



भरि,

सम्-नयन,

Medihelw (Arcofens Healthcare Limited)

हैल्यलशन नंबर: 011-41195959

भरिदर/ भरिदर,

बिषय: बैंक ऑफ बढीदा के कर्मभारिओ के लिए वार्षिक स्वास्थय जांच।

हम आपको सुचित करना चाहते हैं कि हमारे कर्मभारी बिलका बिषयण निम्नानुरार हैं हमारे करार के अनुसार अरुद्व द्वारा उपलब्ध कराई गई कैअरेंस वार्षिक स्वास्थय जांच सुबिधा का लाभ लेना चाहते हैं।

नाम	कर्मभारी बिषयण
क. कु संख्या	MR. PARMAR DHIRENDRA RAMESHCHANDRA 164538
पदनाम	BRANCH HEAD
भार्य का स्थान	ANIYOD
जन्म की तारीख	29-12-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M164538100090780E

यह अनुमोदर/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ बढीदा के कर्मभारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 14-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ बिषय जाने वारते बिकित्सा जांच की सूची अनुलनक के लय में दी गई है। कृपका नोट करें कि उक्त स्वास्थ्यय जांच हमारी टाई-अप व्यवस्था के अनुसार कैअरेंस सुबिधा है। हम अनुरोध करते हैं कि आप हमारे कर्मभारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सलोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मभारी कुट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन बिभाग

बैंक ऑफ बढीदा

(नोट: यह ईमेल द्वारा अनमंटे किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपका किसी भी स्पईकलन के लिए Medihelw (Arcofens Healthcare Limited) से संपर्क करें।)

१९७५-७६ मध्ये प्रथम वर्षाचा
१९७५-७६ मध्ये प्रथम वर्षाचा
१९७५-७६ मध्ये प्रथम वर्षाचा

नाम
Name
Dhirendra Rameshchandra Pamar

कार्यकारी सूत्र क्र.
Employee Code No. 184538


जारी करणारी प्राधिकारणी
Issuing Authority




धारक चें हस्ताक्षर
Signature of Holder

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



aashka
H O S P I T A L



DR. TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

UHID: <u>OSP9345</u>	Date:	Time:
Patient Name: <u>Zareen. G. Anwar</u>	Age / Sex:	Height: <u>150</u>
	Weight: <u>52-2</u>	
History: <u>C/O Comp. tremor. chasp.</u> <u>pt has gait in last 2 wks.</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <u>HR 61bpm</u> <u>SpO2 91%</u> <u>VIT C normal</u> <u>6/6</u> <u>6/6</u> <u>nlb</u>		
Diagnosis: <u>Repetitive exam</u>		

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H O S P I T A L

9/03/24
at

Pt Name - Zargana Amin
30yr | F

NO any active complaints
NO any co-morbidities

P-88mmHg

BP - 110/70 mmHg

SPO₂ - 100% on RA

VS | NAD
aus

- all blood
investigation noted - (2)

- ECG - NSR

- CXR - NAD

- 2DEcho - EF - 60%

(2) LU fem.

- USG Abdo - (2)

adu
- T. Rabison - D OD
for (2) days.

(1) -



aashka
HOSPITAL



Cytological examination- Pap smear
request form

Name: Zohra Azeem

Age: 34yr

Complaints:

None
Prd: 3 1/2 yr
See: 2B

No of deliveries:

Last Delivery: none

History of abortion:

Last abortions:

none

H/O medical conditions associated:

DM
HTN
Thyroid

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Δ PCOP
4 tabs
feeding

MH: IR

Reg: 4-5/2/2-3 hrs

LMP:

12/2/24

P/A:

8yr

P/S:

OK

P/V:

Sample:-

Vagina
Cervix

<input type="checkbox"/>
<input checked="" type="checkbox"/>

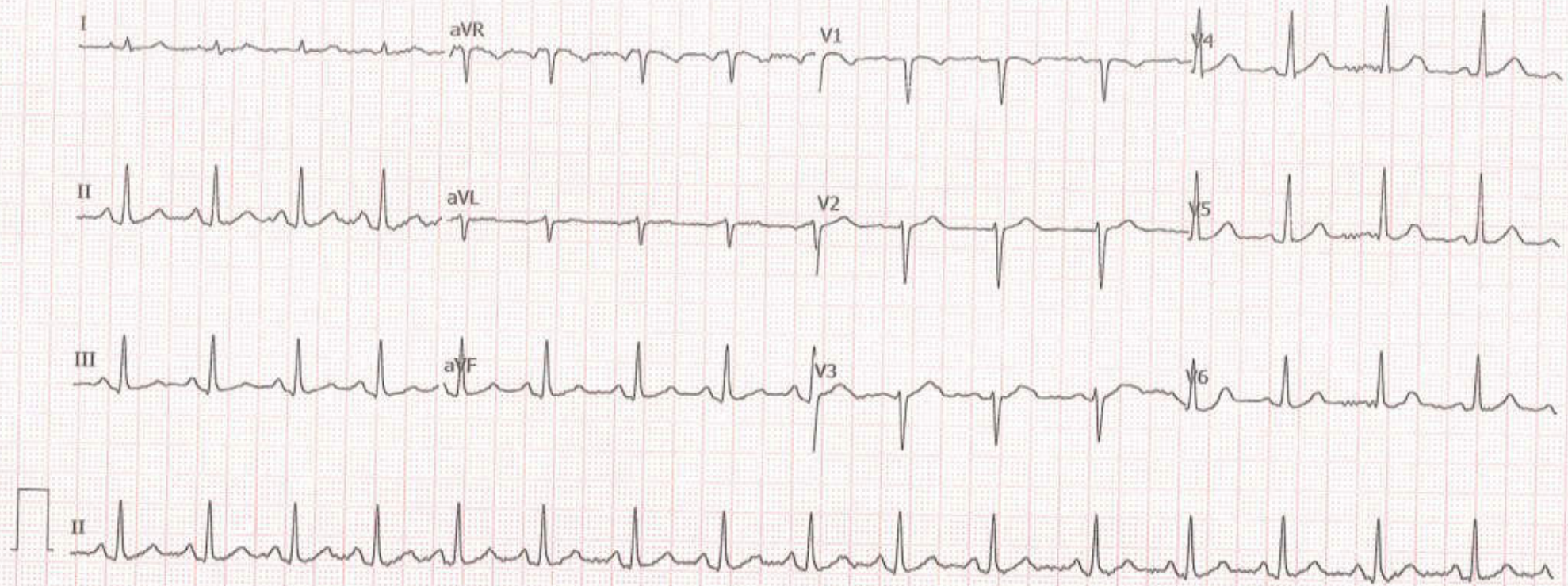
Doctors Sign:-

T. A. Azeem

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 338 / 433 ms
PR : 146 ms
P : 98 ms
RR / PP : 608 / 606 ms
P / QRS / T : 73 / 85 / 68 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



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H O S P I T A L



PATIENT NAME: ZARANA G AMIN

GENDER/AGE: Female / 29 Years

DOCTOR:

OPDNO: OSP33451

DATE: 09/03/24

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.4 cms in size.

Left kidney measures about 10.0 x 4.5 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 160 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.3 mm. No evidence of uterine mass lesion is seen.

Changes of PCOD are seen.

COMMENT: Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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H O S P I T A L



PATIENT NAME: ZARANA G AMIN

GENDER/AGE: Female / 29 Years

DOCTOR:

OPDNO: OSP33451

DATE: 09/03/24

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.
Both hilar shadows and C.P. angles are normal.
Heart shadow appears normal in size. Aorta appears normal.
Bony thorax and both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: ZARANA G AMIN

GENDER/AGE: Female / 29 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33451

DATE: 09/03/24

2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 30mm
LEFT ATRIUM	: 29mm
LV Dd / Ds	: 33/21mm
IVS / LVPW / D	: 9/8mm
IVS	: INTACT
IAS	: FLOPPY
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK
M/S	: Gradient mm Hg
MITRAL	: 1/0.7m/s
AORTIC	: 1.1m/s
PULMONARY	: 0.7m/s
COLOUR DOPPLER	: TRIVIAL MR/ MILD TR
RVSP	: 28mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)





LABORATORY REPORT



Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
Ref.By : AASHIKA HOSPITAL Dis. At : Pt. ID : 3415786
Bill. Loc. : Aastika hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Mobile No : 9054830573
Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id1 : OSP33451
Report Date and Time : Acc. Remarks : Normal Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.7	G%	12.0 - 15.0
PCV(Calc)	35.62	%	36.00 - 46.00
Eosinophil	0.0	%	1.00 - 6.00
Eosinophil	0	/ μ L	20.00 - 500.00
Lipid Profile			
HDL Cholesterol	42.0	mg/dL	48 - 77
Plasma Glucose - F	101.20	mg/dL	70 - 100

Abnormal Result(s) Summary End

Note:(LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Printed On : 09-Mar-2024, 15:30



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LABORATORY REPORT



Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3415786
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Whole Blood EDTA Mobile No : 9054630573
 Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id1 : OSP33451
 Report Date and Time : 09-Mar-2024 12:35 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES	L	11.7	G%	12.0 - 15.0
Haemoglobin				
RBC (Electrical Impedance)	4.21	millions/cumm	3.80 - 4.80	
PCV(Calc)	L 35.62	%	36.00 - 46.00	
MCV (RBC histogram)	84.6	fL	83.00 - 101.00	
MCH (Calc)	27.9	pg	27.00 - 32.00	
MCHC (Calc)	32.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.40	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count	6440	/µL	4000.00 - 10000.00	
Neutrophil	[%] 65.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 4186 /µL 2000.00 - 7000.00
Lymphocyte	30.0	%	20.00 - 40.00	1932 /µL 1000.00 - 3000.00
Eosinophil	L 0.0	%	1.00 - 6.00	L 0 /µL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	258 /µL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	64 /µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count 225000 /µL 150000.00 - 410000.00
 Neut/Lympho Ratio (NLR) 2.17 0.78 - 3.53

SMEAR STUDY

RBC Morphology Normocytic Normochromic anemia.
 WBC Morphology Total WBC count within normal limits.
 Platelet Platelets are adequate in number.
 Parasite Malarial Parasite not seen on smear.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)


 Dr. Shreya Shahi

M.D., (Pathologist)

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Printed On : 09-Mar-2024 15:30



1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for ensuring transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It highlights the need for a systematic approach to data collection and the importance of using reliable sources of information.

3. The third part of the document focuses on the analysis and interpretation of the collected data. It discusses the various statistical and analytical tools that can be used to identify trends, patterns, and relationships within the data.

4. The fourth part of the document discusses the importance of communicating the results of the analysis to the relevant stakeholders. It emphasizes the need for clear and concise reporting and the importance of providing context and interpretation of the findings.

5. The fifth part of the document discusses the various challenges and limitations associated with data collection and analysis. It highlights the need for careful planning and execution to ensure the quality and reliability of the data.

6. The sixth part of the document discusses the various applications and uses of the collected data. It highlights the importance of using the data to inform decision-making and to identify areas for improvement and optimization.

7. The seventh part of the document discusses the various ethical considerations and privacy concerns associated with data collection and analysis. It emphasizes the need for transparency and accountability in the use of data and the importance of protecting the privacy of individuals.

8. The eighth part of the document discusses the various legal and regulatory requirements that apply to data collection and analysis. It highlights the need for compliance with these requirements and the importance of staying up-to-date on the latest regulations.

9. The ninth part of the document discusses the various best practices and recommendations for data collection and analysis. It highlights the importance of using a systematic and consistent approach to data collection and analysis and the importance of documenting all steps and findings.

10. The tenth part of the document discusses the various future trends and developments in data collection and analysis. It highlights the importance of staying up-to-date on the latest technologies and techniques and the importance of continuing to improve and refine the data collection and analysis process.



LABORATORY REPORT



Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
Ref.By : AASHIKA HOSPITAL Dis. At : PL ID : 3415786
Bill. Loc. : Aashika Hospital PL Loc :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Whole Blood EDTA Mobile No : 9054830573
Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id1 : OSP33451
Report Date and Time : 09-Mar-2024 14:26 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

ESR Westergren Method	05		mm after 1hr 3 - 20	
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Note: (LL-Very Low, L-Low, H+High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
Ahmedabad - 380006 ☎ 079-40408181 / 61618181 📧 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099 🌐 www.neubergsupratech.com

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for ensuring transparency and accountability in financial operations. This section also highlights the role of internal controls in preventing fraud and errors.

2. The second part of the document focuses on the implementation of robust risk management strategies. It outlines various risk assessment techniques and provides guidance on how to identify, measure, and mitigate potential risks. The text stresses the need for a proactive approach to risk management to protect the organization's assets and reputation.

3. The third part of the document addresses the importance of effective communication and reporting. It discusses the need for clear and concise communication channels and the role of regular reporting in keeping stakeholders informed. This section also touches upon the importance of data security and the need for strong cybersecurity measures to protect sensitive information.

4. The fourth part of the document discusses the importance of continuous improvement and monitoring. It emphasizes that organizations should regularly review their processes and procedures to identify areas for improvement. This section also highlights the role of key performance indicators (KPIs) in measuring organizational success and the need for a culture of continuous learning and innovation.

5. The fifth and final part of the document provides a summary of the key points discussed and offers concluding remarks. It reiterates the importance of the discussed topics and encourages organizations to take proactive steps to implement the recommended practices. The document concludes by stating that a strong foundation in these areas is essential for long-term organizational success and sustainability.



LABORATORY REPORT

Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
Ref.By : AASHIKA HOSPITAL Dis. At : Pt. ID : 3415786
Bill. Loc. : Aashika Hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 9054830573

Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id1 : OSP33451

Report Date and Time : 09-Mar-2024 15:22 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F <i>Photometric/Hexokinase</i>	H	101.20	mg/dL	70 - 100	
Plasma Glucose - PP		84.95	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) GLDH		9.4	mg/dL	7.00 - 16.70	
Uric Acid <i>Uricase</i>		3.13	mg/dL	2.6 - 6.2	
Creatinine		0.61	mg/dL	0.50 - 1.50	

Note: (L-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

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Printed On : 09-Mar-2024 15:30



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Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
www.neubergsupratech.com

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and financial management. The text highlights that records should be kept in a secure and accessible format, ensuring that they can be easily retrieved and reviewed when needed.

2. The second part of the document focuses on the role of technology in enhancing record-keeping processes. It notes that digital solutions, such as cloud storage and data management systems, offer significant advantages over traditional paper-based methods. These technologies can reduce the risk of data loss, improve the efficiency of data entry, and facilitate the sharing of information across different departments and levels of the organization. However, it also stresses the importance of implementing robust security measures to protect sensitive data from unauthorized access and cyber threats.

3. The third part of the document addresses the challenges associated with record-keeping, particularly in large-scale organizations or government agencies. It identifies common issues such as data redundancy, inconsistent formatting, and limited access to records. To overcome these challenges, the document suggests implementing standardized protocols for data collection and storage, as well as regular audits to ensure the integrity and accuracy of the records. Additionally, it recommends investing in training for staff to ensure they are equipped with the necessary skills to manage digital records effectively.

4. The fourth part of the document discusses the legal and regulatory requirements that govern record-keeping. It notes that various laws and regulations, such as the Freedom of Information Act and data protection laws, impose specific obligations on organizations regarding the retention and disclosure of records. Compliance with these requirements is crucial to avoid legal penalties and maintain the trust of stakeholders. The document provides a summary of key legal provisions and offers practical advice on how to structure record-keeping policies to ensure full compliance.

5. The fifth and final part of the document concludes by emphasizing the long-term benefits of a well-implemented record-keeping system. It states that accurate and accessible records are not only essential for operational efficiency but also serve as a valuable asset for decision-making and strategic planning. By maintaining comprehensive records, organizations can gain valuable insights into their performance, identify areas for improvement, and ensure that they are well-prepared to meet future challenges and opportunities.



LABORATORY REPORT



Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
Ref.By : AASHIKA HOSPITAL Dis. At : PL ID : 3415786
Bill. Loc. : Aashika hospital PL Loc :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Whole Blood EDTA Mobile No. : 9054630573
Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id1. : OSP33451
Report Date and Time : 09-Mar-2024 14:26 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.28	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	104.84	mg/dL	Not available	

Please Note: change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with hemoglobin variants of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances, glycaemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note: (LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial reporting and auditing. The text notes that incomplete or inconsistent records can lead to significant errors and misstatements, which may have legal and financial consequences for the organization.

2. The second section focuses on the role of internal controls in preventing fraud and ensuring the integrity of financial data. It highlights that a robust system of internal controls, including segregation of duties, authorization requirements, and regular reconciliations, is critical for identifying and deterring potential risks. The document stresses that these controls should be tailored to the specific needs and risks of the organization and should be regularly reviewed and updated.

3. The third part of the document addresses the challenges of data management and information security in the digital age. It discusses the increasing volume and complexity of data, as well as the growing threat of cyberattacks and data breaches. The text suggests that organizations should invest in secure data storage solutions, implement strong cybersecurity protocols, and ensure that all employees are trained in data protection and privacy practices. Additionally, it emphasizes the importance of data backup and recovery procedures to minimize the impact of any potential data loss.

4. The final section of the document provides a summary of the key findings and offers recommendations for improving the overall effectiveness of the organization's record-keeping and internal control systems. It suggests that a combination of clear policies, consistent procedures, and ongoing monitoring and evaluation is necessary to ensure the reliability and accuracy of the organization's financial and operational data. The document concludes by stating that a commitment to high standards of record-keeping and internal control is essential for the long-term success and sustainability of any organization.



LABORATORY REPORT



Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
 RefBy : AASHKA HOSPITAL Dis. At : Pt. ID : 3415786
 Bill. Loc. : Ashka hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Serum Mobile No : 9054630573
 Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id1 : OSP33451
 Report Date and Time : 09-Mar-2024 15:21 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, G-Top POP</i>	147.92	mg/dL	110 - 200
HDL Cholesterol	L 42.0	mg/dL	48 - 77
Triglyceride <i>Glycerol Phospholipid Oxidase</i>	51.91	mg/dL	<150
VLDL <i>Calculated</i>	10.38	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	3.52		0 - 4.1
LDL Cholesterol <i>Calculated</i>	95.54	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
100 - 159	Desirable <200	Low <40	Normal <150
160 - 199	Border Line 200-239	High >60	Border High 150-199
200 - 239	High >240		High 200-459

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For 111 Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Direct test information available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note: (LL-Very Low, L-Low, BL-Borderline, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and government operations. This section also highlights the role of technology in streamlining record management processes and reducing the risk of errors or data loss.

2. The second part of the document focuses on the implementation of robust internal controls and risk management frameworks. It outlines the need for regular audits and assessments to identify potential vulnerabilities and ensure that organizational policies are effectively enforced. This section also discusses the importance of employee training and awareness programs in fostering a culture of compliance and ethical behavior.

3. The third part of the document addresses the challenges of data security and privacy protection in the digital age. It provides guidance on how to safeguard sensitive information from unauthorized access, theft, or disclosure. This includes recommendations for implementing strong encryption protocols, access controls, and incident response plans. The document also touches upon the legal requirements surrounding data protection and the importance of staying up-to-date with evolving regulations.

4. The final part of the document discusses the importance of continuous improvement and innovation in organizational processes. It encourages organizations to regularly evaluate their performance and seek out new ways to optimize operations and enhance service delivery. This section also highlights the value of collaboration and knowledge sharing among team members and across different departments.



LABORATORY REPORT



Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
 RefBy : AASHKA HOSPITAL Dis. At : Pt. ID : 3415786
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Serum Mobile No : 9054830573
 Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : RefId1 : OSP33451
 Report Date and Time : 09-Mar-2024 15:21 Acc. Remarks : Normal RefId2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5p</i>	15.21	U/L	14 - 59
S.G.O.T. <i>UV with P5p</i>	25.16	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PN(P), AMIP</i>	68.24	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	15.54	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Bismol</i>	7.45	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.70	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.75	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.41	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.18	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.23	mg/dL	0 - 0.8

Note: (L-Very Low), (Low), (High), (H-Very High), (A-Abnormal)



Dr. Shreya Sheth
M.D. (Pathologist)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial reporting and compliance with regulatory requirements. The text notes that incomplete or inconsistent records can lead to significant legal and financial consequences for the organization.

2. The second section focuses on the role of internal controls in preventing fraud and errors. It outlines various control mechanisms, such as segregation of duties, authorization procedures, and regular audits, which are designed to minimize the risk of misstatements and ensure the integrity of the financial data. The document stresses that a robust internal control system is a key component of an organization's risk management strategy.

3. The third part of the document addresses the challenges of data security and privacy in the digital age. It highlights the need for organizations to implement strong cybersecurity measures to protect sensitive information from unauthorized access, theft, and disclosure. The text also discusses the importance of data governance and the role of privacy policies in ensuring that personal data is handled in a lawful and ethical manner.

4. The final section discusses the impact of emerging technologies on business operations and financial reporting. It explores how artificial intelligence, blockchain, and cloud computing are transforming the way organizations collect, process, and analyze data. The document suggests that while these technologies offer significant benefits, they also introduce new risks and require organizations to adapt their internal controls and security protocols accordingly.



LABORATORY REPORT

Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
RefBy : AASHIKA HOSPITAL Dis. At : Pt. ID : 3415786
Bill. Loc. : Aashika hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Serum Mobile No : 9054830573
Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : RefId1 : OSP33451
Report Date and Time : 09-Mar-2024 11:55 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	106.49	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.34	ng/dL	4.87 - 11.72	
TSH CMA	4.17	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease, increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)


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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi, Soloi, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
www.neubergsupratech.com

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and transfers between accounts.

The second section focuses on the classification of assets and liabilities. Assets are categorized into current and non-current, while liabilities are divided into short-term and long-term. This classification is crucial for understanding the company's financial position and its ability to meet its obligations.

The third part of the document addresses the calculation of the cost of goods sold (COGS). It provides a detailed breakdown of the formula used to determine COGS, which is essential for calculating gross profit and net income. The formula is as follows:

$$\text{COGS} = \text{Beginning Inventory} + \text{Purchases} - \text{Ending Inventory}$$

The fourth section discusses the impact of depreciation on the financial statements. It explains how depreciation expense is recorded and how it affects the value of fixed assets on the balance sheet. The document also touches upon the different methods used to calculate depreciation.

The fifth part of the document covers the treatment of dividends. It details how dividends are recorded in the equity section of the balance sheet and how they affect the retained earnings account. The document also discusses the different types of dividends, such as cash and stock dividends.

The final section of the document provides a summary of the key points discussed and offers some practical advice for maintaining accurate financial records. It stresses the importance of regular reconciliation and the use of reliable accounting software to minimize errors.



LABORATORY REPORT

Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
 RefBy : ANSHIKA HOSPITAL Dis. At : Pt. ID : 3415786
 Bill. Loc. : Anshika hospital Pt. Loc : Mobile No : 9054630573
 Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Serum Ref Id1 : OSP33451
 Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id2 :
 Report Date and Time : 09-Mar-2024 11:55 Acc. Remarks : Normal

Interpretation: Ultra sensitive TSH is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, suppressed s-TSH indicates inadequate thyroid hormone, and so this is not the ideal setting to assess for an alternate diagnosis. s-TSH works better than total thyroxine (on alternative screening test), when the result is abnormal. Appropriate follow-up tests: T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 values are not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3. T3 toxicosis: To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentration.

Normal ranges of T4 & thyroid hormones vary according to mesper in pregnancy.

TSH ref range is 0.01-0.05

First trimester 0.24 - 2.00

Second trimester 0.13-2.2

Third trimester 0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hyperthyroidism	↓	↓	↑
Secondary Hyperthyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note: (L=Very Low, H=High, HL=Very High, A=Abnormal)

Dr. Shreya Sheth
M.D. (Pathologist)

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Printed On : 09-Mar-2024 15:30



1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and financial management. The text notes that without reliable data, it is difficult to assess performance, identify trends, and make informed decisions.

2. The second section focuses on the challenges associated with data collection and analysis. It highlights that while digital tools have improved the efficiency of data gathering, they also introduce new risks, such as data breaches and system downtime. Additionally, the complexity of integrating data from various sources remains a significant hurdle. The document suggests that investing in robust IT infrastructure and training staff in data literacy are crucial steps to overcome these challenges.

3. The third part of the document addresses the ethical implications of data usage. It stresses that while data can provide valuable insights, it must be handled responsibly. Protecting individual privacy and ensuring that data is used only for its intended purpose are paramount. The text also touches upon the importance of data security, recommending the implementation of strong encryption and access controls to prevent unauthorized access.

4. The final section discusses the future of data-driven decision-making. It predicts that as technology continues to advance, the role of data will become increasingly central in organizational strategy. However, it also cautions against over-reliance on data, reminding readers that human judgment and experience are still indispensable. The document concludes by encouraging a balanced approach that leverages the strengths of both data and human expertise to drive sustainable growth and innovation.



LABORATORY REPORT

Name : ZARANA G AMIN Sex/Age : Female/ 30 Years Case ID : 40302200274
 Ref.By : AASHIKA HOSPITAL Dis. At : Pt. ID : 3415786
 Bill. Loc. : Anshka hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:26 Sample Type : Spot Urine Mobile No : 9054830573
 Sample Date and Time : 09-Mar-2024 09:26 Sample Coll. By : Ref Id1 : OSP33451
 Report Date and Time : 09-Mar-2024 11:39 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow

Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity : >1.025 1.005 - 1.030

pH : 5.50 5 - 8

Leucocytes (ESTERASE) : Negative Negative

Protein : Negative Negative

Glucose : Negative Negative

Ketone Bodies Urine : Negative Negative

Urobilinogen : Negative Negative

Bilirubin : Negative Negative

Blood : Negative Negative

Nitrite : Negative Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

Note:(L-Very low), L-low, H-High, HH-Highly light, P-Present)



Dr. Shreya Shah
 M.D. (Pathologist)

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Printed On : 09-Mar-2024 15:30



1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial reporting and compliance with regulatory requirements. The text notes that without reliable records, organizations may face significant challenges in identifying discrepancies, resolving disputes, and demonstrating adherence to applicable laws and standards.

2. Furthermore, the document highlights the role of technology in enhancing record-keeping processes. Modern digital systems offer numerous advantages, such as improved data security, real-time monitoring, and automated reporting capabilities. These tools can significantly reduce the risk of human error and ensure that information is consistently updated and accessible to authorized personnel. The text suggests that investing in robust digital infrastructure is a strategic move for organizations seeking to optimize their operational efficiency and risk management.

3. In addition, the document addresses the importance of training and education for staff involved in record-keeping. It stresses that even the most advanced systems are only as good as the people using them. Regular training sessions and clear guidelines are necessary to ensure that all employees understand their responsibilities and the correct procedures for handling data. This ongoing education helps to foster a culture of accuracy and diligence throughout the organization.

4. Finally, the document concludes by reiterating the long-term benefits of a strong record-keeping system. Beyond immediate compliance needs, well-maintained records provide valuable historical data for trend analysis, strategic planning, and decision-making. They also serve as a critical resource in the event of audits, legal proceedings, or other unforeseen circumstances. By prioritizing record-keeping, organizations can build a solid foundation for sustainable growth and operational excellence.



LABORATORY REPORT



Name : ZARANA G AMIN
Ref.By : AMSHIKA HOSPITAL
Bill. Loc. : Amshika hospital

Sex/Age : Female/ 30 Years
Dis. At :
Pt. Loc :

Case ID : 40302200274
Pt. ID : 3415786
Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:06 Sample Type : Spot Urine
Sample Date and Time : 09-Mar-2024 09:06 Sample Coll. By :
Report Date and Time : 09-Mar-2024 11:19 Acc. Remarks : Normal

Mobile No : 9054830673
Ref Id1 : OSP33451
Ref Id2 :

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
pH	-	4.5-8.0				++++
SG	-	1.003-1.035				
Protein	mg/dL	Negative (<10)	10	25	75	150
Glucose	mg/dL	Negative (<30)	30	50	100	300
Bilirubin	mg/dL	Negative (0-2)	0.2	1	3	6
Ketone	mg/dL	Negative (<5)	5	15	50	150
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500
Nitrite (Strip)	-	Negative	-	-	-	-
Erythrocytes (Strip)	/micro L	Negative (<5)	10	25	50	150
Pus cells (Microscopic)	/hpF	<5	-	-	-	-
Red blood cells (Microscopic)	/hpF	<2	-	-	-	-
Cast (Microscopic)	/hpF	<2	-	-	-	-

Pending Services
Blood Group & Hb1

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test requisit and such verification has been carried out at the point of generation of the said specimen by the sender. NSRL will be responsible only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note: (LL-Very Low) (LH-Medium High) (HH-Very High) (A-P-Negative)


Dr. Shreya Shah

M.D. (Pathologist)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial reporting and compliance with regulatory requirements. The text notes that without reliable records, organizations may face significant challenges in identifying discrepancies, resolving disputes, and demonstrating adherence to applicable laws and standards.

2. Furthermore, the document highlights the role of technology in streamlining record-keeping processes. Modern software solutions can automate data collection, storage, and retrieval, reducing the risk of human error and ensuring that information is consistently updated and accessible. This technological advancement is seen as a key factor in improving operational efficiency and supporting data-driven decision-making within an organization.

3. In addition, the text addresses the need for clear policies and procedures regarding record management. Establishing standardized protocols for how records are created, maintained, and disposed of helps to ensure consistency across different departments and projects. This structured approach is vital for long-term data integrity and for facilitating audits and investigations when necessary.

4. The document also touches upon the legal implications of record-keeping. Many jurisdictions have specific regulations governing the retention and protection of certain types of records, such as financial statements, contracts, and personal data. Organizations must be aware of these requirements to avoid potential legal penalties and to ensure that their record-keeping practices are fully compliant with the law.

5. Finally, the text concludes by reinforcing the overall significance of record-keeping as a foundational business practice. It serves not only as a historical archive but also as a critical tool for strategic planning and performance analysis. By maintaining comprehensive and accurate records, organizations can gain valuable insights into their operations, identify areas for improvement, and build a strong foundation for sustainable growth and success.