PID No.
 : MED122256451
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 : 04/11/2023 7:56 AM

 SID No.
 : 522317258
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 Age / Sex
 : 39 Year(s) / Female
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 : 04/11/2023 7:16 PM

 Type
 : OP
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 : 06/11/2023 8:59 AM

Ref. Dr : MediWheel

Investigation	Observed <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	12.42	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	36.1	%	37 - 47
RBC Count (EDTA Blood)	4.37	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	82.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.4	g/dL	32 - 36
RDW-CV	14.4	%	11.5 - 16.0
RDW-SD	41.58	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7720	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	56.63	%	40 - 75
Lymphocytes (Blood)	36.03	%	20 - 45
Eosinophils (Blood)	1.93	%	01 - 06
Monocytes (Blood)	5.13	%	01 - 10
Basophils (Blood)	0.27	%	00 - 02





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
INTERPRETATION: Tests done on Automated F	ive Part cell counter. All	l abnormal results are r	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.37	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.78	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.15	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.40	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood)	355.0	$10^3 / \mu l$	150 - 450
MPV (Blood)	6.75	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	15	mm/hr	< 20
BUN / Creatinine Ratio	9.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	98.48	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	140.53	mg/dL	70 - 140





The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.67	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid	4.37	mg/dL	2.6 - 6.0
(Serum/Enzymatic)			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.43	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.24	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.32	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.87	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	24.20	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	78.6	U/L	42 - 98
Total Protein (Serum/Biuret)	6.64	gm/dl	6.0 - 8.0





APPROVED BY

The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Albumin (Serum/Bromocresol green)	4.34	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.30	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.89		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	162.99	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	69.98	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	42.80	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	106.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14	mg/dL	< 30





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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	120.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2. It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.8	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.6	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*) % Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 %, Fair control : 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 122.63 mg/dL

(Whole Blood)





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<u>Investigation</u> <u>Observed</u> <u>Unit</u> <u>Biological</u> <u>Value</u> <u>Reference Interval</u>

INTERPRETATION: 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 glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

 $hypertrigly ceridemia, hyperbilirubinemia, Drugs,\ Alcohol,\ Lead\ Poisoning,\ Asplenia\ can\ give\ falsely\ elevated\ HbAlC\ values.$

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbAlc.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.36 ng/ml 0.7 - 2.04

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total 4.51 $\mu g/dl$ 4.2 - 12.0

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 2.44 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines)

Comment:

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- 3. Values&lt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

URINE ROUTINE





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The results pertain to sample tested.

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Ref. Dr : MediWheel

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
PHYSICAL EXAMINATION (URINE COMPLETE)			
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.010		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	2-5	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts NIL /hpf NIL (Urine)

Crystals (Urine)

NIL /hpf NIL (Urine)





-- End of Report --



Patient Name	Sculter	Date	16023
Age	39 Y.	Visit Number 322	2317258.
Sex	feule.	Corporate	

GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 148 cm cms

Weight: 744.5 G. kgs

Pulse: 86 Ly /minute

Blood Pressure: 120/ for ty mm of Hg

BMI : Our weight

BMI INTERPRETATION

Underweight = <18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9

Chest: 90.5 cms

Expiration: 898 cm cms

Inspiration: 9(cms

Abdomen Measurement : 900 cms

Eyes: Lars:

Throat: NOT infected, normal Neck nodes: No swollen hymph nodes noted

RS: BN AFF) CVS: S,1,0

PA: soft, non tender CNS: somerious of oriented

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

Signature SH RAJ, MBBS

General Physician & Diabetologies

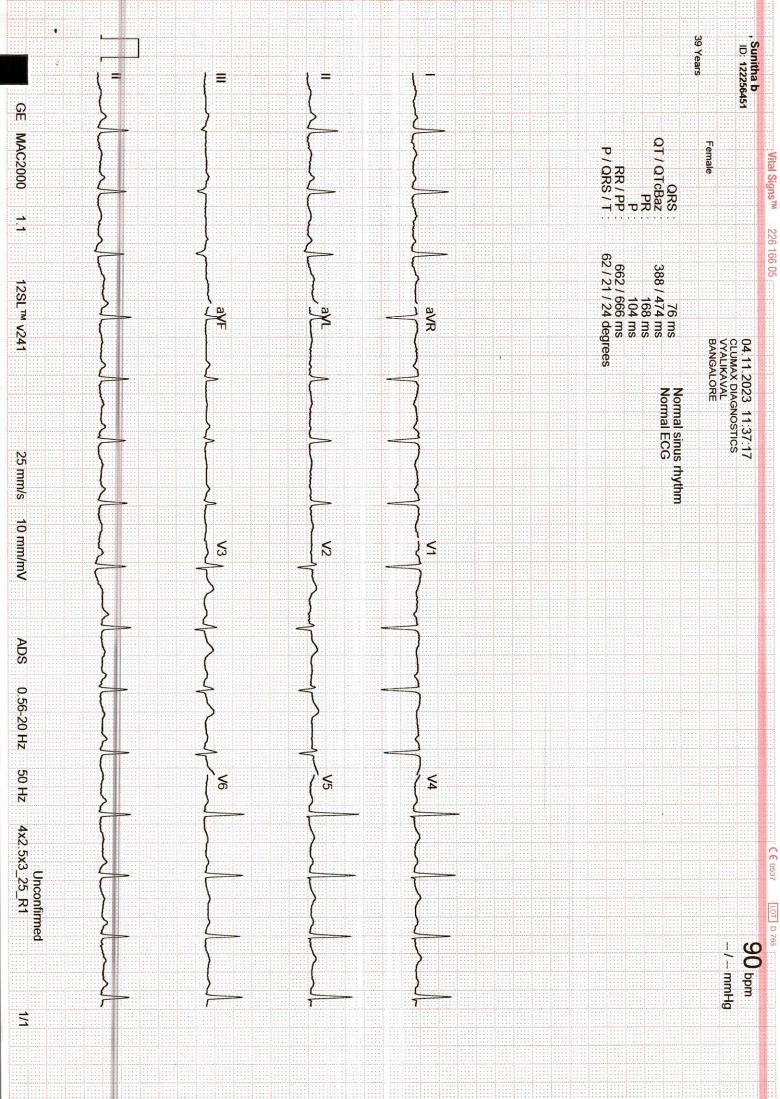
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Name	MRS.SUNITHA B	ID	MED122256451
Age & Gender	39Y/FEMALE	Visit Date	04 Nov 2023
Ref Doctor Name	MediWheel	-	

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is enlarged in shape, size and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER - Post-cholecystectomy status.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

·	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.0	1.0
Left Kidney	11.1	1.8

URINARY BLADDER show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and has normal shape and size.

Few seedling fibroids are noted.

Endometrial echo is of normal thickness - 4.1 mm.

Uterus measures LS: 7.6cms AP: 5.5cms TS: 5.0cms.

Cervix is mildly bulky in size measures 3.4 cm.

OVARIES are normal in size, shape and echotexture

Right ovary measures 3.2 x 1.5 cm. Left ovary measures - 3.6 x 1.5 cm.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- Hepatomegaly with grade I fatty infiltration of liver.
- Mildly bulky cervix Suggested TVS for further evaluation if clinically indicated.

Name	MRS.SUNITHA B	ID	MED122256451
Age & Gender	39Y/FEMALE	Visit Date	04 Nov 2023
Ref Doctor Name	MediWheel	-	

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST Hn/Sp

Name	MRS.SUNITHA B	ID	MED122256451
Age & Gender	39Y/FEMALE	Visit Date	04 Nov 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.63 cms. LEFT ATRIUM 2.40 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 3.99 cms. (SYSTOLE) 2.99 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.90 cms. (SYSTOLE) 1.45 cms. **POSTERIOR WALL** (DIASTOLE) 1.45 cms. (SYSTOLE) 1.45 cms. **EDV** 29 ml. **ESV** 16 ml. FRACTIONAL SHORTENING 38 % **EJECTION FRACTION** 60 % **EPSS** cms. **RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MRS.SUNITHA B	ID	MED122256451
Age & Gender	39Y/FEMALE	Visit Date	04 Nov 2023
Ref Doctor Name	MediWheel	-	

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.

: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal.Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

Name	MRS.SUNITHA B	ID	MED122256451
Age & Gender	39Y/FEMALE	Visit Date	04 Nov 2023
Ref Doctor Name	MediWheel		

Name	MRS. SUNITHA B	Customer ID	MED122256451
Age & Gender	39Y/F	Visit Date	Nov 4 2023 7:55AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

<u>Impression:</u> No significant abnormality detected.

DR KARTHIK VIJAY DATTANI. MD., PDCC CONSULTANT RADIOLOGIST



Patient Name	Sculter	Date	12023
Age	3a Y.	Visit Number 322	317258.
Sex	feule.	Corporate	

GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 148 cm cms

Weight: 744.5 G kgs

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Eyes: _____ Ears:

Throat: NOT infected, norell Neck nodes: No swollen hymph nodes noted

RS: By DEA) CVS: S.I.D

PA: Soft, non tender CNS: Conscious & orientes

No abnormality is detected. His / Her general physical examination is within normal limits.

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Signature SH RAJ, MBBS

General Physician & Diabetologies KMC Reg: No: 85875

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