

Patient Name : Mrs.JISNA SOJAN	Collected : 27/May/2023 09:17AM
Age/Gender : 28 Y 1 M 16 D/F	Received : 27/May/2023 01:24PM
UHID/MR No : CPIM.0000110554	Reported : 27/May/2023 03:12PM
Visit ID : CPIMOPV144771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE39102	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14.2	g/dL	12-15	Spectrophotometer
PCV	42.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.63	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.8	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,650	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	42.8	%	40-80	Electrical Impedence
LYMPHOCYTES	47.3	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	6.5	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2418.2	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2672.45	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	175.15	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	367.25	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	16.95	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	334000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
 PLATELETS ARE ADEQUATE.  
 NO HEMOPARASITES SEEN



SIN No BFD23012332

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : CPIM.0000110554	Reported : 27/May/2023 04:06PM
Visit ID : CPIMOPV144771	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>102</b>	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	<b>75</b>	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	97	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	147	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>134</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.92</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.47	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.60		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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**DEPARTMENT OF BIOCHEMISTRY**

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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.72	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	64.87	U/L	30-120	IFCC
PROTEIN, TOTAL	6.89	g/dL	6.6-8.3	Biuret
ALBUMIN	3.66	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	<b>0.49</b>	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	22.16	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.05	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.08	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.95	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.08	mmol/L	101-109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.19	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.38	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>12.56</b>	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.826	µIU/mL	0.34-5.60	CLIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	6 - 7	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	3 - 4	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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**\*\*\* End Of Report \*\*\***

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE

  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

  
**Dr. Sanjay Ingle**  
 M.B.B.S, MD(Pathology)  
 Consultant Pathologist





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**Age/Gender** : 28 Y/F

**UHID/MR No.** : CPIM.0000110554

**OP Visit No** : CPIMOPV144771

**Sample Collected on** :

**Reported on** : 27-05-2023 15:56

**LRN#** : RAD2007789

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE39102

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

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**Age/Gender** : 28 Y/F

**UHID/MR No.** : CPIM.0000110554

**OP Visit No** : CPIMOPV144771

**Sample Collected on** :

**Reported on** : 27-05-2023 10:50

**LRN#** : RAD2007789

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE39102

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 3 mm. No intra/extra uterine gestational sac seen.

**Both ovaries** appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

**IMPRESSION:-**

**No significant abnormality detected.**

**Suggest – clinical correlation.**

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(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

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Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000110554  
Visit ID: CPIMOPV144771  
Visit Date: 27-05-2023 08:34  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



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Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000110554  
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**Doctor's Signature**

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Doctor:  
Department: GENERAL  
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Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

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Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

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Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. BIJAL MISTRY

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Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SAMEER KUMAR SABAT

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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-05-2023 15:42	84 Beats/min	110/80 mmHg	22 Rate/min	98 F	160 cms	71.4 Kgs	%	%	Years	27.89	cms	cms	cms		AHLL03446

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-05-2023 15:42	84 Beats/min	110/80 mmHg	22 Rate/min	98 F	160 cms	71.4 Kgs	%	%	Years	27.89	cms	cms	cms		AHLL03446

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Patient Name : Mrs. JISNA SOJAN  
UHID : CPIM.0000110554  
Conducted By: :  
Referred By : SELF

Age : 28 Y/F  
OP Visit No : CPIMOPV144771  
Conducted Date :

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