

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	PINKI KUMARI
DATE OF BIRTH	12-12-1995
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-12-2022
BOOKING REFERENCE NO.	22D124200100034190S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. GUPTA RAHUL KUMAR
EMPLOYEE EC NO.	124200
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	JIRLIKARHARI
EMPLOYEE BIRTHDATE	09-12-1990

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **17-12-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार
Government of India

पिंकी कुमारी
Pinki Kumari
माता : सुमित्रा देवी
Mother: Sumitra Devi
जन्म तिथि / DOB: 12/12/1995
महिला / Female

3684 8516 3216

आधार - आम आदमी का अधिकार

आधार
Unique Identification Authority of India

पता:
D/O: रामेशवर परसाद, सिमरी
बाजार, सिमरी, सिमरी, बक्सर,
विहार, 802135

Address:
D/O: Rameshavar Prasad, simri
BAZAR, Simri, Simari, Buxar,
Bihar, 802135

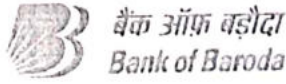
3684 8516 3216

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in





बैंक ऑफ बड़ौदा
Bank of Baroda



नाम राहुल कुमार गुप्ता
Name RAHUL KUMAR GUPTA

कर्मचारी कूट क्र 124200
E.C. No.: 124200

जमशेदपुरा शाखिकारी, ३० गा० प० जमशेदपुरा क्षेत्र
Jamshepur Branch, 30th Mile P.O. Jamshepur Region

Rahul Kumar Gupta

धारक के हस्ताक्षर
Signature of the cardholder

If found, please return to
Asst. General Manager (HRM)
Bank of Baroda, Baroda Surya Bhawan, Main Road Bistupur
Jamshedpur-831001, Jharkhand
Phone +91 657 424510, 6459458

PERMANENT ADDRESS 1274, Dhori, P.O.- Dhori, Bermo, Bokaro,
Jharkhand - 825102

EMERGENCY CONTACT NO 8293174055

रक्त समूह / Blood Group : B+





असर्फी हॉस्पिटल

सबके लिए स्वास्थ्य

OUT PATIENT DEPARTMENT

Department of General Medicine

Mediwheel

Regd. No. : MAR23-42825 Visit : OPD/110323/128613
 Patient Name : MRS. PINKI KUMARI Mobile : 9113843532
 Age/Sex : 27 Y 2 M 0 D / Female Date : 11-Mar-2023 12:01 pm
 Address : 1274, DHORI, BOKARO - 825102, Jharkhand, INDIA
 Doctor : Dr. Uday Shankar MBBS, MD, D. Cardio., FCCS OPD Timing : MON-SAT (10AM - 2PM)

Referred By :
 Allergies :
 Height : 5 Ft 0 In Temp. : 98°F & SPO2 : 98%
 Weight : 56 Kg Pulse : 68 BPM B.P. : 100/60 mm/Hg

History and complaints :

Asymptomatic.

Examination:

Diagnosis:

Investigations:

Medicines Prescribed:

T. Metilde Plus 10-1 today

Follow up: Days Advice (Diet/ Lifestyle / Rehab)
 Date :
 Time :

f

Signature of Doctor

*Prescription to be valid for 7 Days only.
 *This document is not valid for Medico-Legal purposes.



27 Years

MRS PINKI KUMARI
Female

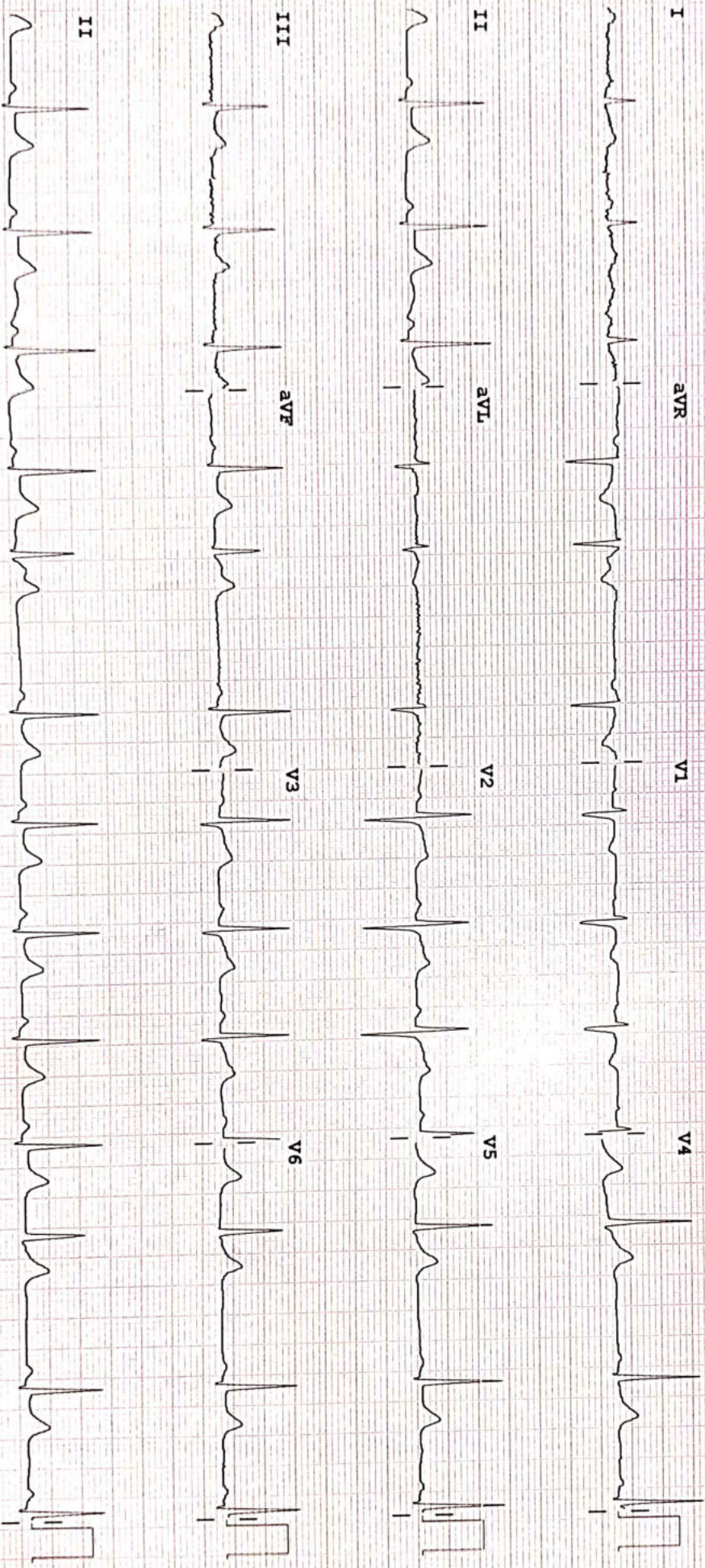
11-Mar-23 11:53:55
MEDICA DHANBAD



Rate	80	Sinus rhythm.....	normal P axis, V-rate 50-99
PR	138	Atrial premature complexes.....	SV complexes w/ short R-R intvls
QRSD	89	ST elev, probable normal early repol pattern.....	ST elevation, age<55
QT	373		
QTc	431		
--AXIS--			
P	42		
QRS	70		
T	65		
12 Lead: Standard Placement			

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

PH100B CL

P?

RADIOLOGY REPORT



Reg. No.	42825	Ref. Dr.	SELF
Name	MRS. PINKI KUMARI	Study	USG WHOLE ABDOMEN
Age & Sex	27Y /F	Reporting Date	11.03.2023

USG WHOLE ABDOMEN

- LIVER** : Liver is normal in size, shape & echotexture. No obvious focal lesion is seen. IHBR are not dilated.
- GALL BLADDER** : GB is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : Spleen is normal in shape, size & echotexture. It measures 10.1 cm in size.
- KIDNEYS** : The right kidney measures 10.3 x 3.5cm. The left kidney measures 10.5 x 4.1cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- UTERUS** : Uterus is normal in size, shape & echotexture. It measures 6.6 x 2.3 x 3.3cm. Endometrium is central and measures 5 mm.
- OVARIES** : The right ovary measures 2.1 x 1.2cm. The left ovary measures 1.8 x 1.4cm. Both ovaries are normal in shape, size & position.
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** :
 - No significant abnormality detected.



Dr. VAISHALI PATEL
MBBS, DNB (Radio-diagnosis)
Consultant Radiologist



ECHOCARDIOGRAPHY REPORT

Name: MRS PINKI KUMARI

Age: 27

Sex: Female

Date: 11/03/2023

2D & M-MODE MEASUREMENTS

IVSd	0.6 cm
LVIDd	4.4 cm
LVPWd	0.7 cm
IVSs	1.0 cm
LVIDs	3.0 cm
Ao Diam	2.5 cm
LA Diam	4.0 cm

2D & M-MODE CALCULATIONS

EDV(Teich)	87 ml
ESV(Teich)	35 ml
EF(Teich)	60 %
%FS	32 %
SV(Teich)	52 ml
LVd Mass	95.07 g
RWT	0.34
LA/Ao	1.61

MITRAL VALVE

MV E Vel	0.98 m/s
MV DecT	167 ms
MV Dec Slope	5.9 m/s ²
MV A Vel	0.72 m/s
MV E/A Ratio	1.37

AORTIC VALVE

AV Vmax	1.22 m/s
AV maxPG	5.93 mmHg

TRICUSPID VALVE

PV Vmax	1.02 m/s
PV maxPG	4.20 mmHg

COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-64%)
- NO MR, AR, TRACE TR, NO PAH
- IAS, IVS INTACT
- NO CLOT , PE
- IVC NORMAL

IMPRESSION:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-64%)

DR. UDAY SHANKAR
(NON-INVASIVE CARDIOLOGIST)

TECH. SIG



Collection Time : 11-03-2023 9:43 am
Receiving Time : 11-03-2023 9:43 am
Reporting Time : 11-03-2023 1:52 pm
Publish Time : 11-03-2023 1:54 pm

Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
-----------	--------	------	------	-----------------

Biochemistry

Creatinine, Serum

Method : Enzymatic

Machine Name: XL640

Creatinine, Serum 0.6 mg/dl 0.6-1.4

Uric Acid, Serum

Method : Enzymatic

Machine Name: XL640

Uric Acid, Serum 3.1 L mg/dl 3.4-7.0

Blood Urea Nitrogen (BUN)

Method : Calculated

Machine Name: XL640

Blood Urea Nitrogen (BUN) 19.4 mg/dl Jun-20

Fasting Blood Glucose, Plasma

Method : GOD-POD

Machine Name: XL640

Fasting Blood Glucose, Plasma 95.7 mg/dl 70-110

LIPID PROFILE, SERUM

Method : Spectrophotometry

Machine Name: XL640

Cholesterol, Total (CHOD/PAP) 107.0 mg/dl 0-200

Triglycerides (Enzymatic) 70.0 mg/dl 0-150

HDL Cholesterol (Enzymatic) 46.0 mg/dl 0-50

LDL Cholesterol (Calculated) 47.0 mg/dl 0-100

VLDL Cholesterol (Calculated) 14.0 mg/dl 0-30

Glucose, PP

Method : GOD-POD

Glucose, PP 98.5 mg/dl 70-140

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine

*This Document is not valid for Medico-Legal purposes.

DR N N SINGH
(PATHOLOGIST)

Page 1 of 7

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s). (2) Laboratory Investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email- labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel



Collection Time : 11-03-2023 9:43 am
Receiving Time : 11-03-2023 9:43 am
Reporting Time : 11-03-2023 1:52 pm
Publish Time : 11-03-2023 1:54 pm

Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT)				<i>Machine Name:</i> XL-640
<i>Method:</i> Spectrophotometry				
Bilirubin Total (Diazo)	0.8		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.4	H	mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.4		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	19.8		U/L	7-50
SGOT (IFCC without PDP)	15.1		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	187.5		U/L	70-306
GGT (Enzymatic)	15.7		U/L	0-55
Protein Total (Biuret)	6.4		g/dl	6.4-8.3
Albumin (BCG)	4.0		g/dl	3.5-5.2
Globulin (Calculated)	2.4		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.6			0.8-2.0

*This Document is not valid for Medico-Legal purposes.


DR N N SINGH
(PATHOLOGIST)

Page 2 of 7

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email- labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"



ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishnupur Polytechnic, Dhanbad 828 130
Ph. No.: 7808368888, 9297862282, 9234681514



Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel



Collection Time: 11-03-2023 9:43 am
Receiving Time: 11-03-2023 9:43 am
Reporting Time: 11-03-2023 1:52 pm
Publish Time: 11-03-2023 1:54 pm

Test Name	Result	Flag	Unit	Reference Range
-----------	--------	------	------	-----------------

Clinical Pathology

Routine Urine Examination; Urine

Method : Microscopic

Appearance	CLEAR	.		
Colour	STRAW	.		
Volume	30		ml.	
Protiens	NEGATIVE	.		
Glucose	NEGATIVE	.		
PH	7.0	.		
Specific Gravity	1.010	.		
Ketone Bodies	XX	.		
Bile Salts	XX	.		
Bile Pigments	XX	.		
Pus Cells	1-2		/hpf.	
Epithelial Cells	3-4		/hpf.	
R.B.C.	NIL		/hpf.	
Casts	NOT SEEN		/hpf.	
Crystals	NOT SEEN		/hpf.	

*This Document is not valid for Medico-Legal purposes.

DR N N SINGH
(PATHOLOGIST)

Page 3 of 7

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. Email: labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel



Collection Time: 11-03-2023 9:43 am
Receiving Time: 11-03-2023 9:43 am
Reporting Time: 11-03-2023 1:52 pm
Publish Time: 11-03-2023 1:54 pm

Test Name	Result	Flag	Unit	Reference Range
Haematology				
BLOOD GROUP, ABO & RH TYPING				
<i>Method: Agglutination</i>				
ABO GROUP	O	.	.	0-0
RH TYPING	POSITIVE	.	.	0-0
ESR (Erythrocyte Sedimentaion Rate)				
<i>Method: Westergren</i>				
<i>Machine Name: VES-MATIC 20</i>				
ESR	17	H	mm/hr	0-10

*This Document is not valid for Medico-Legal purposes.


DR N N SINGH
(PATHOLOGIST)

Page 5 of 7

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/hipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email- labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"



Collection Time: 11-03-2023 9:43 am
Receiving Time: 11-03-2023 9:43 am
Reporting Time: 11-03-2023 1:52 pm
Publish Time: 11-03-2023 1:54 pm

Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
Complete Blood Count (CBC)				
<i>Method</i> : Electronical Impedence			<i>Machine Name</i> : Sysmex 6 part	
Hemoglobin	11.3	L	g/dl	13-18
Total Leukocyte Count (TLC)	5,900		/cu-mm	4000-11000
PCV	33.3	L	%	40-50
MCH	27.1		Pg	27-31
MCHC	33.9		g/dl	31.5-35.5
Red Cell Distribution Width (RDW)	13.9		%	11.6-14
Neutrophils	51	L	%	55-75
Lymphocytes	39	H	%	15-30
Eosinophils	04		%	1-6
Monocytes	06		%	2-10
Basophils	00		%	0-1
RBC Count	4.15	L	million/mm ³	4.5-5.5
Mean Corpuscular Volume (MCV)	80.1	L	fL	83-101
Platelet Count	0.87	L	lakhs/cumm	1.5-4.5

*This Document is not valid for Medico-Legal purposes.


DR N N SINGH
(PATHOLOGIST)

Page 6 of 7

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s). (2) Laboratory Investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. Email- labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel



Collection Time : 11-03-2023 9:43 am
Receiving Time : 11-03-2023 9:43 am
Reporting Time : 11-03-2023 1:52 pm
Publish Time : 11-03-2023 1:54 pm

Test Name	Result	Flag	Unit	Reference Range
-----------	--------	------	------	-----------------

Immunology and Serology

THYROID PROFILE, TOTAL, SERUM

Method : ECLIA

Machine Name: Vitros ECI

T3, Total	1.37		ng/ml	0.8-2.0
T4, Total	7.10		µg/dL	5.10-14.10
TSH (Ultrasensitive)	4.30	H	mIU/mL	0.27-4.2

Interpretation:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free T4 / Free T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

*This Document is not valid for Medico-Legal purposes.

DR N N SINGH
(PATHOLOGIST)

Page 7 of 7

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/Sample(s). (2) Laboratory Investigations are only fool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. Email- labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel



Collection Time : 11-03-2023 9:43 am
Receiving Time : 11-03-2023 9:43 am
Reporting Time : 13-03-2023 4:27 pm
Publish Time : 15-03-2023 10:19 am

Test Name	Result	Flag	Unit	Reference Range
Protein:Creatinine Ratio; Urine				
<i>Method : Immunoturbidimetry, Spectrophotometry</i>				
Protein	15.0		mg/L	
Creatinine	50.0		mg/dl	
PCR	0.3		mg/g	0-0.5

*This Document is not valid for Medico-Legal purposes.



DR N N SINGH
(PATHOLOGIST)

Page 4 of 8

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s) (2) Laboratory investigations are only to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. Email- labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

Name : MRS. PINKI KUMARI
Age / Sex : 27 Yrs / Female
Doctor :
Reg. No. : MAR23-42825
Pat. Type : Mediwheel



Collection Time: 11-03-2023 9:43 am
Receiving Time: 11-03-2023 9:43 am
Reporting Time: 13-03-2023 4:27 pm
Publish Time: 15-03-2023 10:12 am

Test Name	Result	Flag	Unit	Reference Range
-----------	--------	------	------	-----------------

Microbiology

Culture & Sensitivity (Urine)

Method: vitek 2 compact

Machine Name: vitek 2 compact

Organism Isolated	NO GROWTH OF ANY ORGANISM
-------------------	---------------------------

Note:

In view of developing antibiotics resistance in india. It is advisalbe to use anitbtotics belonging to Group B & C only if the patient is resistant to antibiotics.

* Insturment used Bact/Alert 3D 60 & vitek 2 compact.

*This Document is not valid for Medico-Legal purposes.




DR N N SINGH
(PATHOLOGIST)

Page 8 of 8

Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email- labasarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4095/February/23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"