



प्रति,

समन्वयक,

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. KUMAR MAHESH
क.क्र.संख्या	107767
पदनाम	BRANCH HEAD
कार्य का स्थान	MEDHASAN
जन्म की तारीख	22-08-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	29-03-2024
बुकिंग संदर्भ सं.	23M107767100101790E

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 18-03-2024 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. KUMAR MAHESH
EC NO.	107767
DESIGNATION	BRANCH HEAD
PLACE OF WORK	MEDHASAN
BIRTHDATE	22-08-1988
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23M107767100101790E

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 **18-03-2024** 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))

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads

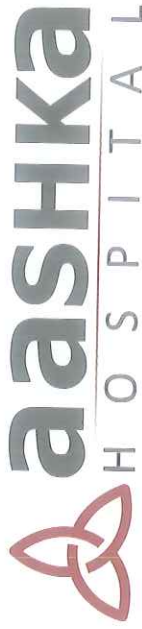
Sargasan, Gandhinagar - 382421, Gujarat, India

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: OSP33634	Date:	Time:
Patient Name: MAHESH KUMAR	Age / Sex: 31	Height: 170
History: Rupa c m un	Weight: 84.5	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. 26/9 N.W 26/6 D.V. 26/6 C.M. 26/6		
Diagnosis:		

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		-1.00	30°	-0.50	-	-
N						

Other Advice:

Follow-up:

Consultant's Sign:

Handwritten signature

29.03.2024 2:25:42 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

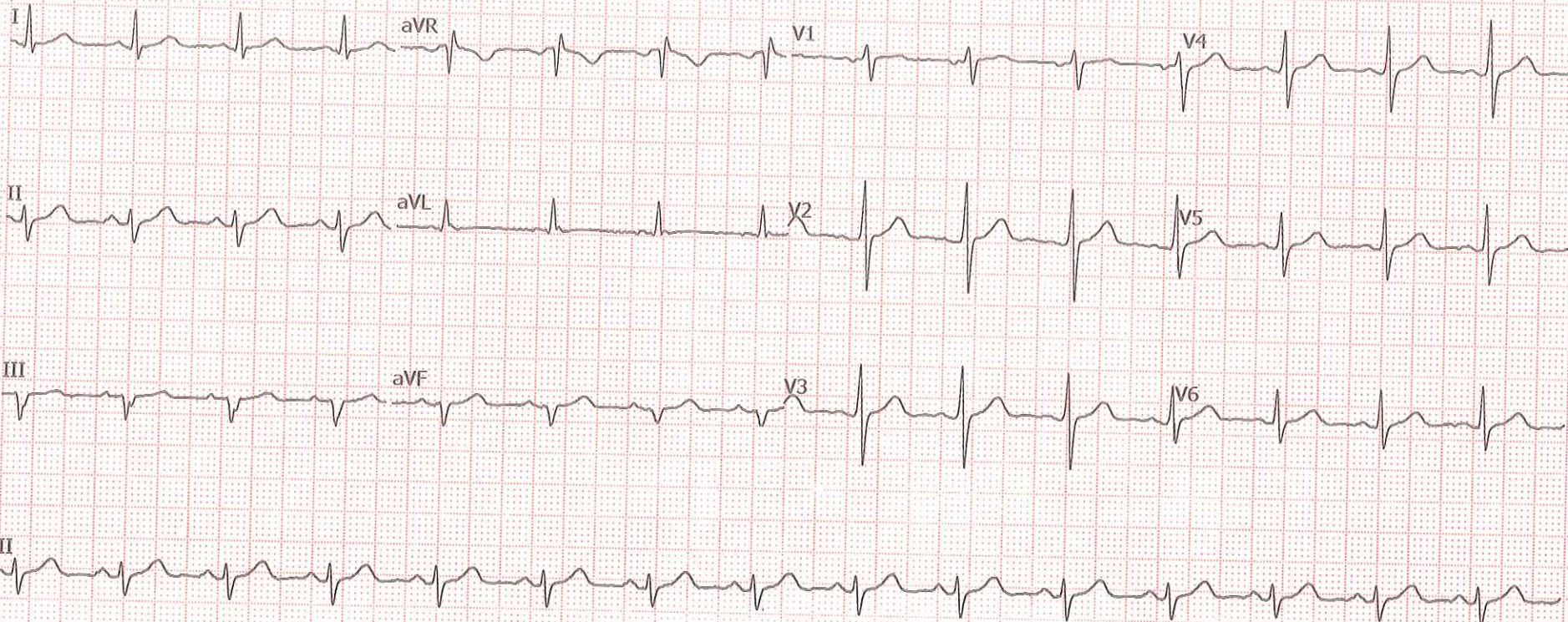
Room:

90 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 366 / 447 ms
PR : 132 ms
P : 104 ms
RR / PP : 668 / 666 ms
P / QRS / T : 61 / -21 / 47 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: MAHESH KUMAR

GENDER/AGE: Male / 35 Years

DOCTOR:

OPDNO:OSP33634

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: MAHESH KUMAR

GENDER/AGE: Male / 35 Years

DOCTOR:

OPDNO: OSP33634

DATE: 29/03/24

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. 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 21 cc.

COMMENT:

- Fatty liver grade I.
- Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.

RADIOLOGIST

DR. MEHUL PATELIYA



PATIENT NAME: MAHESH KUMAR

GENDER/AGE: Male / 35 Years

DATE: 29/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33634

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 35mm
LEFT ATRIUM	: 37mm
LV Dd / Ds	: 45/30mm
IVS / LVPW / D	: 11/11mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1.2/0.7m/s
AORTIC	: 1.4m/s
PULMONARY	: 1.0m/s
COLOUR DOPPLER	: MILD MR /TR
RVSP	: 28mmHg
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)







LABORATORY REPORT



Name : MAHESH KUMAR

Sex/Age : Male / 36 Years Case ID : 40302200763

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3469847

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:47

Sample Type :

Mobile No :

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Ref Id1 : OSP33634

Report Date and Time :

Acc. Remarks : Normal

Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	111.53	mg/dL	70 - 100
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	7.7	mg/dL	8.90 - 20.60
Glyco Hemoglobin (HbA1c)			
HbA1C	5.90	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
RBC (Electrical Impedance)	5.66	millions/cu mm	4.50 - 5.50
Lipid Profile			
HDL Cholesterol	28.3	mg/dL	48 - 77
Triglyceride	162.39	mg/dL	<150
Chol/HDL	4.92		0 - 4.1
Liver Function Test			
Proteins (Total)	8.31	gm/dL	6.40 - 8.30

Abnormal Result(s) Summary End

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

Printed On : 29-Mar-2024 17:57



CONDITIONS OF REPORTING

The undersigned hereby certifies that the hereinbefore stated information is true and correct to the best of his knowledge and belief, and that he has not been furnished with any information which is false or misleading in any material particular, and that he has not been furnished with any information which is false or misleading in any material particular, and that he has not been furnished with any information which is false or misleading in any material particular.

Witness my hand and seal this _____ day of _____, 19____.

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]



LABORATORY REPORT



Name : MAHESH KUMAR

Sex/Age : Male / 36 Years Case ID : 40302200763

Ref.By : HOSPITAL

Dis. At : 3469847

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 29-Mar-2024 11:47

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Ref Id1 : OSP33634

Report Date and Time : 29-Mar-2024 12:33

Acc. Remarks : Normal

Ref Id2 :

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

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	16.1	G%	13.00 - 17.00	
RBC (Electrical Impedance)	H 5.66	millions/cumm	4.50 - 5.50	
PCV(Calc)	48.79	%	40.00 - 50.00	
MCV (RBC histogram)	86.2	fL	83.00 - 101.00	
MCH (Calc)	28.5	pg	27.00 - 32.00	
MCHC (Calc)	33.0	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	12.40	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	Total WBC Count	/μL	4000.00 - 10000.00	
Neutrophil	51.0	%	40.00 - 70.00	[Abs] 3769 /μL
Lymphocyte	39.0	%	20.00 - 40.00	2882 /μL
Eosinophil	6.0	%	1.00 - 6.00	443 /μL
Monocytes	4.0	%	2.00 - 10.00	296 /μL
Basophil	0.0	%	0.00 - 2.00	0 /μL

PLATELET COUNT (Optical)

Platelet Count	234000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.31		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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



Dr. Shreya Shah

M.D. (Pathologist)

Page 2 of 13

Printed On : 29-Mar-2024 17:57



CONDITIONS OF REPORTING

The following conditions apply to all reports prepared for the Bureau of Geology and Mineral Resources of the State of Colorado. These conditions are intended to ensure the accuracy and reliability of the data reported and to protect the public interest. All reports must be prepared in accordance with the standards and procedures established by the Bureau.

1. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

2. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

3. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

4. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

5. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

6. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

7. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

8. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

9. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

10. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

11. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

12. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

13. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

14. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.

15. All reports must be prepared in accordance with the standards and procedures established by the Bureau. This includes the use of the metric system for all measurements and the use of the International System of Units (SI) for all units of measurement.



LABORATORY REPORT



Name : MAHESH KUMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 36 Years Case ID : 40302200763

Dis. At : Pt. ID : 3469847

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:47

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Ref Id1 : OSP33634

Report Date and Time : 29-Mar-2024 14:23

Acc. Remarks : Normal

Ref Id2 :

TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	14		mm after 1hr 3 - 15	

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

Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 29-Mar-2024 17:57



CONDITIONS OF REPORTING

The undersigned hereby certifies that the information furnished in the report is true and correct to the best of his knowledge and belief, and that he is not aware of any information which would render the same misleading or incomplete.

Signature of Reporting Officer: _____

Name of Reporting Officer: _____

Signature of Director: _____

Name of Director: _____

Signature of Chairman: _____

Name of Chairman: _____

Signature of Secretary: _____

Control Numbers

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Control Numbers

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Any material changes in the above information should be reported to the Director of the Office of the Inspector General, Washington, D.C. 20535.

The undersigned hereby certifies that the information furnished in the report is true and correct to the best of his knowledge and belief, and that he is not aware of any information which would render the same misleading or incomplete.

Signature of Reporting Officer: _____

Name of Reporting Officer: _____

Signature of Director: _____

Name of Director: _____

Signature of Chairman: _____



LABORATORY REPORT



Name : MAHESH KUMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 36 Years

Dis. At :

Pt. Loc :

Case ID : 40302200763

Pt. ID : 3469847

Reg Date and Time : 29-Mar-2024 11:47

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Ref Id1 : OSP33634

Report Date and Time : 29-Mar-2024 12:31

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type B

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 17:57





LABORATORY REPORT



Name : MAHESH KUMAR

Sex/Age : Male / 36 Years Case ID : 40302200763

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3469847

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:47

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Ref Id1 : OSP33634

Report Date and Time : 29-Mar-2024 17:54

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric,Hexokinase</i>	H	111.53	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric,Hexokinase</i>		123.77	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 glucoseeer 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 17:57



CONDITIONS OF REPORTING

The undersigned hereby certifies that the foregoing is a true and correct copy of the original report as filed with the Bureau of the Census, Department of Commerce, Washington, D. C., on the date hereinafter specified.

DATE: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

REPORT MADE ON: _____

REPORT MADE AT: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____



LABORATORY REPORT



Name : MAHESH KUMAR

Sex/Age : Male / 36 Years Case ID : 40302200763

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3469847

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:47

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Ref Id1 : OSP33634

Report Date and Time : 29-Mar-2024 16:57

Acc. Remarks : Normal

Ref Id2 :

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

Glycated Haemoglobin Estimation

HbA1C HPLC	H	5.90	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) Calculated		122.63	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 glycemic 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 glycemic 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:(L-L-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Sandip Shah

M.D. (Path. & Bact.)
Consultant Pathologist

Page 6 of 13

Dr. Aakash Shah

MD. Path.
Consultant Pathologist

Dr. Sandip Shah

M.D. (Path. & Bact.)
Consultant Pathologist

Printed On : 29-Mar-2024 17:57



CONDITIONS OF REPORTING

1. The reporting party shall be held liable for the truth and accuracy of the information reported. If the information is found to be false or misleading, the reporting party shall be subject to disciplinary action.

2. The reporting party shall provide accurate and complete information.

3. The reporting party shall not disclose the identity of the reporting party to any third party without the express written consent of the reporting party's supervisor.

4. The reporting party shall not use the information reported for any purpose other than the purpose for which it was reported. The reporting party shall not use the information to discriminate against any person.

5. The reporting party shall not use the information for personal gain.

6. The reporting party shall not use the information to harass or threaten any person. The reporting party shall not use the information to cause harm to any person.

7. The reporting party shall not use the information to cause harm to any person. The reporting party shall not use the information to cause harm to any person.

8. The reporting party shall not use the information to cause harm to any person. The reporting party shall not use the information to cause harm to any person.

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

Reporting Authority

The reporting party shall not be held liable for the truth and accuracy of the information reported.

The reporting party shall provide accurate and complete information.

The reporting party shall not disclose the identity of the reporting party to any third party without the express written consent of the reporting party's supervisor.

The reporting party shall not use the information for any purpose other than the purpose for which it was reported.

The reporting party shall not use the information to discriminate against any person.

The reporting party shall not use the information for personal gain.

The reporting party shall not use the information to harass or threaten any person.

The reporting party shall not use the information to cause harm to any person.

The reporting party shall not use the information to cause harm to any person.

The reporting party shall not use the information to cause harm to any person.



LABORATORY REPORT



Name : **MAHESH KUMAR**

Sex/Age : **Male / 36 Years**

Case ID : **40302200763**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **3469847**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **29-Mar-2024 11:47**

Sample Type : **Serum**

Mobile No :

Sample Date and Time : **29-Mar-2024 11:47**

Sample Coll. By :

Ref Id1 : **OSP33634**

Report Date and Time : **29-Mar-2024 17:50**

Acc. Remarks : **Normal**

Ref Id2 :

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	139.31	mg/dL	110 - 200	
HDL Cholesterol	L 28.3	mg/dL	48.- 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H 162.39	mg/dL	<150	
VLDL <i>Calculated</i>	32.48	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 4.92		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	78.53	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 17:57



COMPLETION OF REPORTING

1. The reporting period is from 1/1/2018 to 12/31/2018.

2. The reporting period is from 1/1/2018 to 12/31/2018.

3. The reporting period is from 1/1/2018 to 12/31/2018.

4. The reporting period is from 1/1/2018 to 12/31/2018.

5. The reporting period is from 1/1/2018 to 12/31/2018.

6. The reporting period is from 1/1/2018 to 12/31/2018.

7. The reporting period is from 1/1/2018 to 12/31/2018.

8. The reporting period is from 1/1/2018 to 12/31/2018.

9. The reporting period is from 1/1/2018 to 12/31/2018.

10. The reporting period is from 1/1/2018 to 12/31/2018.

11. The reporting period is from 1/1/2018 to 12/31/2018.

12. The reporting period is from 1/1/2018 to 12/31/2018.

13. The reporting period is from 1/1/2018 to 12/31/2018.

14. The reporting period is from 1/1/2018 to 12/31/2018.

15. The reporting period is from 1/1/2018 to 12/31/2018.



LABORATORY REPORT



Name : **MAHESH KUMAR**

Sex/Age : **Male / 36 Years** Case ID : **40302200763**

Ref.By : **HOSPITAL**

Dis. At : Pt. ID : **3469847**

Bill. Loc. : **Aashka hospital**

Pt. Loc. :

Reg Date and Time : **29-Mar-2024 11:47** Sample Type : **Serum**

Mobile No. :

Sample Date and Time : **29-Mar-2024 11:47** Sample Coll. By :

Ref Id1 : **OSP33634**

Report Date and Time : **29-Mar-2024 17:54** Acc. Remarks : **Normal**

Ref Id2 :

TEST RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	32.80	U/L	16 - 63
S.G.O.T. <i>UV with P5P</i>	23.31	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	105.91	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide</i> Substrate	31.68	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>	H 8.31	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.81	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.50	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.58	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.32	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.26	mg/dL	0 - 0.8

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

Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 29-Mar-2024 17:57



CONDITIONS OF REPORTING

The undersigned hereby certifies that the foregoing is a true and correct copy of the original report as filed with the Commission on the date indicated above.

Witness my hand and the seal of the Commission at Washington, D.C., this _____ day of _____, 19____.

Secretary

Chairman

Member

Member

Member

Member

Member

Member

Member

Member

Member

Member

Member



LABORATORY REPORT



Name : **MAHESH KUMAR** Sex/Age : **Male / 36 Years** Case ID : **40302200763**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3469847**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **29-Mar-2024 11:47** Sample Type : **Serum** Mobile No :
Sample Date and Time : **29-Mar-2024 11:47** Sample Coll. By : Ref Id1 : **OSP33634**
Report Date and Time : **29-Mar-2024 17:50** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 7.7	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase</i>	6.10	mg/dL	3.5 - 7.2	
Creatinine	1.01	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 17:57



CONDITIONS OF REPORTING

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Commission on the part of the reporting party.

Witness my hand and seal this 1st day of June, 1964.

Secretary

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Commission on the part of the reporting party.

Witness my hand and seal this 1st day of June, 1964.

Secretary

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Commission on the part of the reporting party.

Witness my hand and seal this 1st day of June, 1964.

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary

Secretary



LABORATORY REPORT



Name : MAHESH KUMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 36 Years

Case ID : 40302200763

Dis. At :

Pt. ID : 3469847

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:47

Sample Type : Serum

Mobile No :

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Ref Id1 : OSP33634

Report Date and Time : 29-Mar-2024 17:48

Acc. Remarks : Normal

Ref Id2 :

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

Thyroid Function Test

Triiodothyronine (T3) C/M/A	1.15	ng/mL	0.64 - 1.52	
Thyroxine (T4) C/M/A	8.03	µg/dL	4.87 - 11.72	
TSH C/M/A	1.91	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:(LL-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 17:57



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

CONDITIONS OF REPORTING

1. The reporting party shall be held responsible for the accuracy and completeness of the information provided in this report.

2. The reporting party shall be held responsible for the timeliness of the information provided in this report.

3. The reporting party shall be held responsible for the confidentiality of the information provided in this report.

4. The reporting party shall be held responsible for the integrity of the information provided in this report.

5. The reporting party shall be held responsible for the objectivity of the information provided in this report.

6. The reporting party shall be held responsible for the clarity of the information provided in this report.

7. The reporting party shall be held responsible for the consistency of the information provided in this report.

8. The reporting party shall be held responsible for the relevance of the information provided in this report.

9. The reporting party shall be held responsible for the reliability of the information provided in this report.

10. The reporting party shall be held responsible for the validity of the information provided in this report.

11. The reporting party shall be held responsible for the accuracy of the information provided in this report.

12. The reporting party shall be held responsible for the completeness of the information provided in this report.

13. The reporting party shall be held responsible for the timeliness of the information provided in this report.

14. The reporting party shall be held responsible for the confidentiality of the information provided in this report.

15. The reporting party shall be held responsible for the integrity of the information provided in this report.



LABORATORY REPORT



Name : **MAHESH KUMAR**

Sex/Age : **Male / 36 Years** Case ID : **40302200763**

Ref.By : **HOSPITAL**

Dis. At : Pt. ID : **3469847**

Bill. Loc. : **Aashka hospital**

Pt. Loc. :

Reg Date and Time : **29-Mar-2024 11:47** Sample Type : **Serum**

Mobile No :

Sample Date and Time : **29-Mar-2024 11:47** Sample Coll. By :

Ref Id1 : **OSP33634**

Report Date and Time : **29-Mar-2024 17:48** Acc. Remarks : **Normal**

Ref Id2 :

Interpretation Note:

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 (an 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 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 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 concentrations.

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

TSH ref range in Pregnancy

First trimester 0.24 - 2.00

Second trimester 0.43-2.7

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 Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

Sandip

Dr. Sandip Shah

M.D. (Path. & Bact.)
Consultant Pathologist

Page 11 of 13

Dr. Aakash Shah

MD. Path.
Consultant Pathologist

Dr. Sandip Shah

M.D. (Path. & Bact.)
Consultant Pathologist

Printed On : 29-Mar-2024 17:57



CONDITIONS OF REPORTING

1. The reporting party shall be held responsible for the accuracy and completeness of the information provided.

2. The reporting party shall provide a copy of this report to the appropriate authorities.

3. The reporting party shall be held liable for any damages or losses resulting from the reporting.

4. The reporting party shall be held liable for any costs incurred in the investigation of the report.

5. The reporting party shall be held liable for any legal fees incurred in the investigation of the report.

6. The reporting party shall be held liable for any damages or losses resulting from the reporting.

7. The reporting party shall be held liable for any costs incurred in the investigation of the report.

8. The reporting party shall be held liable for any legal fees incurred in the investigation of the report.

9. The reporting party shall be held liable for any damages or losses resulting from the reporting.

10. The reporting party shall be held liable for any costs incurred in the investigation of the report.

11. The reporting party shall be held liable for any legal fees incurred in the investigation of the report.

12. The reporting party shall be held liable for any damages or losses resulting from the reporting.

13. The reporting party shall be held liable for any costs incurred in the investigation of the report.

14. The reporting party shall be held liable for any legal fees incurred in the investigation of the report.

15. The reporting party shall be held liable for any damages or losses resulting from the reporting.

16. The reporting party shall be held liable for any costs incurred in the investigation of the report.

17. The reporting party shall be held liable for any legal fees incurred in the investigation of the report.



LABORATORY REPORT



Name : **MAHESH KUMAR** Sex/Age : **Male / 36 Years** Case ID : **40302200763**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3469847**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **29-Mar-2024 11:47** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **29-Mar-2024 11:47** Sample Coll. By : Ref Id1 : **OSP33634**
 Report Date and Time : **29-Mar-2024 13:58** Acc. Remarks : **Normal** Ref Id2 :

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

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

Red Blood Cell **Nil** /HPF

Epithelial Cell **Present +** /HPF Present(+)

Bacteria **Nil** /µL

Yeast **Nil** /µL

Cast **Nil** /HPF

Crystals **Nil** /HPF

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



Dr. Shreya Shah

M.D. (Pathologist)

Page 12 of 13

Printed On : 29-Mar-2024 17:57



CONDITIONS OF REPORTING

The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is not aware of any information which would cause the above information to be untrue or misleading.

Signature of the Reporter: _____

Printed Name of the Reporter: _____

The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is not aware of any information which would cause the above information to be untrue or misleading.

Signature of the Reporter: _____

Printed Name of the Reporter: _____

The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is not aware of any information which would cause the above information to be untrue or misleading.

Signature of the Reporter: _____

Printed Name of the Reporter: _____

Company Name

Address

City

State

Zip

Telephone

Fax

Telex

Company Number

Product

Quantity

Value

Comments

Date

Time

Location

Remarks

Signature

Name

Title

Company

Address

City

State

Zip

Telephone

Fax



LABORATORY REPORT



Name : MAHESH KUMAR

Sex/Age : Male / 36 Years

Case ID : 40302200763

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3469847

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:47

Sample Type : Spot Urine

Sample Date and Time : 29-Mar-2024 11:47

Sample Coll. By :

Mobile No :

Report Date and Time : 29-Mar-2024 13:58

Acc. Remarks : Normal

Ref Id1 : OSP33634

Ref Id2 :

Parameter	Unit	Expected value	Trace	+	++	+++	++++
pH	-	4.6-8.0	Trace				
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
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	Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
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)

Printed On : 29-Mar-2024 17:57



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

CONDITIONS OF REPORTING

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Commission on the date indicated above.

Witness my hand and the seal of the Commission at Washington, D.C., this _____ day of _____, 19____.

Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary