


**भारत सरकार**  
**Government of India**


**मृत्तुंजय यादव**  
**Mritunjay Yadav**

**जन्म तिथि / DOB : 14/09/1989**  
**पुरुष / Male**




**7819 5092 4553**

**आधार - आम आदमी का अधिकार**

**Dr. R.K. Verma**  
**M.B.B.S.**  
**Reg. No.-40019**

*Subhan*

**INDRA DIAGNOSTIC CENTRE**  
**49/19-B, Kamia Nehru Road**  
**Katra, Prayagraj**


**भारत सरकार**  
**Government of India**

**7819 5092 4553**

**www.uidai.gov.in**

**1800 300 1947**

**एन. एस. आर. एन. 211019**  
**राष्ट्रीय प्रत्यक्ष प्रमाणन केंद्र**  
**राज्य, प्रयागराज, कटिया, प्रयागराज,**  
**कटिया, प्रयागराज, कटिया, प्रयागराज,**  
**211019**

**Address: S/O. Ram Harsh Yadav, near**  
**sard vija shankar inter college, sarahal,**  
**Jhansi, Alirahed, Jhansi, Uttar Pradesh,**  
**211019**

**Unique Identification Authority of India**

## INDRA DIAGNOSTIC CENTRE

Kamla Nehru Road, Manmohan Park, Katra  
Allahabad , Ph: 9235447965

### MEDICAL FITNESS CERTIFICATE

DATE: 30/08/2021

Name	Mritunjay Yadav
DOB/AGE	31 Yrs
Eye sight	Normal
Colour Vision	Normal
Height	179 cm
Weight	79 kg
BP	110/70
ENT	Normal
Pulse	74/ min
Teeth & Gums	Normal
Respiratory system	Normal
Cardiovascular system	Normal
Nervous system	Normal
Genitor urinary system	Normal
Gastro intestinal system	Normal

He is fit to carry out his routine activities as well as Professional duties.

Signature of Doctor

(Dr R K VERMA)

Dr. R.K. Verma  
M.B.B.S.  
Reg. No. 40010

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# INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra, Prayagraj  
Ph: 9235447965, 0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MRITUNJAY YADAV -BOBE2865	Registered On	: 30/Aug/2021 09:21:55
Age/Gender	: 31 Y 11 M 15 D /M	Collected	: 30/Aug/2021 09:40:19
UHID/MR NO	: ALDP.0000079394	Received	: 30/Aug/2021 10:14:15
Visit ID	: ALDP0157632122	Reported	: 30/Aug/2021 13:36:10
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	15.20	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

<u>DLC</u>				
Polymorphs (Neutrophils)	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	37.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

<u>ESR</u>				
Observed	6.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT)	40.00	cc %	40-54	

<u>Platelet count</u>				
Platelet Count	1.77	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	55.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE

<u>RBC Count</u>				
RBC Count	4.84	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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SIN No.:5119168802





Since 1991

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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	83.20	fl	80-100	CALCULATED PARAMETER
MCH	31.30	pg	28-35	CALCULATED PARAMETER
MCHC	37.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	52.30	fl	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,118.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	213.00	/cu mm	40-440	



*Akanksha*  
Dr. Akanksha Singh (MD Pathology)

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Visit ID	: ALDP0157632122	Reported	: 30/Aug/2021 16:04:00
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> <i>Sample: Plasma</i>	94.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP</b> <i>Sample: Plasma After Meal</i>	120.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample: Serum</i>	9.40	mg/dL	7.0-23.0	CALCULATED
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<b>Creatinine</b> <i>Sample: Serum</i>	1.20	mg/dl	0.7-1.3	MODIFIED JAFFES
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<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample: Serum</i>	75.00	ml/min/1.73m <sup>2</sup>	90-120 Normal 60-89 Near Normal	CALCULATED
-----------------------------------------------------------------------------	-------	---------------------------	------------------------------------	------------

<b>Uric Acid</b> <i>Sample: Serum</i>	6.00	mg/dl	3.4-7.0	URICASE
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#### L.F.T. (WITH GAMMA GT) \*, Serum

SGOT / Aspartate Aminotransferase (AST)	34.10	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT)	38.30	U/L	< 40	IFCC WITHOUT PSP
Gamma GT (GGT)	25.40	IU/L	11-50	OPTIMIZED SZAZING

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Protein	6.50	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.71		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	98.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	119.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	26.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	76	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.28	mg/dl	10-33	CALCULATED
Triglycerides	81.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Result Rechecked



*Akanksha*  
Dr. Akanksha Singh (MD Pathology)

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June 2021

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# INDRA DIAGNOSTIC CENTRE

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Ph: 9235447965, 0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MRITUNJAY YADAV -BOBE2865	Registered On	: 30/Aug/2021 09:21:56
Age/Gender	: 31 Y 11 M 15 D /M	Collected	: 30/Aug/2021 12:31:51
UHD/MR NO	: ALDP.0000079394	Received	: 30/Aug/2021 12:39:11
Visit ID	: ALDP0157632122	Reported	: 30/Aug/2021 13:34:19
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage	ABSENT
-----------------	--------

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

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

(\* ) Test not done under NABL accredited Scope

Result/s to Follow:

GLYCOSYLATED HAEMOGLOBIN (HBA1C), THYROID PROFILE - TOTAL, ECG /EKG



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49/19-B, Kamla Nehru Road  
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*Akanksha*  
Dr. Akanksha Singh (MD Pathology)

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Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location



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June 2021

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Ph: 9235447965, 0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MRITUNJAY YADAV -BOBE2865	Registered On	: 30/Aug/2021 09:21:57
Age/Gender	: 31 Y 11 M 15 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000079394	Received	: N/A
Visit ID	: ALDP0157632122	Reported	: 30/Aug/2021 10:06:22
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

The liver is normal in size (11.4 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

Gall bladder is well distended and is normal.

Portal vein and CBD are not dilated.

Pancreas is normal in size, shape and echogenicity.

Spleen is normal in size (11.2 cm), shape and echogenicity.

Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.

Right kidney measures : 8.8 x 3.6 cm

Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.

Left kidney measures : 9.9 x 4.2 cm

Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen.

The prostate is normal in size (vol- 10.6 cc), shape and echopattern.

No free fluid is seen in the abdomen/pelvis.

**High Resolution USG** - No abnormal bowel wall thickening or bowel loop dilatation is seen. Ileocecal junction and cecum is seen normally. Appendix is not visualized. No mesenteric lymphadenopathy is seen.

**IMPRESSION : No significant abnormality seen.**

**Please correlate clinically**

*Note :- Impression is a professional opinion & not a diagnosis ( Not for medico legal purpose). All modern machine / procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands.*

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

(\*) Test not done under NABL accredited Scope

Results to Follow:

COMPLETE BLOOD COUNT (CBC), Blood Group (ABO & Rh typing), URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, GLUCOSE FASTING, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, GLYCOSYLATED HAEMOGLOBIN (HBA1C), THYROID FUNCTION TEST, TOTAL, LIPID PROFILE ( MINI ), Uric Acid, BUN (Blood Urea Nitrogen), CREATININE SERUM, L.F.T.(WITH GAMMA CT), CHEST PA



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Katra, Prayagraj

DR. ANIL KUMAR  
MD (Radiology)

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\*Facilities Available at Other Locations

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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### IMPRESSION :

• **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

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

(\* ) Test not done under NABL accredited Scope

#### Result/s to Follow:

COMPLETE BLOOD COUNT (CBC), Blood Group (ABO & Rh typing), URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, GLUCOSE FASTING, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, GLYCOSYLATED HAEMOGLOBIN (HBA1C), THYROID PROFILE - TOTAL, LIPID PROFILE ( MINI ), Uric Acid, BUN (Blood Urea Nitrogen), CREATININE SERUM, L.F.T.(WITH GAMMA GT), ECG / EKG



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DR. ANIL KUMAR  
MD (Radiology)

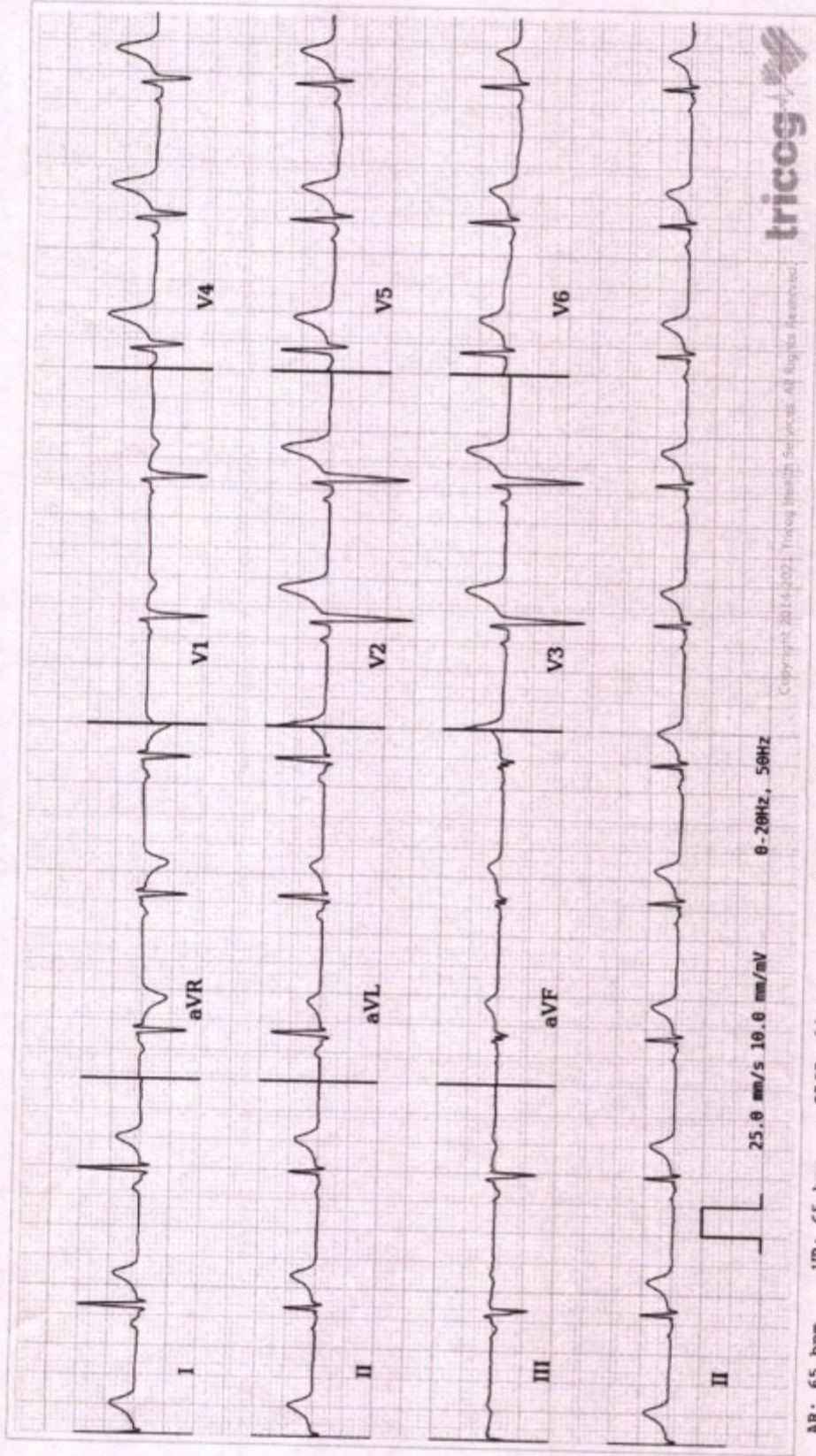
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\*Facilities Available at 24x7 hours  
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Age / Gender: 31/Male  
Patient ID: ALDP0157632122  
Patient Name: Mr.MRITUNJAY YADAV -BOBE2865  
Date and Time: 30th Aug 21 9:46 AM



AR: 65 bpm VR: 65 bpm QRSD: 88 ms QT: 364 ms QTC: 378 ms PRI: 136 ms P-R-T: NA -6° 26°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, as compared to previous ECG done at 9.45 am  
R amplitude is >3 mm, hence normal. Please correlate clinically.

Dr. Chait  
MD, DM: Cardiology  
61382

AUTHORIZED BY

Dr. Chait  
MD, DM: Cardiology  
61382

REPORTED BY

Dr. Prathima S.K.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD</b>				
Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	29.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	91	mg/dl		

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

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UHID/MR NO	: ALDP.0000079394	Received	: 31/Aug/2021 12:01:12
Visit ID	: ALDP0157632122	Reported	: 31/Aug/2021 13:07:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



INDRA DIAGNOSTIC CENTRE  
49/19-B, Kamla Nehru Road  
Katra, Prayagraj

Dr. Anupam Singh  
M.B.B.S.M.D.(Pathology)



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Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Page 2 of 3

Home Sample Collection  
1800-419-0002

June 2021

# INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra, Prayagraj  
Ph: 9235447965, 0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MRITUNJAY YADAV -BOBE2865	Registered On	: 30/Aug/2021 09:21:56
Age/Gender	: 31 Y 11 M 15 D /M	Collected	: 30/Aug/2021 09:40:19
UHID/MR NO	: ALDP.0000079394	Received	: 31/Aug/2021 11:53:11
Visit ID	: ALDP0157632122	Reported	: 31/Aug/2021 12:43:10
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE - TOTAL ** , Serum</b>				
T3, Total (tri-iodothyronine)	124.15	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.56	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.86	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

INDRA DIAGNOSTIC CENTRE  
49/19-B, Kamla Nehru Road  
Katra, Prayagraj

*Asim*  
Dr. Anupam Singh  
M.B.B.S., M.D. (Pathology)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location



SIN No:51191656

Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002





20, Kamla Nehru Rd, Police Line,  
Prayagraj, Uttar Pradesh 211004,  
India

Latitude

25.460900°

Longitude

81.849492°

LOCAL 09:47:56

MONDAY 08.30.2021

GMT 04:17:56

ALTITUDE 83 METER