



प्रति,

सम्बन्धक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. CHAUHAN VAIBHAVKUMAR KANTILAL
क.कू.संख्या	102737
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	MANSA
जन्म की तारीख	07-01-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M102737100100676E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 15-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट 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 विभाग  
बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



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. CHAUHAN VAIBHAVKUMAR KANTILAL
EC NO.	102737
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	MANSA
BIRTHDATE	07-01-1990
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M102737100100676E

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 **15-03-2024** till **31-03-2024** 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.

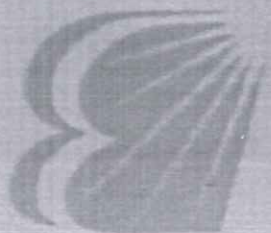
We solicit your co-operation in this regard.

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))



बैंक ऑफ बरोडा  
Bank of Baroda

नाम  
Name

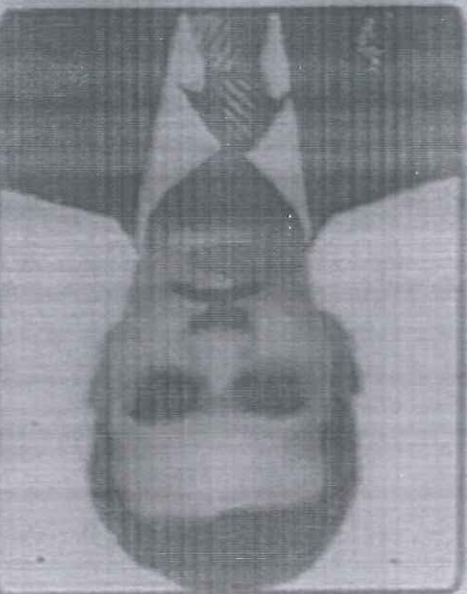
Chauhan Vaibhavkumar Kantilal

कर्मचारी कोड नं.  
Employee Code No.

102737

DNTLWAH

जारीकर्ता प्राधिकारी  
Issuing Authority



*(Handwritten signature)*

धारक के 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



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

UHID: <u>OSP33625</u>	Date: <u>29/03/24</u>	Time:
Patient Name: <u>Vaibhav Chavhan</u>	Age / Sex: <u>54</u>	Height: <u>166</u>
		Weight: <u>59.4</u>
History: <u>C/O Compensatory Heterophoria</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>VN 6/6</u> <u>6/6</u> <u>6/6</u> <u>6/6</u> <u>6/6</u> <u>6/6</u>	<u>CO 10/15 VISU - RN - NORMAL</u>	
Diagnosis: <u>Refractive error</u>		

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D			90		0.50	90
N						

Other Advice:

DSL 201111

Follow-up:

Consultant's Sign:

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. SEJAL J AMIN  
B.D.S, M.D.S (PERIODONTIST)  
IMPLANTOLOGIST  
REG NO: A-12942

UHID: 05P33625	Date: 29/3/24	Time:
Patient Name: Vubhew kumar	Age/Sex: 39/F	Height: 166
	Weight: 59.4	
Chief Complain:	Routine dental check up	
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral - Teeth Present :	Stain + Caries +	
Teeth Absent :	Carious teeth yet → 8	
Diagnosis:		

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

→ Billing yet  $\frac{18}{8}$  500/-

Follow-up:

Consultant's Sign:

*[Signature]*



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

29/12/20  
S: 50PM

At: Vaibhav kumar Chauhan,  
age: 34/M,  
H. - 166  
W - 59.4

NO FICLO,  
Routine checkup.

F 74/mm  
P - Afebr,  
BP : 120/80 mmHg  
SpO2 98% on RA

Acute  
- No specific Adv,  
- Inform sos.

Dr



VAIBHAV KUMAR

34/M

29.03.2024 10:27:55 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

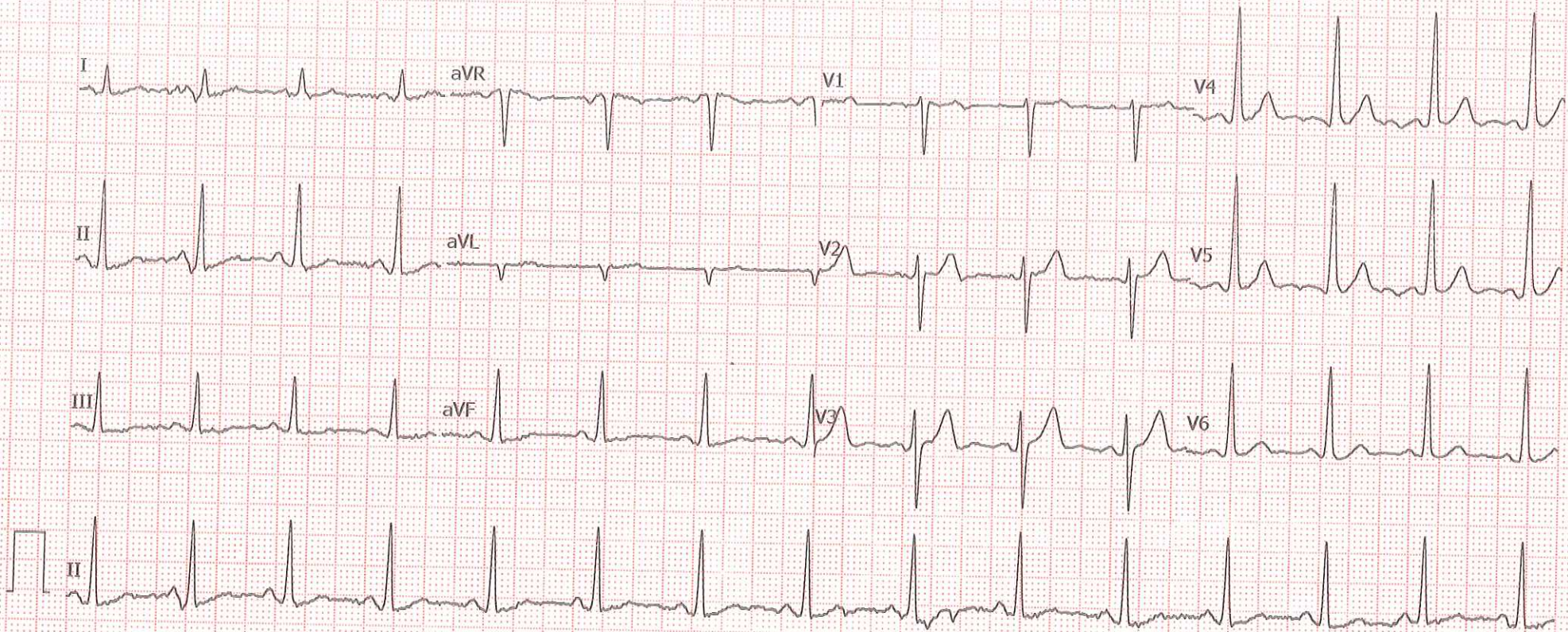
Room:

88 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 338 / 408 ms  
PR : 128 ms  
P : 96 ms  
RR / PP : 684 / 681 ms  
P / QRS / T : 68 / 74 / 45 degrees


Normal sinus rhythm  
Normal ECG





**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



**PATIENT NAME: VAIBHAVKUMAR K CHAUHAN**

**GENDER/AGE: Male / 34 Years**

**DOCTOR:**

**OPDNO:OSP33625**

**DATE:29/03/24**

**X-RAY CHEST PA**

Both lung fields appear clear

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.

**Impression:**

**Normal chest x-ray examination.**


  
**RADIOLOGIST**

**DR.MEHUL PATELIYA**



**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



**PATIENT NAME: VAIBHAVKUMAR K CHAUHAN**

**GENDER/AGE: Male / 34 Years**

**DATE: 29/03/24**

**DOCTOR:**

**OPDNO: OSP33625**

**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 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

**COMMENT:** Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.

  
**RADIOLOGIST**

**DR. MEHUL PATELIYA**





PATIENT NAME: VAIBHAVKUMAR K CHAUHAN

GENDER/AGE: Male / 34 Years

DATE: 29/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33625

**2D-ECHO**

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 31mm
LEFT ATRIUM	: 34mm
LV Dd / Ds	: 37/23mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1/0.7m/s
AORTIC	: 1.2m/s
PULMONARY	: 0.9m/s
COLOUR DOPPLER	: TRIVIAL MR/TR
RVSP	: 26mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

  
**CARDIOLOGIST**  
 DR. HASIT JOSHI (9825012235)





## LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN		Sex/Age : Male / 34 Years	Case ID : 40302200739
Ref.By : HOSPITAL		Dis. At :	Pt. ID : 3469197
Bill. Loc. : Aashka hospital		Pt. Loc. :	
Reg Date and Time : 29-Mar-2024 08:39	Sample Type :	Mobile No :	
Sample Date and Time : 29-Mar-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33625	
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O232411482	

## Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	114.57	mg/dL	70 - 100
Plasma Glucose - PP	169.75	mg/dL	70.0 - 140.0
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	4.38	millions/cu mm	4.50 - 5.50
PCV(Calc)	37.89	%	40.00 - 50.00
<b>Lipid Profile</b>			
Cholesterol	208.61	mg/dL	110 - 200
HDL Cholesterol	47.0	mg/dL	48 - 77
Chol/HDL	4.44		0 - 4.1
LDL Cholesterol	149.26	mg/dL	0.00 - 100.00

## Abnormal Result(s) Summary End

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

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000

100-388610-1000



## LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Case ID : 40302200739

Pt. ID : 3469197

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:39 Sample Type : Whole Blood EDTA

Sample Date and Time : 29-Mar-2024 08:39 Sample Coll. By :

Mobile No :

Report Date and Time : 29-Mar-2024 09:01 Acc. Remarks : Normal

Ref Id1 : OSP33625

Ref Id2 : O232411482

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	13.0	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 4.38	millions/cumm	4.50 - 5.50	
PCV(Calc)	L 37.89	%	40.00 - 50.00	
MCV (RBC histogram)	86.5	fL	83.00 - 101.00	
MCH (Calc)	29.7	pg	27.00 - 32.00	
MCHC (Calc)	34.4	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.50	%	11.00 - 16.00	

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7040	/µL	4000.00 - 10000.00	
Neutrophil	[%] 57.0	%	40.00 - 70.00	[Abs] 4013 /µL 2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	2394 /µL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	141 /µL 20.00 - 500.00
Monocytes	7.0	%	2.00 - 10.00	493 /µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /µL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	222000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.68		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
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 Shah

M.D. (Pathologist)

Page 2 of 13

Printed On : 29-Mar-2024 15:19



1. The first part of the document discusses the importance of maintaining accurate records of all activities. It emphasizes that these records are essential for ensuring the integrity and reliability of the information system. The document also highlights the need for regular audits and reviews to identify any potential weaknesses or vulnerabilities.

2. The second part of the document focuses on the implementation of security measures. It outlines the various steps that must be taken to protect the system from unauthorized access and data breaches. This includes the use of strong passwords, encryption techniques, and firewalls.

3. The third part of the document addresses the issue of user access control. It discusses the importance of ensuring that only authorized personnel have access to the system and its data. This involves implementing a robust user authentication process and regularly updating user permissions.

4. The fourth part of the document covers the topic of incident response. It provides a detailed overview of the procedures that should be followed in the event of a security incident. This includes identifying the source of the breach, containing the damage, and notifying the appropriate authorities.

5. The fifth part of the document discusses the importance of ongoing training and education for all system users. It emphasizes that security is a shared responsibility and that all users must be aware of the risks and best practices for protecting the system.

6. The sixth part of the document covers the topic of data backup and recovery. It outlines the requirements for creating and maintaining a reliable backup strategy to ensure that data can be restored in the event of a disaster or data loss.

7. The seventh part of the document discusses the importance of staying up-to-date on the latest security threats and vulnerabilities. It emphasizes that the security landscape is constantly evolving and that users must remain vigilant and proactive in their security efforts.

8. The eighth part of the document covers the topic of security testing and penetration testing. It discusses the benefits of these activities in identifying and exploiting weaknesses in the system before they can be used by malicious actors.

9. The ninth part of the document discusses the importance of security awareness and culture. It emphasizes that security is not just a technical issue but also a cultural one. All users must be encouraged to report security incidents and to follow best practices for protecting the system.

10. The tenth part of the document covers the topic of security documentation. It outlines the requirements for creating and maintaining comprehensive security policies, procedures, and standards. This documentation is essential for ensuring that the system is protected and that all users are aware of the security requirements.

11. The eleventh part of the document discusses the importance of security monitoring and logging. It emphasizes that all system activities should be monitored and logged to detect any suspicious or unauthorized behavior. This data is also essential for conducting forensic investigations in the event of a security incident.

12. The twelfth part of the document covers the topic of security incident response and recovery. It outlines the steps that should be taken to minimize the impact of a security incident and to restore the system to normal operation as quickly as possible. This includes identifying the cause of the incident, containing the damage, and implementing measures to prevent a recurrence.



## LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Pt. Loc :

Case ID : 40302200739

Pt. ID : 3469197

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:39	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 29-Mar-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33625
Report Date and Time : 29-Mar-2024 13:56	Acc. Remarks : Normal	Ref Id2 : O232411482

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

**ESR**  
*Westergren Method*  
10 mm after 1hr 3 - 15

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 3 of 13

Printed On : 29-Mar-2024 15:19



**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

COLLEGE of AMERICAN PATHOLOGISTS

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日

2025年1月1日





LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN      Sex/Age : Male / 34 Years      Case ID : 40302200739  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3469197  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 29-Mar-2024 08:39      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 29-Mar-2024 08:39      Sample Coll. By :      Ref Id1 : OSP33625  
 Report Date and Time : 29-Mar-2024 08:58      Acc. Remarks : Normal      Ref Id2 : O232411482

TEST      RESULTS      UNIT BIOLOGICAL REF RANGE      REMARKS

HAEMATOLOGY INVESTIGATIONS

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)  
 (Both Forward and Reverse Group )**

ABO Type      O  
 Rh Type      POSITIVE

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



**Dr. Shreya Shah**  
 M.D. (Pathologist)

Page 4 of 13

Printed On : 29-Mar-2024 15:19  
  
 COLLEGE OF AMERICAN PATHOLOGISTS





## LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN

Sex/Age : Male / 34 Years Case ID : 40302200739

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3469197

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:39

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 29-Mar-2024 08:39

Sample Coll. By :

Ref Id1 : OSP33625

Report Date and Time : 29-Mar-2024 13:56

Acc. Remarks : Normal

Ref Id2 : O232411482

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	114.57	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	169.75	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucose guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 13

Printed On : 29-Mar-2024 15:19



1. The first part of the document discusses the importance of maintaining accurate records of all activities. It emphasizes that these records are essential for ensuring the integrity and reliability of the information being processed.

2. The second part of the document outlines the specific procedures for data collection and storage. It details the steps involved in gathering information from various sources and how it should be organized and maintained.

3. The third part of the document addresses the security measures that must be implemented to protect the data from unauthorized access or disclosure. It discusses the use of encryption, access controls, and other security protocols.

4. The fourth part of the document discusses the importance of regular audits and reviews to ensure that the data remains accurate and up-to-date. It outlines the frequency and scope of these audits.

5. The fifth part of the document discusses the importance of training and education for all personnel involved in the data processing activities. It emphasizes the need for ongoing education to keep skills current.

6. The sixth part of the document discusses the importance of maintaining a clear and concise record of all activities. It emphasizes that these records are essential for ensuring the integrity and reliability of the information being processed.

7. The seventh part of the document outlines the specific procedures for data collection and storage. It details the steps involved in gathering information from various sources and how it should be organized and maintained.

8. The eighth part of the document addresses the security measures that must be implemented to protect the data from unauthorized access or disclosure. It discusses the use of encryption, access controls, and other security protocols.

9. The ninth part of the document discusses the importance of regular audits and reviews to ensure that the data remains accurate and up-to-date. It outlines the frequency and scope of these audits.

10. The tenth part of the document discusses the importance of training and education for all personnel involved in the data processing activities. It emphasizes the need for ongoing education to keep skills current.

11. The eleventh part of the document discusses the importance of maintaining a clear and concise record of all activities. It emphasizes that these records are essential for ensuring the integrity and reliability of the information being processed.

12. The twelfth part of the document outlines the specific procedures for data collection and storage. It details the steps involved in gathering information from various sources and how it should be organized and maintained.

13. The thirteenth part of the document addresses the security measures that must be implemented to protect the data from unauthorized access or disclosure. It discusses the use of encryption, access controls, and other security protocols.

14. The fourteenth part of the document discusses the importance of regular audits and reviews to ensure that the data remains accurate and up-to-date. It outlines the frequency and scope of these audits.

15. The fifteenth part of the document discusses the importance of training and education for all personnel involved in the data processing activities. It emphasizes the need for ongoing education to keep skills current.

16. The sixteenth part of the document discusses the importance of maintaining a clear and concise record of all activities. It emphasizes that these records are essential for ensuring the integrity and reliability of the information being processed.

17. The seventeenth part of the document outlines the specific procedures for data collection and storage. It details the steps involved in gathering information from various sources and how it should be organized and maintained.

18. The eighteenth part of the document addresses the security measures that must be implemented to protect the data from unauthorized access or disclosure. It discusses the use of encryption, access controls, and other security protocols.



## LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN      Sex/Age : Male / 34 Years      Case ID : 40302200739  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3469197  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 29-Mar-2024 08:39      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 29-Mar-2024 08:39      Sample Coll. By :      Ref Id1 : OSP33625  
 Report Date and Time : 29-Mar-2024 09:33      Acc. Remarks : Normal      Ref Id2 : O232411482

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

### Glycated Haemoglobin Estimation

HbA1C	5.27	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	104.55	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 Homozygous forms 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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 6 of 13

Printed On : 29-Mar-2024 15:19



1. 1992年12月17日

2. 1992年12月17日

3. 1992年12月17日

4. 1992年12月17日

5. 1992年12月17日

6. 1992年12月17日

7. 1992年12月17日

8. 1992年12月17日

9. 1992年12月17日

10. 1992年12月17日

11. 1992年12月17日

12. 1992年12月17日

13. 1992年12月17日

14. 1992年12月17日

15. 1992年12月17日

16. 1992年12月17日

17. 1992年12月17日

18. 1992年12月17日

19. 1992年12月17日

20. 1992年12月17日

21. 1992年12月17日

22. 1992年12月17日

23. 1992年12月17日

24. 1992年12月17日



## LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN      Sex/Age : Male / 34 Years      Case ID : 40302200739  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3469197  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:39      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 29-Mar-2024 08:39      Sample Coll. By :      Ref Id1 : OSP33625  
 Report Date and Time : 29-Mar-2024 12:24      Acc. Remarks : Normal      Ref Id2 : O232411482

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	208.61	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	47.0	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		61.77	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		12.35	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	4.44		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	149.26	mg/dL	0.00 - 100.00

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

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation 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-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 7 of 13

Printed On : 29-Mar-2024 15:19



PROPERTY OF BORO OF

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...





## LABORATORY REPORT



Name : **VAIBHAVKUMAR K CHAUHAN** Sex/Age : **Male / 34 Years** Case ID : **40302200739**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3469197**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **29-Mar-2024 08:39** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **29-Mar-2024 08:39** Sample Coll. By : Ref Id1 : **OSP33625**  
 Report Date and Time : **29-Mar-2024 12:24** Acc. Remarks : **Normal** Ref Id2 : **O232411482**

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5p</i>	<b>26.14</b>	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5p</i>	<b>18.75</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>80.95</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>19.62</b>	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>7.76</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.84</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>2.92</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.7</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.62</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.35</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.27</b>	mg/dL	0 - 0.8	

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 8 of 13

Printed On : 29-Mar-2024 15:19



MEMORANDUM FOR THE DIRECTOR

1. The following information was received from the [redacted] on [redacted] regarding the [redacted] of the [redacted] in the [redacted] area.

2. The [redacted] reported that the [redacted] was observed on [redacted] at approximately [redacted] hours. The [redacted] was described as [redacted].

3. The [redacted] further stated that the [redacted] was seen in the [redacted] area and was [redacted] by the [redacted].

4. It is noted that the [redacted] is currently [redacted] and the [redacted] is [redacted].

5. The [redacted] is being [redacted] and the [redacted] is [redacted].

6. The [redacted] is being [redacted] and the [redacted] is [redacted].

7. The [redacted] is being [redacted] and the [redacted] is [redacted].

8. The [redacted] is being [redacted] and the [redacted] is [redacted].

9. The [redacted] is being [redacted] and the [redacted] is [redacted].

10. The [redacted] is being [redacted] and the [redacted] is [redacted].

11. The [redacted] is being [redacted] and the [redacted] is [redacted].

12. The [redacted] is being [redacted] and the [redacted] is [redacted].

13. The [redacted] is being [redacted] and the [redacted] is [redacted].

14. The [redacted] is being [redacted] and the [redacted] is [redacted].

15. The [redacted] is being [redacted] and the [redacted] is [redacted].



## LABORATORY REPORT



Name : VAIBHAVKUMAR K CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Pt. Loc :

Case ID : 40302200739

Pt. ID : 3469197

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:39 Sample Type : Serum

Sample Date and Time : 29-Mar-2024 08:39 Sample Coll. By :

Report Date and Time : 29-Mar-2024 12:24 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33625

Ref Id2 : O232411482

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.9	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase</i>	5.58	mg/dL	3.5 - 7.2	
Creatinine	0.88	mg/dL	0.50 - 1.50	

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



Dr. Shreya Shah  
M.D. (Pathologist)

Page 9 of 13

Printed On : 29-Mar-2024 15:19



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

CONFIDENTIAL - SECURITY INFORMATION

1. The following information was obtained from a confidential source who has provided reliable information in the past.

2. The source has provided information regarding the activities of the group mentioned in the above paragraph.

3. The source has provided information regarding the activities of the group mentioned in the above paragraph.

4. The source has provided information regarding the activities of the group mentioned in the above paragraph.

5. The source has provided information regarding the activities of the group mentioned in the above paragraph.

6. The source has provided information regarding the activities of the group mentioned in the above paragraph.

7. The source has provided information regarding the activities of the group mentioned in the above paragraph.

8. The source has provided information regarding the activities of the group mentioned in the above paragraph.

9. The source has provided information regarding the activities of the group mentioned in the above paragraph.

10. The source has provided information regarding the activities of the group mentioned in the above paragraph.

11. The source has provided information regarding the activities of the group mentioned in the above paragraph.

12. The source has provided information regarding the activities of the group mentioned in the above paragraph.

13. The source has provided information regarding the activities of the group mentioned in the above paragraph.

14. The source has provided information regarding the activities of the group mentioned in the above paragraph.

15. The source has provided information regarding the activities of the group mentioned in the above paragraph.



## LABORATORY REPORT

Name : VAIBHAVKUMAR K CHAUHAN Sex/Age : Male / 34 Years Case ID : 40302200739  
Ref.By : HOSPITAL Dis. At : Pt. ID : 3469197  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 29-Mar-2024 08:39 Sample Type : Serum Mobile No :  
Sample Date and Time : 29-Mar-2024 08:39 Sample Coll. By : Ref Id1 : OSP33625  
Report Date and Time : 29-Mar-2024 15:09 Acc. Remarks : Normal Ref Id2 : O232411482

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

### Thyroid Function Test

Triiodothyronine (T3) <i>C/MIA</i>	0.98	ng/mL	0.64 - 1.52	
Thyroxine (T4) <i>C/MIA</i>	7.56	µg/dL	4.87 - 11.72	
TSH <i>C/MIA</i>	2.10	µIU/mL	0.35 - 4.94	

### 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  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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

**Dr. Sandip Shah**  
M.D. (Path. & Bact.)  
Consultant Pathologist  
Page 10 of 13

**Dr. Aakash Shah**  
MD. Path.  
Consultant Pathologist

**Dr. Sandip Shah**  
M.D. (Path. & Bact.)  
Consultant Pathologist

Printed On : 29-Mar-2024 15:19



### Neuberg Diagnostics Private Limited

MEMORANDUM FOR THE RECORD

On 10/15/54, the following information was received from the [redacted] regarding the [redacted] of [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].



## LABORATORY REPORT



Name : **VAIBHAVKUMAR K CHAUHAN** Sex/Age : **Male / 34 Years** Case ID : **40302200739**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3469197**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **29-Mar-2024 08:39** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **29-Mar-2024 08:39** Sample Coll. By : Ref Id1 : **OSP33625**  
 Report Date and Time : **29-Mar-2024 15:09** Acc. Remarks : **Normal** Ref Id2 : **O232411482**

**Interpretation/Notes:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (on alternative screening test), when the s-TSH 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 often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hypothyroid patients, hypothyroidism 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 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy:

TSH ref range in Pregnancy  
 First trimester 0.24 - 2.00  
 Second trimester 0.43-3.2  
 Third trimester 0.8-2.6

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

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

**Dr. Sandip Shah**  
 M.D. (Path. & Bact.)  
 Consultant Pathologist

**Dr. Aakash Shah**  
 MD. Path.  
 Consultant Pathologist

**Dr. Sandip Shah**  
 M.D. (Path. & Bact.)  
 Consultant Pathologist

Printed On : 29-Mar-2024 15:19



### Neuberg Diagnostics Private Limited

ONLINE CASE RECORDS

1. Name of the patient: [Faint text]

2. Date of birth: [Faint text]

3. Address: [Faint text]

4. Telephone: [Faint text]

5. Referring physician: [Faint text]

6. Date of admission: [Faint text]

7. Date of discharge: [Faint text]

8. Length of stay: [Faint text]

9. Primary diagnosis: [Faint text]

10. Secondary diagnosis: [Faint text]

11. Discharge diagnosis: [Faint text]

12. Discharge date: [Faint text]

13. Discharge status: [Faint text]

14. Discharge instructions: [Faint text]





## LABORATORY REPORT

Name : VAIBHAVKUMAR K CHAUHAN      Sex/Age : Male / 34 Years      Case ID : 40302200739  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3469197  
 Bill. Loc. : Aashka hospital      Pt. Loc. :  
 Reg Date and Time : 29-Mar-2024 08:39      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 29-Mar-2024 08:39      Sample Coll. By :      Ref Id1 : OSP33625  
 Report Date and Time : 29-Mar-2024 11:30      Acc. Remarks : Normal      Ref Id2 : O232411482

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

### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	1.015		1.005 - 1.030	
pH	6.00		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	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
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	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

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



Dr. Shreya Shah  
M.D. (Pathologist)

Page 12 of 13

Printed On : 29-Mar-2024 15:19



REPORT OF THE BOARD OF DIRECTORS

The Board of Directors of the Company has reviewed the financial statements and reports prepared by management for the year ended December 31, 2015, and has approved them for inclusion in the Company's Annual Report. The Board also reviewed the Company's performance during the year and its future prospects.

The Board of Directors is pleased to report that the Company has achieved significant growth and success during the year. The Company's revenue has increased by 15% compared to the previous year, and its operating profit has increased by 20%.

The Board of Directors has also reviewed the Company's financial statements and reports prepared by management for the year ended December 31, 2015, and has approved them for inclusion in the Company's Annual Report. The Board also reviewed the Company's performance during the year and its future prospects.

The Board of Directors is pleased to report that the Company has achieved significant growth and success during the year. The Company's revenue has increased by 15% compared to the previous year, and its operating profit has increased by 20%.

The Board of Directors has also reviewed the Company's financial statements and reports prepared by management for the year ended December 31, 2015, and has approved them for inclusion in the Company's Annual Report. The Board also reviewed the Company's performance during the year and its future prospects.

The Board of Directors is pleased to report that the Company has achieved significant growth and success during the year. The Company's revenue has increased by 15% compared to the previous year, and its operating profit has increased by 20%.

The Board of Directors has also reviewed the Company's financial statements and reports prepared by management for the year ended December 31, 2015, and has approved them for inclusion in the Company's Annual Report. The Board also reviewed the Company's performance during the year and its future prospects.

The Board of Directors is pleased to report that the Company has achieved significant growth and success during the year. The Company's revenue has increased by 15% compared to the previous year, and its operating profit has increased by 20%.

The Board of Directors has also reviewed the Company's financial statements and reports prepared by management for the year ended December 31, 2015, and has approved them for inclusion in the Company's Annual Report. The Board also reviewed the Company's performance during the year and its future prospects.

The Board of Directors is pleased to report that the Company has achieved significant growth and success during the year. The Company's revenue has increased by 15% compared to the previous year, and its operating profit has increased by 20%.

The Board of Directors has also reviewed the Company's financial statements and reports prepared by management for the year ended December 31, 2015, and has approved them for inclusion in the Company's Annual Report. The Board also reviewed the Company's performance during the year and its future prospects.

The Board of Directors is pleased to report that the Company has achieved significant growth and success during the year. The Company's revenue has increased by 15% compared to the previous year, and its operating profit has increased by 20%.

The Board of Directors has also reviewed the Company's financial statements and reports prepared by management for the year ended December 31, 2015, and has approved them for inclusion in the Company's Annual Report. The Board also reviewed the Company's performance during the year and its future prospects.

The Board of Directors is pleased to report that the Company has achieved significant growth and success during the year. The Company's revenue has increased by 15% compared to the previous year, and its operating profit has increased by 20%.



## LABORATORY REPORT



**Name :** VAIBHAVKUMAR K CHAUHAN      **Sex/Age :** Male / 34 Years      **Case ID :** 40302200739  
**Ref.By :** HOSPITAL      **Dis. At :**      **Pt. ID :** 3469197  
**Bill. Loc. :** Aashka hospital      **Pt. Loc. :**      **Mobile No. :**      **RefId1 :** OSP33625  
**Reg Date and Time :** 29-Mar-2024 08:39      **Sample Type :** Spot Urine      **RefId2 :** O232411482  
**Sample Date and Time :** 29-Mar-2024 08:39      **Sample Coll. By :**      **Acc. Remarks :** Normal

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
pH	-	4.6-8.0				++++
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)	/lpf	<2	-	-	-	-

----- 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 request and such verification has been carried out at the point 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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 13 of 13

Printed On : 29-Mar-2024 15:19



**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

STATE OF MISSISSIPPI

IN SENATE,  
January 15, 1900.

REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE,  
FOR THE YEAR ENDING DECEMBER 31, 1899.

ALBANY:  
THE MISSISSIPPI BOOK CONCERN,  
1900.

PRINTED BY  
THE MISSISSIPPI BOOK CONCERN,  
ALBANY, MISSISSIPPI.

RECEIVED  
JAN 15 1900

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI

MISSISSIPPI