

Patient Name : Miss.SUKHIWA NAMCHOOM	Collected : 15/Sep/2023 08:18AM
Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 01:27PM
UHID/MR No : CJPN.0000013162	Reported : 15/Sep/2023 07:41PM
Visit ID : CJPNOPV176918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918296632977	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	36.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.4	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,890	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60.3	%	40-80	Electrical Impedance
LYMPHOCYTES	29.9	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2948.67	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1462.11	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	97.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	337.41	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	44.01	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	285000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westgren method
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**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:BED230222955

NABL renewal accreditation under process

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Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 01:27PM
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Visit ID : CJPNOPV176918	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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House list no. 22, BNR Complex, Sree Rama layout, Opp: RBI layout, JP Nagar, 7th Phase, Kothanur Village, Uttarahalli, Hobli, JP nagar, Bengaluru, Karnataka, India - 560078



Patient Name : Miss.SUKHIWA NAMCHOOM	Collected : 15/Sep/2023 08:18AM
Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 01:28PM
UHID/MR No : CJPN.0000013162	Reported : 15/Sep/2023 03:44PM
Visit ID : CJPNOPV176918	Status : Final Report
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Emp/Auth/TPA ID : 918296632977	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



SIN No:PLF02027587

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Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 01:01PM
UHID/MR No : CJPN.0000013162	Reported : 15/Sep/2023 01:54PM
Visit ID : CJPNOPV176918	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> WHOLE BLOOD EDTA	5.5	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> WHOLE BLOOD EDTA	111	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230084729

NABL renewal accreditation under process

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Patient Name : Miss.SUKHIWA NAMCHOOM	Collected : 15/Sep/2023 08:18AM
Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 12:58PM
UHID/MR No : CJPN.0000013162	Reported : 15/Sep/2023 02:23PM
Visit ID : CJPNOPV176918	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.99		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04481998

NABL renewal accreditation under process



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Visit ID : CJPNOPV176918	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.92	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.74	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

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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	0.42	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.95	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	110	mmol/L	101–109	ISE (Indirect)



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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.00	U/L	<38	IFCC



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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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)	1.11	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.99	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.440	µIU/mL	0.35-4.94	CMIA

**Comment:**

**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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

Patient Name : Miss.SUKHIWA NAMCHOOM	Collected : 15/Sep/2023 08:18AM
Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 12:57PM
UHID/MR No : CJPN.0000013162	Reported : 15/Sep/2023 02:20PM
Visit ID : CJPNOPV176918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918296632977	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name		Result	Unit	Bio. Ref. Range	Method
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes	
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma	



SIN No:SPL23131327

NABL renewal accreditation under process

Patient Name : Miss.SUKHIWA NAMCHOOM	Collected : 15/Sep/2023 08:17AM
Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 12:36PM
UHID/MR No : CJPN.0000013162	Reported : 15/Sep/2023 01:34PM
Visit ID : CJPNOPV176918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918296632977	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**\*\*\* End Of Report \*\*\***

Result/s to Follow:  
PERIPHERAL SMEAR

Patient Name : Miss.SUKHIWA NAMCHOOM	Collected : 15/Sep/2023 08:17AM
Age/Gender : 40 Y 6 M 15 D/F	Received : 15/Sep/2023 12:36PM
UHID/MR No : CJPN.0000013162	Reported : 15/Sep/2023 01:34PM
Visit ID : CJPNOPV176918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918296632977	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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*Prasanna B.K.P*  
Dr PRASANNA B.K.P  
Md.Path.Pathologist

*Shetty*  
DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

*Priya Murthy*  
Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist





Name : Miss. SUKHIWA NAMCHOOM

Age: 40 Y

Address : JP NAGAR

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

UHID:CJPN.0000013162



OP Number:CJPNOPV176918

Bill No :CJPN-OCR-66430

Date : 15.09.2023 08:14

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>ENT CONSULTATION</del> *	
<del>7</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>8</del>	<del>GYNAECOLOGY CONSULTATION</del> *	
<del>9</del>	<del>DIET CONSULTATION</del>	
<del>10</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>11</del>	<del>PERIPHERAL SMEAR</del>	
<del>12</del>	<del>ECG</del>	
<del>13</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>14</del>	<del>LIPID PROFILE</del>	
<del>15</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>16</del>	<del>LBC PAP TEST- PAPSURE</del> *	
<del>17</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del> R-3	
<del>18</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>19</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del> R-9	
<del>20</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>21</del>	<del>DENTAL CONSULTATION</del> - R-22	

B.P - 105/60mmHg  
 Wt - 56-2kg  
 Hct - 16.1 C.M  
 waist - 77cm  
 Hip - 90cm

# Apollo Clinic

## CONSENT FORM

Patient Name: SUKHIWA NAMCHHOV Age: 20 yrs  
UHID Number: \_\_\_\_\_ Company Name: UNION BANK

Mr/Mrs/Ms  SUKHIWA NAMCHHOV Employee of UNION BANK

[Company] Want to inform you that I am not interested in getting ..

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

- ① Dental
- ② LAC PAP Test
- ③ Eyes Test
- ④ Gynaecology

Patient Signature: [Signature] Date: 15/09/2023

sukhiwa  
ipn13162

161 cm Female  
56.0 kg

15.09.2023 9:08:58  
Apollo Clinic  
J.P Nagar  
Bangalore

81 bpm  
105 / 60 mmHg

*2023*  
*[Signature]*

QRS : 70 ms  
QT / QTcBaz : 370 / 429 ms  
PR : 156 ms  
P : 100 ms  
RR / PP : 740 / 740 ms  
P / QRS / T : 59 / 90 / 58 degrees

Normal sinus rhythm  
Rightward axis  
Borderline ECG

