



બંક ઓફ બરોડા
Bank of Baroda

નામ
Name: **Shalendrakumar Singh**

વહીવટી કોડ નં.
Employee Code No. **102720**


વહીવટી અધિકારી
Issuing Authority




વહીવટી અધિકારી
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



24/3/24

Vibha sirben

Age: 52 yr.

B sent.

Past 19/11

G-5/28-30

R, H, PL.

- no active

- Organ & regional

PH
4 F 1 - 0 / 1000

LD: 23 Jun

8/8

ADU

- 2000

- 2000

- 500 Aug.

Aashka Hospitals Ltd.

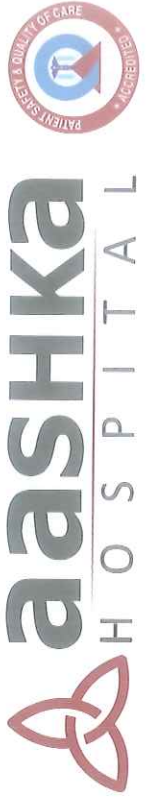
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CIN: L85110GJ2012PLC072647



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

UHID: <u>OSP 33591</u>	Date: <u>23-03-27</u>	Time: <u>11:30</u>
Patient Name: <u>U1614</u>	Age / Sex:	Height: <u>149</u> Weight: <u>66.8</u>
History: <u>Combing history about</u> <u>pt has history of 3-4 yr</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>WV < 60</u> <u>ED</u> <u>WVC constant</u> <u>6/6</u> <u>6/6</u> <u>2/6</u>		<u>Colob vision - Normal</u>
Diagnosis: <u>Refractive error</u>		

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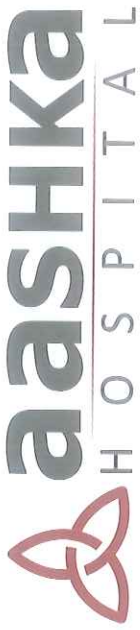


DR. SEJAL J AMIN
B.D.S, M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

UHID: OSP33591	Date: 23/3/24	Time:
Patient Name: Vibha benn.	Age / Sex:	Height: 149
		Weight: 66.8
Chief Complain:	Routine dentures check up.	
History:		
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:		
Extra oral:		
Intra oral – Teeth Present :	Stain Caries Carious teeth present	
Teeth Absent :	— prem. severe attrition present.	
Diagnosis:		

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Dr. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D,
Reg.no: G-0749

CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: WIRBHA SINGHA

AGE: 50 yrs SEX: F.

Height: _____ Weight: _____

Chief Complaints:

HB = 10.3 %.

Date: 23/3/2024

Pulse = 74/min

B.P. = 110/60 mmHg.

R.R. = 20/min.

Spo2 = 99%.

Temp. = (NI).

R.B.S. = 50 mg/dl.

Sleep cycle: (NI)

E.C.G.: (NI)

Body built / Nutritional status: OK.

Any known allergies: None.

K/C/O: - DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

On her Pds. Thyroxin 100 1-0-0 p. 10 yrs
"FIT FOR DUTY"

Provisional Diagnosis:

*General Examination: -

- Lymph node enlargement (NI)

*On Examination:-

-Breath sounds: Normal Breath sound/ Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.

-Chest movements (NI)

Rx,

- Adv: 1) Symp. control
- 2) Follow up after 1 month.
- 3) Life style modification.

- Air entry: AE = BE.

her Pds. TONORALIC 1-0-0 x 1 month.

(mob: 9928650226)
Dr. M.V. N. S. N. S.

Advices:

- 1) Chest X ray (PA),
- 2) USG Abdomen ,
- 3) HRCT thorax (P) / Contrast,
- 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)
- 5) Pulmonary Function Test (PFT) with /without DLCO,
- 6) Bronchoscopy (Flexible / Rigid),
- 7) Plural fluid examination (Biochemical / Hematological / Bacteriological /TB-fungal culture/ Cytological),
- 8) Sputum Examination (Routine / Microscopic / Microbiological),
- 9) Blood investigations:-
 - CBC, PS For MP, CRP, ESR, SCPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test, Kidney Function test, Lipid profile, Thyroid profile (T3, T4, TSH).
 - ABG (Arterial blood gas),
 - D- Dimmer level,
 - Procalcitonin level,
- *Tumor markers :-
 - CEA (carcinoembryonic antigen),
 - Neuron specific enolase (NSE)(Small cell carcinoma),
 - SCC(Squamous cell carcinoma antigen),
- 10) Follow up after days/months.
- 11) Inform SOS.
- 12) Admission.

Dr. Maulik Vyas

Vibha singh

Contrast 226 166 05

0459 LOT D 942 #

23.03.2024 11:33:45 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

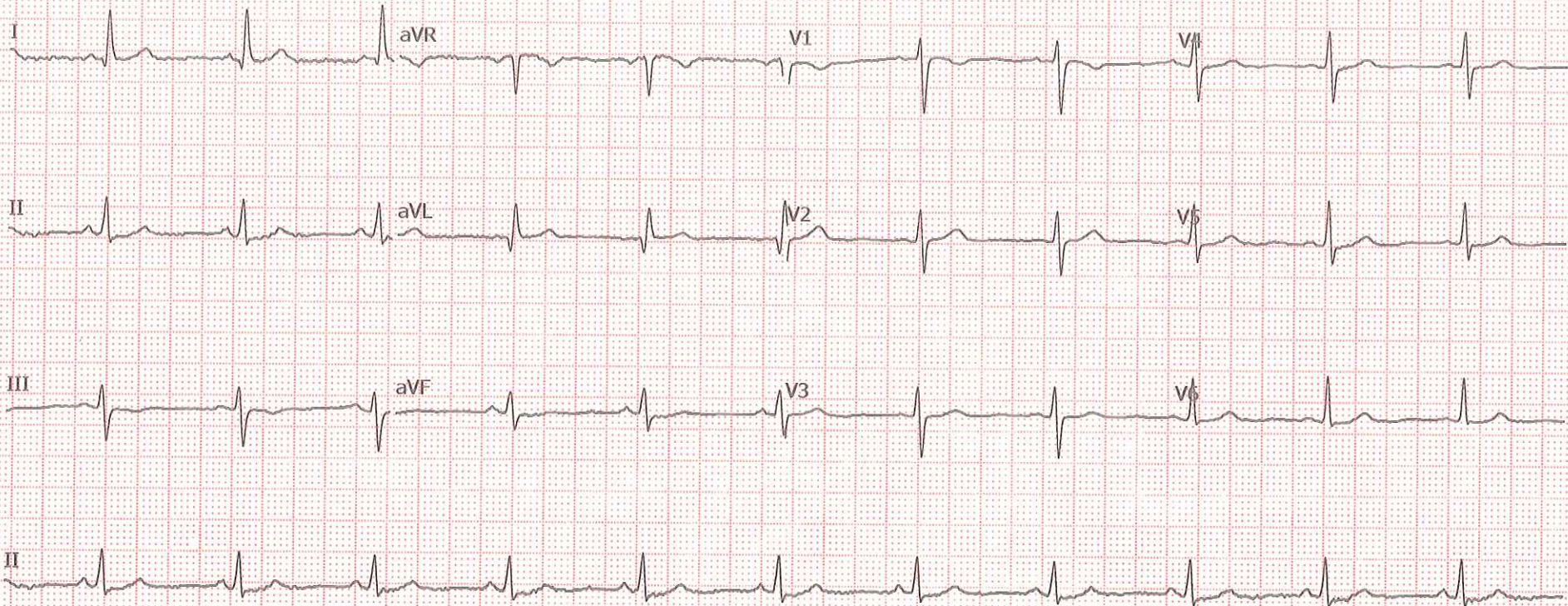
Room:

69 bpm
/ / mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 362 / 387 ms
PR : 128 ms
P : 80 ms
RR / PP : 872 / 869 ms
P / QRS / T : 54 / 12 / 11 degrees

Normal sinus rhythm
Normal ECG



PATIENT NAME: WIBHA SINGH

GENDER/AGE: Female / 50 Years

DOCTOR:

OPDNO: OSP33591

DATE: 23/03/24

MAMMOGRAM OF BOTH BREASTS

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

RIGHT BREAST

Subtle soft tissue opacity seen in right upper quadrant only seen in MLO view. Adv: clinical correlation and SOS USG if clinically indicated.
Fibrofatty and glandular parenchyma is noted on either side.
No definite evidence of abnormal microcalcification or architectural distortion is seen.
No evidence of skin thickening or nipple retraction is seen.

LEFT BREAST

Fibrofatty and glandular parenchyma is noted on either side.
No definite evidence of mass, abnormal microcalcification or architectural distortion is seen.
No evidence of skin thickening or nipple retraction is seen.

COMMENT:

- **Subtle soft tissue opacity seen in right upper quadrant only seen in MLO view. Adv: clinical correlation and SOS USG if clinically indicated.**
- **Normal mammography of breast on either side.**
(BIRADS - Category - 0/I on right side and I on left side).

BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative.
- II Benign finding.
- III Probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.
- VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

Screening mammogram:

Women with no symptoms

AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year



RADIOLOGIST

Dr. MEHUL S. PATELIYA, G-27576

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 **aashka**
H O S P I T A L



PATIENT NAME: WIBHA SINGH

GENDER/AGE: Female / 50 Years

DOCTOR:

OPDNO: OSP33591

DATE: 23/03/24

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears mildly enlarged in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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H O S P I T A L



PATIENT NAME: WIBHA SINGH

GENDER/AGE: Female / 50 Years

DOCTOR:

OPDNO: OSP33591

DATE: 23/03/24

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 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 normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

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


RADIOLOGIST

DR. MEHUL PATELIYA

PATIENT NAME: WIBHA SINGH

GENDER/AGE: Female / 50 Years

DOCTOR: DR.HASIT JOSHI

OPDNO: OSP33591

DATE: 23/03/24

2D-ECHO

MITRAL VALVE	: MINIMALLY SCLEROSED
AORTIC VALVE	: MINIMALLY SCLEROSED
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 33mm
LEFT ATRIUM	: 34mm
LV Dd / Ds	: 40/29mm
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	: 1.1/0.9m/s
AORTIC	: 1.3m/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 : WIBHA SINGH
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 51 Years
Dis. At :
Pt. ID : 3455396
Pt. Loc :

Case ID : 40302200642

Reg Date and Time : 23-Mar-2024 10:43
Sample Type :
Sample Date and Time : 23-Mar-2024 10:43
Sample Coll. By :
Report Date and Time :
Acc. Remarks : Normal

Mobile No :
Ref Id1 : OSP33591
Ref Id2 : O232411332

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	6.1	mg/dL	9.80 - 20.10
Haemogram (CBC)			
Haemoglobin	10.3	G%	12.0 - 15.0
PCV(Calc)	32.28	%	36.00 - 46.00
MCV (RBC histogram)	76.5	fL	83.00 - 101.00
MCH (Calc)	24.4	pg	27.00 - 32.00
RDW (RBC histogram)	18.10	%	11.00 - 16.00
Lipid Profile			
LDL Cholesterol	112.33	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

THE UNIVERSITY OF MICHIGAN

Department of Psychology
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Ann Arbor, Michigan 48106-1063
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LABORATORY REPORT



Name : **WIBHA SINGH** Sex/Age : **Female/ 51 Years** Case ID : **40302200642**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3455396**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **23-Mar-2024 10:43** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **23-Mar-2024 10:43** Sample Coll. By : Ref Id1 : **OSP33591**
 Report Date and Time : **23-Mar-2024 11:23** Acc. Remarks : **Normal** Ref Id2 : **O232411332**

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

HAEMOGRAM REPORT

HB AND INDICES				
Haemoglobin	L	10.3	G%	12.0 - 15.0
RBC (Electrical Impedance)		4.22	millions/cumm	3.80 - 4.80
PCV(Calc)	L	32.28	%	36.00 - 46.00
MCV (RBC histogram)	L	76.5	fL	83.00 - 101.00
MCH (Calc)	L	24.4	pg	27.00 - 32.00
MCHC (Calc)		31.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H	18.10	%	11.00 - 16.00
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count		8620	/µL	4000.00 - 10000.00
Neutrophil	[%]	60.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 5172
Lymphocyte		33.0	%	20.00 - 40.00 2845
Eosinophil		1.0	%	1.00 - 6.00 86
Monocytes		6.0	%	2.00 - 10.00 517
Basophil		0.0	%	0.00 - 2.00 0

PLATELET COUNT (Optical)

Platelet Count		231000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)		1.82		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: (L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

Page 2 of 13

Printed On : 23-Mar-2024 15:18



MEMORANDUM FOR THE RECORD

On 10/10/54, the following information was received from the [redacted] regarding the [redacted] of the [redacted] in the [redacted] area.

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

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

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

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

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

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

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



LABORATORY REPORT



Name : **WIBHA SINGH** Sex/Age : Female/ 51 Years Case ID : 40302200642
Ref.By : HOSPITAL Dis. At : Pt. ID : 3455396
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Mar-2024 10:43 Sample Type : Whole Blood EDTA
Sample Date and Time : 23-Mar-2024 10:43 Sample Coll. By :
Report Date and Time : 23-Mar-2024 12:55 Acc. Remarks : Normal

Mobile No :
Ref Id1 : OSP33591
Ref Id2 : O232411332

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

ESR 04 mm after 1hr 3 - 30
Westergren Method

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 3 of 13

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Neuberg Diagnostics Private Limited

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

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



LABORATORY REPORT

Name : WIBHA SINGH

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 51 Years

Dis. At :

Pt. Loc :

Case ID : 40302200642

Pt. ID : 3455396

Reg Date and Time : 23-Mar-2024 10:43

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 23-Mar-2024 10:43

Sample Coll. By :

Ref Id1 : OSP33591

Report Date and Time : 23-Mar-2024 11:08

Acc. Remarks : Normal

Ref Id2 : O232411332

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

AB

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 : 23-Mar-2024 15:18



Form 1041-010-0000000000

1. Name of the decedent: [Name]

2. Social Security Number: [SSN]

3. Date of death: [Date]

4. Executor's name and address: [Name, Address]

5. Decedent's residence at death: [Address]

6. State of decedent's domicile at death: [State]

7. Name of the estate: [Name]

8. Social Security Number of the estate: [SSN]

9. Date of the will: [Date]

10. Date of the probate proceedings: [Date]

11. Date of the executor's appointment: [Date]

12. Date of the executor's resignation: [Date]

13. Date of the executor's death: [Date]

14. Date of the executor's resignation: [Date]

15. Date of the executor's death: [Date]

16. Date of the executor's resignation: [Date]

17. Date of the executor's death: [Date]

18. Date of the executor's resignation: [Date]

19. Date of the executor's death: [Date]

20. Date of the executor's resignation: [Date]

21. Date of the executor's death: [Date]

22. Date of the executor's resignation: [Date]

23. Date of the executor's death: [Date]

24. Date of the executor's resignation: [Date]

25. Date of the executor's death: [Date]

26. Date of the executor's resignation: [Date]

27. Date of the executor's death: [Date]

28. Date of the executor's resignation: [Date]

29. Date of the executor's death: [Date]

30. Date of the executor's resignation: [Date]

31. Date of the executor's death: [Date]

32. Date of the executor's resignation: [Date]

33. Date of the executor's death: [Date]

34. Date of the executor's resignation: [Date]

35. Date of the executor's death: [Date]

36. Date of the executor's resignation: [Date]

37. Date of the executor's death: [Date]



LABORATORY REPORT



Name : **WIBHA SINGH**

Sex/Age : Female/ 51 Years Case ID : 40302200642

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:43

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 23-Mar-2024 10:43

Sample Coll. By :

Ref Id1 : OSP33591

Report Date and Time : 23-Mar-2024 15:18

Acc. Remarks : Normal

Ref Id2 : O232411332

TEST RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	89.68	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	111.81	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)

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Printed On : 23-Mar-2024 15:18





LABORATORY REPORT

Name : WIBHA SINGH

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 51 Years Case ID : 40302200642

Dis. At : Pt. ID : 3455396

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:43 Sample Type : Whole Blood EDTA

Sample Date and Time : 23-Mar-2024 10:43 Sample Coll. By :

Report Date and Time : 23-Mar-2024 11:23 Acc. Remarks : Normal Mobile No :

Ref Id1 : OSP33591

Ref Id2 : O232411332

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

Glycated Haemoglobin Estimation

HbA1C	4.93	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	94.79	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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,

Ahmedabad - 380006 ☎ 079-40408181 / 61618181

✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,

Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

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Form No. 101 (Rev. 1-25-60)

1. Name of the organization: [Faint text]

2. Address: [Faint text]

3. City: [Faint text]

4. State: [Faint text]

5. Contact person: [Faint text]

6. Telephone: [Faint text]

7. Other: [Faint text]

8. Date: [Faint text]

9. Signature: [Faint text]

10. Title: [Faint text]

11. Organization: [Faint text]

12. Address: [Faint text]

13. City: [Faint text]

14. State: [Faint text]



LABORATORY REPORT



Name : **WIBHA SINGH** Sex/Age : Female/ 51 Years Case ID : 40302200642
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3455396
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Mar-2024 10:43 Sample Type : Serum Mobile No :
 Sample Date and Time : 23-Mar-2024 10:43 Sample Coll. By : Ref Id1 : OSP33591
 Report Date and Time : 23-Mar-2024 14:02 Acc. Remarks : Normal Ref Id2 : O232411332

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	187.36	mg/dL	110 - 200	
HDL Cholesterol	58.9	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	80.63	mg/dL	<150	
VLDL <i>Calculated</i>	16.13	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.18		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 112.33	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 200-450
High 160-189			

- 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)

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UNITED STATES GOVERNMENT

Form No. 101 (Rev. 1-25-60)

1. Name of the organization: [Faint text]

2. Address: [Faint text]

3. City: [Faint text]

4. State: [Faint text]

5. Federal Identification Number: [Faint text]

6. Name of the individual: [Faint text]

7. Address: [Faint text]

8. City: [Faint text]

9. State: [Faint text]



LABORATORY REPORT



Name : **WIBHA SINGH** Sex/Age : Female/ 51 Years Case ID : 40302200642
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TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	18.47	U/L	14 - 59
S.G.O.T. <i>UV with P5P</i>	15.02	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	67.99	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	11.39	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	7.40	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.57	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.83	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.42	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazoization reaction</i>	0.31	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.11	mg/dL	0 - 0.8

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

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LABORATORY REPORT

Name : **WIBHA SINGH** Sex/Age : **Female/ 51 Years** Case ID : **40302200642**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3455396**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **23-Mar-2024 10:43** Sample Type : **Serum**
Sample Date and Time : **23-Mar-2024 10:43** Sample Coll. By :
Report Date and Time : **23-Mar-2024 14:02** Acc. Remarks : **Normal**

Mobile No :
Ref Id1 : **OSP33591**
Ref Id2 : **O232411332**

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

BUN (Blood Urea Nitrogen) L **6.1** mg/dL 9.80 - 20.10
GLDH

Uric Acid **3.32** mg/dL 2.6 - 6.2
Uricase

Creatinine **0.68** mg/dL 0.50 - 1.50

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

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UNIT 1: OUR COMMUNITY

1. What are the main features of our community?
2. How do we contribute to our community?
3. What are the different types of buildings in our community?

4. How do we use the different types of buildings in our community?
5. What are the different types of people in our community?

6. How do we use the different types of people in our community?
7. What are the different types of activities in our community?

8. How do we use the different types of activities in our community?
9. What are the different types of places in our community?

10. How do we use the different types of places in our community?
11. What are the different types of things in our community?

12. How do we use the different types of things in our community?

13. What are the different types of people in our community?

14. How do we use the different types of people in our community?

15. What are the different types of activities in our community?

16. How do we use the different types of activities in our community?

17. What are the different types of places in our community?

18. How do we use the different types of places in our community?

19. What are the different types of things in our community?

20. How do we use the different types of things in our community?

21. What are the different types of people in our community?

22. How do we use the different types of people in our community?

23. What are the different types of activities in our community?

24. How do we use the different types of activities in our community?

25. What are the different types of places in our community?

26. How do we use the different types of places in our community?

27. What are the different types of things in our community?

28. How do we use the different types of things in our community?

29. What are the different types of people in our community?

30. How do we use the different types of people in our community?

31. What are the different types of activities in our community?

32. How do we use the different types of activities in our community?

33. What are the different types of places in our community?



LABORATORY REPORT



Name : **WIBHA SINGH** Sex/Age : **Female/ 51 Years** Case ID : **40302200642**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3455396**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **23-Mar-2024 10:43** Sample Type : **Serum** Mobile No. :
Sample Date and Time : **23-Mar-2024 10:43** Sample Coll. By : Ref Id1 : **OSP33591**
Report Date and Time : **23-Mar-2024 11:51** Acc. Remarks : **Normal** Ref Id2 : **O232411332**

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

Thyroid Function Test

Triiodothyronine (T3)	64.02	ng/dL	40 - 181	
Thyroxine (T4) <i>C/M/A</i>	8.21	ng/dL	4.87 - 11.72	
TSH <i>C/M/A</i>	0.87	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentrations (>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)

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M.D. (Pathologist)

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ADMINISTRATIVE INFORMATION

1. Name of the project: [Faint text]

2. Date of the report: [Faint text]

3. Author(s): [Faint text]

4. Title of the report: [Faint text]

5. Summary of the report: [Faint text]

6. Objectives of the project: [Faint text]

7. Methodology used: [Faint text]

8. Results obtained: [Faint text]

9. Conclusions drawn: [Faint text]

10. Recommendations: [Faint text]

11. Acknowledgements: [Faint text]

12. References: [Faint text]

13. Appendix: [Faint text]

14. Glossary: [Faint text]

15. Bibliography: [Faint text]

16. Index: [Faint text]

17. List of figures: [Faint text]

18. List of tables: [Faint text]



LABORATORY REPORT

Name : **WIBHA SINGH** Sex/Age : **Female/ 51 Years** Case ID : **40302200642**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3455396**
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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 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 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 trimester in pregnancy.

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

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

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



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M.D. (Pathologist)

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2. Address: [Faint text]

3. City: [Faint text]

4. State: [Faint text]

5. Zip: [Faint text]

6. Telephone: [Faint text]

7. Name of the individual: [Faint text]

8. Address: [Faint text]

9. City: [Faint text]

10. State: [Faint text]

11. Zip: [Faint text]

12. Name of the organization: [Faint text]

13. Address: [Faint text]

14. City: [Faint text]

15. State: [Faint text]



LABORATORY REPORT



Name : **WIBHA SINGH** Sex/Age : **Female/ 51 Years** Case ID : **40302200642**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3455396**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **23-Mar-2024 10:43** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **23-Mar-2024 10:43** Sample Coll. By : Ref Id1 : **OSP33591**
 Report Date and Time : **23-Mar-2024 11:57** Acc. Remarks : **Normal** Ref Id2 : **O232411332**

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	1.005		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)

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



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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The text notes that without reliable records, it would be difficult to verify the accuracy of financial statements and to identify any discrepancies or irregularities.

2. The second part of the document focuses on the role of internal controls in ensuring the accuracy and reliability of financial information. It describes how internal controls are designed to prevent errors and fraud by establishing a system of checks and balances. The text highlights that internal controls should be tailored to the specific needs of the organization and should be regularly reviewed and updated to reflect changes in the business environment.

3. The third part of the document discusses the importance of transparency and accountability in financial reporting. It states that organizations should provide clear and concise information about their financial performance and position to all stakeholders. This includes providing timely and accurate financial statements and disclosing any significant risks or uncertainties that may affect the organization's future performance.

4. The fourth part of the document addresses the role of external audits in providing an independent and objective assessment of an organization's financial statements. It explains that external audits are conducted by qualified auditors who follow established standards and procedures to verify the accuracy and reliability of the financial information. The text notes that external audits are a key component of the financial reporting process and help to build confidence among investors and other stakeholders.

5. The fifth part of the document discusses the importance of ethical behavior in financial reporting. It emphasizes that organizations should adhere to high ethical standards and should not engage in any practices that could be considered misleading or deceptive. The text notes that ethical behavior is essential for maintaining the trust and confidence of investors and other stakeholders in the financial system.

6. The sixth part of the document discusses the role of technology in improving financial reporting. It notes that the use of technology, such as accounting software and data analytics, can help organizations to streamline their financial reporting processes and to improve the accuracy and reliability of their financial information. The text highlights that technology can also help to reduce the risk of errors and fraud by automating many of the manual tasks involved in financial reporting.

7. The seventh part of the document discusses the importance of ongoing monitoring and evaluation of financial reporting processes. It states that organizations should regularly review and assess the effectiveness of their financial reporting processes and should make any necessary adjustments to improve their performance. The text notes that ongoing monitoring and evaluation are essential for ensuring that financial reporting remains accurate and reliable over time.

8. The eighth part of the document discusses the role of education and training in improving financial reporting. It emphasizes that organizations should invest in the education and training of their employees to ensure that they have the necessary skills and knowledge to perform their financial reporting duties accurately and reliably. The text notes that education and training are essential for building a strong financial reporting culture within an organization.

9. The ninth part of the document discusses the importance of communication in financial reporting. It states that organizations should maintain open and transparent communication with all stakeholders about their financial performance and position. This includes providing regular updates on financial results and disclosing any significant risks or uncertainties that may affect the organization's future performance.

10. The tenth part of the document discusses the role of regulatory bodies in ensuring the accuracy and reliability of financial reporting. It explains that regulatory bodies, such as the Securities and Exchange Commission (SEC) in the United States, are responsible for establishing and enforcing the rules and standards that govern financial reporting. The text notes that regulatory bodies play a crucial role in maintaining the integrity of the financial system and in protecting investors and other stakeholders from fraud and other financial crimes.

11. The eleventh part of the document discusses the importance of international harmonization of financial reporting standards. It notes that the use of common financial reporting standards across different countries can help to reduce the complexity and cost of financial reporting for multinational corporations and can also help to improve the comparability and reliability of financial information. The text highlights that international harmonization is a key goal of many international organizations and is essential for the global financial system.

12. The twelfth part of the document discusses the role of the private sector in improving financial reporting. It emphasizes that the private sector has a key role to play in promoting transparency and accountability in financial reporting and in building a strong financial reporting culture within organizations. The text notes that the private sector can help to improve financial reporting by sharing best practices and by providing training and support to organizations that are struggling to improve their financial reporting processes.

13. The thirteenth part of the document discusses the importance of public policy in financial reporting. It states that public policy can play a crucial role in ensuring the accuracy and reliability of financial reporting and in protecting investors and other stakeholders from fraud and other financial crimes. The text notes that public policy can help to improve financial reporting by establishing clear rules and standards and by providing strong enforcement mechanisms to ensure that these rules and standards are followed.

14. The fourteenth part of the document discusses the role of the media in financial reporting. It emphasizes that the media has a key role to play in promoting transparency and accountability in financial reporting and in building a strong financial reporting culture within organizations. The text notes that the media can help to improve financial reporting by providing independent and objective coverage of financial reporting issues and by holding organizations accountable for their financial reporting practices.

15. The fifteenth part of the document discusses the importance of ongoing research and innovation in financial reporting. It states that ongoing research and innovation are essential for improving financial reporting and for addressing the challenges that arise in the financial reporting process. The text notes that ongoing research and innovation can help to improve financial reporting by developing new technologies and techniques and by exploring new ways to enhance the accuracy and reliability of financial information.

16. The sixteenth part of the document discusses the role of the public in financial reporting. It emphasizes that the public has a key role to play in promoting transparency and accountability in financial reporting and in building a strong financial reporting culture within organizations. The text notes that the public can help to improve financial reporting by providing feedback and support to organizations and by holding them accountable for their financial reporting practices.

17. The seventeenth part of the document discusses the importance of global cooperation in financial reporting. It states that global cooperation is essential for improving financial reporting and for addressing the challenges that arise in the financial reporting process. The text notes that global cooperation can help to improve financial reporting by sharing best practices and by providing training and support to organizations in different countries.

18. The eighteenth part of the document discusses the role of the future in financial reporting. It emphasizes that the future holds many opportunities for improving financial reporting and for addressing the challenges that arise in the financial reporting process. The text notes that the future can help to improve financial reporting by developing new technologies and techniques and by exploring new ways to enhance the accuracy and reliability of financial information.