENIC ANGLE :  
 HILUM : *Normal*  
 OPINION : *Normal chest xray*



  
**Dr. Austin Varghees**  
 MBBS  
 TCMC Reg. No:77017

Name: SREEJA  
 Age/Sex: 35 yrs/F  
 Accession No: 4036WD001193

Report Date: 08.04.2023  
 Ref.by: Mediwheel

### USG ABDOMEN & PELVIS

#### OBSERVATIONS:

- Liver:** Normal in size. Shows increased parenchymal echotexture. No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (10 mm).
- Gall bladder:** Distended (measures 4.4 x 1.2 cm) No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.
- CBD:** Not dilated (3 mm).
- Spleen:** Normal in size (10 cm) and echotexture. No focal lesion.
- Pancreas:** Head (2 cm), body (1.3 cm) and tail (1.4 cm) appear normal. No focal lesion. No calcification or duct dilatation noted.
- Kidneys:** Right kidney length measures 11.9 cm. Parenchymal thickness 1.7 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.  
 Left kidney length measures 11.7 cm. Parenchymal thickness 1.8 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.
- Ureters:** Not dilated.
- Urinary Bladder:** Distended, No luminal or wall abnormality noted.
- Uterus (TVS):** Is anteverted and normal in size measures 8.2 x 4.7 x 5.7 cm. Myometrial echo is uniform. Endometrial echo is normal. ET- 6 mm. Cavity is empty.
- Ovaries:** Right ovary: 2.9 x 2 cm, a small cyst measuring 20 x 14 mm is noted  
 Left ovary: 1.8 x 1 cm, Normal in size and morphology.
- Others:** No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

#### IMPRESSION:

- Grade I fatty changes in liver.
- Small right ovarian cyst.




**Dr. Deepak.V, MBBS, DMRD**  
 Radiologist

Note: This is radiological opinion and not the final diagnosis. Ultrasound is limited by patient adiposity, bowel gas and correlate clinically and investigate further as needed.

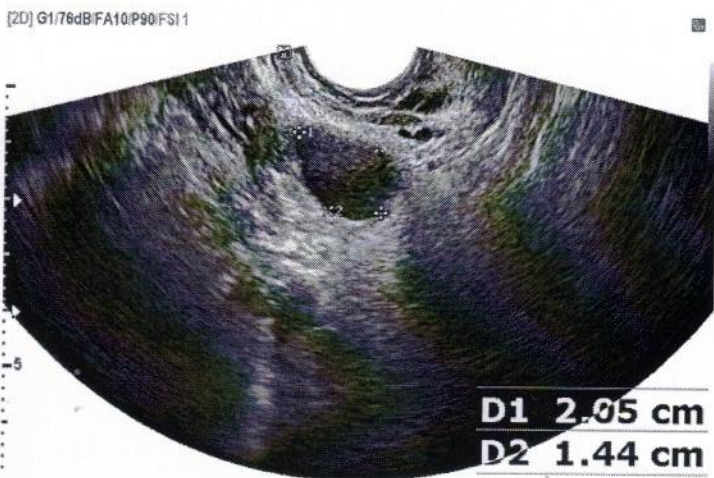
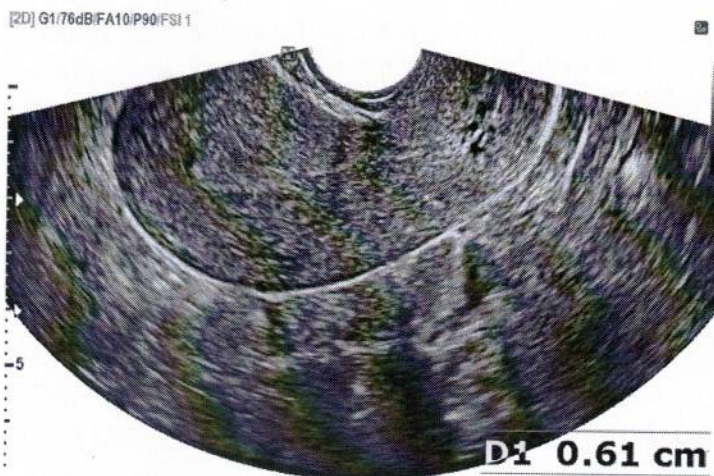
**Exam**

08-04-2023-0010  
SREEJA  
Other

Accession #  
Exam Date  
Description  
Sonographer

08042023

Date  
er



**DIAGNOSTIC REPORT**

Patient Ref. No. 66600004025354

**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS:**MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156

Cert. No. MC-5590

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in**PATIENT NAME :** SREEJAPATIENT ID : **SREEF3110874036**ACCESSION NO : **4036WD001193** AGE : 35 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 08/04/2023 10:29

REPORTED : 08/04/2023 17:21

**REFERRING DOCTOR :** DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT****\* TREADMILL TEST**

TREADMILL TEST

NOT DONE

**\* OPHTHAL**

OPHTHAL

COMPLETED

**\* PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION

COMPLETED



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**DIAGNOSTIC REPORT**



**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS:** MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

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**PATIENT NAME :** SREEJA **PATIENT ID :** SREEF3110874036  
**ACCESSION NO :** 4036WD001193 **AGE :** 35 Years **SEX :** Female **ABHA NO :**  
**DRAWN :** **RECEIVED :** 08/04/2023 10:29 **REPORTED :** 08/04/2023 17:21  
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Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 6 Adult(<60 yrs) : 6 to 20 mg/dL  
 \* **BUN/CREAT RATIO**

BUN/CREAT RATIO 7.3

**CREATININE, SERUM**

CREATININE 0.88 18 - 60 yrs : 0.6 - 1.1 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 114 Diabetes Mellitus : > or = 200. mg/dL  
 Impaired Glucose tolerance/  
 Prediabetes : 140 - 199.  
 Hypoglycemia : < 55.

**GLUCOSE FASTING, FLUORIDE PLASMA**

GLUCOSE, FASTING, PLASMA 91 Diabetes Mellitus : > or = 126. mg/dL  
 Impaired fasting Glucose/  
 Prediabetes : 101 - 125.  
 Hypoglycemia : < 55.

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.3 Normal : 4.0 - 5.6%. %  
 Non-diabetic level : < 5.7%.  
 Diabetic : >6.5%

Glycemic control goal  
 More stringent goal : < 6.5 %.  
 General goal : < 7%.  
 Less stringent goal : < 8%.

Glycemic targets in CKD :-  
 If eGFR > 60 : < 7%.  
 If eGFR < 60 : 7 - 8.5%.

**LIPID PROFILE, SERUM**

CHOLESTEROL 152 Desirable : < 200 mg/dL  
 Borderline : 200-239  
 High : >or= 240

TRIGLYCERIDES 47 Normal : < 150 mg/dL  
 High : 150-199  
 Hypertriglyceridemia : 200-499

HDL CHOLESTEROL 55 Very High : > 499  
 General range : 40-60 mg/dL



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**PATIENT NAME :** SREEJA **PATIENT ID :** SREEF3110874036  
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**REFERRING DOCTOR :** DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Units
DIRECT LDL CHOLESTEROL		96	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		97	mg/dL
		Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	
VERY LOW DENSITY LIPOPROTEIN CHOL/HDL RATIO		9.4	mg/dL
LDL/HDL RATIO		2.8	mg/dL
		<b>Low</b> 3.30 - 4.40	
<b>LIVER FUNCTION TEST WITH GGT</b>			
BILIRUBIN, TOTAL		0.56	mg/dL
		General Range : < 1.1	
BILIRUBIN, DIRECT		0.24	mg/dL
		General Range : < 0.3	
BILIRUBIN, INDIRECT		0.32	mg/dL
		0.00 - 1.00	
TOTAL PROTEIN		7.5	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
ALBUMIN		4.5	g/dL
		20-60yrs : 3.5 - 5.2	
GLOBULIN		3.0	g/dL
		2.0 - 4.1	
ALBUMIN/GLOBULIN RATIO		1.5	RATIO
		1.0 - 2.0	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		20	U/L
		Adults : < 33	
ALANINE AMINOTRANSFERASE (ALT/SGPT)		20	U/L
		Adults : < 34	
ALKALINE PHOSPHATASE		63	U/L
		Adult(<60yrs) : 35 - 105	
GAMMA GLUTAMYL TRANSFERASE (GGT)		13	U/L
		Adult (female) : < 40	
<b>TOTAL PROTEIN, SERUM</b>			
TOTAL PROTEIN		7.5	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
<b>URIC ACID, SERUM</b>			
URIC ACID		4.4	mg/dL
		Adults : 2.4-5.7	
<b>ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD</b>			
ABO GROUP		TYPE A	
RH TYPE		POSITIVE	
<b>BLOOD COUNTS, EDTA WHOLE BLOOD</b>			
HEMOGLOBIN		12.9	g/dL
		12.0 - 15.0	



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**PATIENT NAME :** SREEJA **PATIENT ID :** SREEF3110874036  
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Test Report Status	Preliminary	Results	Units
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RED BLOOD CELL COUNT		4.75	3.8 - 4.8	mil/ $\mu$ L
WHITE BLOOD CELL COUNT		6.80	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT		241	150 - 410	thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>				
HEMATOCRIT		38.8	36 - 46	%
MEAN CORPUSCULAR VOL		<b>82.0</b>	<b>Low</b> 83 - 101	fL
MEAN CORPUSCULAR HGB.		27.1	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH		12.3	11.6 - 14.0	%
MENTZER INDEX		17.3		
<b>WBC DIFFERENTIAL COUNT</b>				
SEGMENTED NEUTROPHILS		58	40 - 80	%
LYMPHOCYTES		<b>41</b>	<b>High</b> 20 - 40	%
MONOCYTES		<b>00</b>	<b>Low</b> 2 - 10	%
EOSINOPHILS		01	1 - 6	%
BASOPHILS		00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT		3.94	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT		2.79	1.0 - 3.0	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT		<b>00</b>	<b>Low</b> 0.2 - 1.0	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT		0.07	0.02 - 0.50	thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT		<b>00</b>	<b>Low</b> 0.02 - 0.10	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.4		
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD</b>				
SEDIMENTATION RATE (ESR)		<b>35</b>	<b>High</b> 0 - 20	mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b>				
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED	
<b>THYROID PANEL, SERUM</b>				
T3		81.66	Non-Pregnant : 60-181 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
T4		7.80	3.2 - 12.6	$\mu$ g/dl





**DIAGNOSTIC REPORT**



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**PATIENT NAME :** SREEJA **PATIENT ID :** SREEF3110874036  
**ACCESSION NO :** 4036WD001193 **AGE :** 35 Years **SEX :** Female **ABHA NO :**  
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Test Report Status	Preliminary	Results	Units
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TSH 3RD GENERATION 0.830 (Non Pregnant) : 0.4 - 4.2  $\mu$ IU/mL  
 Pregnant(Trimester wise)  
 1st : 0.1 - 2.5  
 2nd : 0.2 - 3  
 3rd : 0.3 - 3

**PHYSICAL EXAMINATION, URINE**

COLOR PALE YELLOW  
 APPEARANCE CLEAR

**\* CHEMICAL EXAMINATION, URINE**

PH 5.0 4.7 - 7.5  
 SPECIFIC GRAVITY 1.020 1.003 - 1.035  
 PROTEIN NOT DETECTED NOT DETECTED  
 GLUCOSE NOT DETECTED NOT DETECTED  
 KETONES NOT DETECTED NOT DETECTED  
 BLOOD NOT DETECTED NOT DETECTED  
 BILIRUBIN NOT DETECTED NOT DETECTED  
 UROBILINOGEN NORMAL NORMAL  
 NITRITE NOT DETECTED NOT DETECTED

**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS **DETECTED (OCCASIONAL)** NOT DETECTED /HPF  
 WBC **5-7** 0-5 /HPF  
 EPITHELIAL CELLS 3-5 0-5 /HPF  
 CASTS NOT DETECTED  
 CRYSTALS NOT DETECTED  
 BACTERIA NOT DETECTED NOT DETECTED  
 YEAST NOT DETECTED NOT DETECTED  
**SUGAR URINE - FASTING**  
 SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

**Comments**

NOTE - Kindly correlate clinically.  
**\* PHYSICAL EXAMINATION,STOOL** RESULT PENDING  
**\* CHEMICAL EXAMINATION,STOOL** RESULT PENDING  
**\* MICROSCOPIC EXAMINATION,STOOL** RESULT PENDING



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**DIAGNOSTIC REPORT****Patient Ref. No. 666000004025354****CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS:**MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156

Cert. No. MC-5590

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in**PATIENT NAME :** SREEJAPATIENT ID : **SREEF3110874036**ACCESSION NO : **4036WD001193** AGE : 35 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 08/04/2023 10:29

REPORTED : 08/04/2023 17:21

**REFERRING DOCTOR :** DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	<u>Preliminary</u>	Results	Units
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Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**

Patient Ref. No. 666000004025354



**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS:**

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
 SOUTH DELHI 110030  
 DELHI INDIA  
 8800465156



DDRC SRL DIAGNOSTICS  
 GANDHI NAGAR, KTM  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in

**PATIENT NAME :** SREEJA **PATIENT ID :** SREEF3110874036  
**ACCESSION NO :** 4036WD001193 **AGE :** 35 Years **SEX :** Female **ABHA NO :**  
**DRAWN :** **RECEIVED :** 08/04/2023 10:29 **REPORTED :** 08/04/2023 17:21  
**REFERRING DOCTOR :** DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

- \* ECG WITH REPORT  
REPORT  
COMPLETED
- \* USG ABDOMEN AND PELVIS  
REPORT  
COMPLETED
- \* CHEST X-RAY WITH REPORT  
REPORT  
COMPLETED

**\*\*End Of Report\*\***  
 Please visit [www.ddrcsrl.com](http://www.ddrcsrl.com) for related Test Information for this accession  
 TEST MARKED WITH '\*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

  
 PRASEEDA S NAIR  
 BIOCHEMIST

  
 DR.KRIPA ELIZABETH JOHN  
 CONSULTANT PATHOLOGIST

  
 K.MEERA BHAI  
 SENIOR BIOCHEMIST
