PROCESSED AT :

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Plot No.428,Phase-IV,
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Gurgaon,Haryana - 122 015

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NAME : TANYA NAYAN(33Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL 60+

HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH GAUTAM BUDHA NAGAR GREATER NOIDA WEST UP ACE CITY

PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.I.A	6	U/mL

Bio. Ref. Interval. :-

Less than 30.2 U/ml

Clinical Significance:

CA-125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also to detect or monitor whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.

Specifications:

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 2.5%; Sensitivity: 2.0 U/ml

Kit Validation References:

Mackey SE, Creasman WT. Ovarian Cancer Screening. J. Clin Oncol 1995; 13(3); 783 - 93.

Please correlate with clinical conditions.
Method:- TWO SITE SANDWICH IMMUNOASSAY

Sample Collected on (SCT) : 09 Oct 2023 06:43
Sample Received on (SRT) : 09 Oct 2023 16:33
Report Released on (RRT) : 09 Oct 2023 20:41
Sample Type : SERUM
Labcode : 0910085230/DS853
Barcode : BJ029171

Saakshi

Dr Saakshi Mittal MD(Path)

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REF. BY : SELF
TEST ASKED : MEDIWHEEL 60+

HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH GAUTAM BUDHA NAGAR GREATER NOIDA WEST UP ACE CITY

PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL

Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:
Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:
Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

Please correlate with clinical conditions.

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PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**16.43**	**ng/mL**

Bio. Ref. Interval. :-

DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 ng/ml || TOXICITY : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health. Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome. Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Please correlate with clinical conditions.
Method:- Fully Automated Chemi Luminescent Immuno Assay

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PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.65	mg/L

Bio. Ref. Interval. :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	251	pg/mL

Bio. Ref. Interval. :-

Normal : 211 - 911 pg/ml

Clinical significance :
Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	0.02	ng/mL

Bio. Ref. Interval. :-

Normal : < 4.00 ng/ml
Border line : 4.01 to 10.00 ng/ml

Clinical Significance:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Specification:

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

Kit validation references:

Wang MC, Valenzuala LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

Please correlate with clinical conditions.
Method:- TWO SITE SANDWICH IMMUNOASSAY

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HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH GAUTAM BUDHA NAGAR GREATER NOIDA WEST UP ACE CITY

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	138	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**37**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	85	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	115	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.8	Ratio	3 - 5
TRIG / HDL RATIO	**CALCULATED**	**3.13**	**Ratio**	**< 3.12**
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.43	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	101.1	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	23.04	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
LDL - Direct Measure
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
TRI/H - Derived from TRIG and HDL Values
LDL/ - Derived from serum HDL and LDL Values
HD/LD - Derived from HDL and LDL values.
NHDL - Derived from serum Cholesterol and HDL values
VLDL - Derived from serum Triglyceride values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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NAME : TANYA NAYAN(33Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL 60+

PATIENTID : TN20539308

HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH GAUTAM BUDHA NAGAR GREATER NOIDA WEST UP ACE CITY

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	74.2	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.51	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.41	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	18.2	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	26.1	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	32	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	0.82	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.76	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.92	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.84	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.38	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.
PROT - Biuret Method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
PHOSPHOROUS	**PHOTOMETRY**	**5.5**	**mg/dL**

Bio. Ref. Interval. :

Adults : 2.4 - 5.1 mg/dL

Clinical Significance:
In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

Specifications:
Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

Kit Validation Reference:
Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

Method : UNREDUCED PHOSPHOMOLYBDATE METHOD

Please correlate with clinical conditions.

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PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
POTASSIUM	I.S.E	4.26	mmol/L

Bio. Ref. Interval. :
ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

Method : ION SELECTIVE ELECTRODE

CHLORIDE	I.S.E	103	mmol/L

Bio. Ref. Interval. :
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	17.2	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.82	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	20.98	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	36.81	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	44.89	Ratio	< 52
CALCIUM	PHOTOMETRY	9.15	mg/dL	8.8-10.6
SODIUM	I.S.E	140	mmol/L	136 - 145
URIC ACID	PHOTOMETRY	4.7	mg/dL	3.2 - 6.1

Please correlate with clinical conditions.

Method :

BUN - Kinetic UV Assay.
SCRE - Creatinine Enzymatic method
B/CR - Derived from serum Bun and Creatinine values
UREAC - Derived from BUN Value.
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
SOD - ION SELECTIVE ELECTRODE
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	5.05	µIU/mL	0.3-5.5

Comments : ***

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

TSH - Sandwich Chemi Luminescent Immuno Assay

Pregnancy reference ranges for TSH/USTSH :
Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)
1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5
2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0
3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References :

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243
2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

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PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	94	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.
Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 09 Oct 2023 06:43
Sample Received on (SRT) : 09 Oct 2023 16:33
Report Released on (RRT) : 09 Oct 2023 20:41
Sample Type : SERUM
Labcode : 0910085230/DS853
Barcode : BJ029171

Saakshi

Dr Saakshi Mittal MD(Path)

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NAME : TANYA NAYAN(33Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL 60+

HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH
GAUTAM BUDHA NAGAR GREATER NOIDA WEST
UP ACE CITY

PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**5.9**	**%**

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**123**	**mg/dL**

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 09 Oct 2023 06:43
Sample Received on (SRT) : 09 Oct 2023 13:27
Report Released on (RRT) : 09 Oct 2023 15:28
Sample Type : EDTA
Labcode : 0910071532/DS853
Barcode : BJ036043

Dr Neha Prabhakar MD(Path)

Dr.Santosh Suman MD(Path)

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NAME : TANYA NAYAN(33Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL 60+
PATIENTID : TN20539308

HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH GAUTAM BUDHA NAGAR GREATER NOIDA WEST UP ACE CITY

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	5.83	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	44.8	%	40-80
LYMPHOCYTE	**41.7**	**%**	**20-40**
MONOCYTES	3.9	%	2-10
EOSINOPHILS	**8.4**	**%**	**1-6**
BASOPHILS	1	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	2.61	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.43	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.23	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.06	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.49	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	4.76	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	**9.3**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	**33.7**	**%**	**36.0-46.0**
MEAN CORPUSCULAR VOLUME(MCV)	**70.8**	**fL**	**83.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**19.5**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**27.6**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	43.7	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**17.5**	**%**	**11.6-14.0**
PLATELET COUNT	238	X 10³ / µL	150-410

Remarks : Alert!!! RBCs:Moderate anisocytosis mild poikilocytosis. Predominantly microcytic hypochromic cells with ovalocytes & elliptocytes. Platelets:Apr adequate in smear.

Please Correlate with clinical conditions.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 09 Oct 2023 06:43
Sample Received on (SRT) : 09 Oct 2023 13:27
Report Released on (RRT) : 09 Oct 2023 15:28
Sample Type : EDTA
Labcode : 0910071532/DS853
Barcode : BJ036043

Dr Neha Prabhakar MD(Path)

Dr.Santosh Suman MD(Path)

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NAME : TANYA NAYAN(33Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL 60+

HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH GAUTAM BUDHA NAGAR GREATER NOIDA WEST UP ACE CITY

PATIENTID : TN20539308

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	98.6	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.
Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 09 Oct 2023 06:43
Sample Received on (SRT) : 09 Oct 2023 13:23
Report Released on (RRT) : 09 Oct 2023 14:31
Sample Type : FLUORIDE
Labcode : 0910071108/DS853
Barcode : BJ042472

Dr Neha Prabhakar MD(Path)

Dr.Santosh Suman MD(Path)

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NAME : TANYA NAYAN(33Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL 60+

HOME COLLECTION :
C1002 ACE CITY NOIDA EXTENSION BISRAKH GAUTAM BUDHA NAGAR GREATER NOIDA WEST UP ACE CITY

TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
Complete Urinogram			
Physical Examination			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	7.5	-	5-8
Chemical Examination			
URINARY PROTEIN	**Present 2+(100-300 mg/dl**	**mg/dL**	**Absent**
URINARY GLUCOSE	ABSENT	mg/dL	Absent
URINE KETONE	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	ABSENT	mg/dL	Absent
UROBILINOGEN	Normal	mg/dL	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
MICROALBUMIN	80	mg/L	< 30
Microscopic Examination			
MUCUS	**PRESENT**	**-**	**Absent**
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	2	cells/HPF	0-5
EPITHELIAL CELLS	**10**	**cells/HPF**	**0-5**
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Fully Automated Matrix AVE Urinalysis Dipstick Method, Microscopy

~~ End of report ~~

Sample Collected on (SCT) : 09 Oct 2023 06:43
Sample Received on (SRT) : 09 Oct 2023 13:45
Report Released on (RRT) : 09 Oct 2023 15:42
Sample Type : URINE
Labcode : 0910073103/DS853
Barcode : BJ192053

Dr Neha Prabhakar MD(Path)

Dr.Santosh Suman MD(Path)

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**

**As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*