





: Mr.MANOJ KUMAR K

Age/Gender

: 24 Y 10 M 2 D/M

UHID/MR No

: CJPN.0000096843

Visit ID

: CJPNOPV203147

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 9920144559......

Collected

: 08/Aug/2024 09:38AM

Received

: 08/Aug/2024 12:29PM

Reported

: 08/Aug/2024 02:09PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,190	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	50.8	%	40-80	Electrical Impedance
LYMPHOCYTES	38.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3144.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2383.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	402.35	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	395000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

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

Page 1 of 9

SIN No:BED240206845

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









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ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

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

Dr. Harshitha Y M.B.B.S.M.D(Pathology) Consultant Pathologist

M.B.B.S, M.D (Pathology) Consultant Pathologist

Page 2 of 9



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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		<u>'</u>
BLOOD GROUP TYPE	0		1	Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr.Harshitha Y M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priva Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Page 3 of 9



SIN No:BED240206845

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Age/Gender

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Visit ID

: CJPNOPV203147

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9920144559...... Collected

: 08/Aug/2024 09:38AM

Received

: 08/Aug/2024 12:56PM

Reported

: 08/Aug/2024 01:21PM

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	116	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.

Page 4 of 9

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

SIN No:PLF02199102

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE







: Mr.MANOJ KUMAR K

Age/Gender

: 24 Y 10 M 2 D/M

UHID/MR No

: CJPN.0000096843

Visit ID

: CJPNOPV203147

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 9920144559......

Collected

: 08/Aug/2024 09:38AM

Received

: 08/Aug/2024 12:27PM

Reported

: 08/Aug/2024 01:57PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	133	U/L	<50	IFCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 5 of 9



SIN No:SE04803531

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK







: Mr.MANOJ KUMAR K

Age/Gender

: 24 Y 10 M 2 D/M

UHID/MR No

: CJPN.0000096843

Visit ID

: CJPNOPV203147

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 9920144559......

Collected

: 08/Aug/2024 09:38AM

Received

: 08/Aug/2024 12:27PM

Reported

: 08/Aug/2024 01:28PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL, SERUM	213	mg/dL	<200	CHO-POD

Page 6 of 9



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

SIN No:SE04803531

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Age/Gender

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Sponsor Name

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
UREA, SERUM	24.80	mg/dL	17-43	GLDH, Kinetic Assay

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE, SERUM	0.95	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

Page 7 of 9



SIN No:SE04803531

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Patient Name : Mr.MANOJ KUMAR K

Age/Gender : 24 Y 10 M 2 D/M UHID/MR No : CJPN.0000096843

Visit ID : CJPNOPV203147

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 9920144559......

Collected : 08/Aug/2024 09:38AM Received : 08/Aug/2024 12:36PM

Reported : 08/Aug/2024 12:47PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (C	UE) , <i>URINE</i>			
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.018		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MC	OUNT AND MICROSCOP	Υ		
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	1	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 8 of 9

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



SIN No:UR2400975

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE







: Mr.MANOJ KUMAR K

Age/Gender

: 24 Y 10 M 2 D/M

UHID/MR No

: CJPN.0000096843

Visit ID

: CJPNOPV203147

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9920144559......

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 9 of 9



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

SIN No:UR2400975

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE





UHID:CJPN.0000096843 Age: 24 Y Name : Mr. Manoj Kumar K Sex: M OP Number: CJPNOPV203147 Address : blr : ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP Bill No :CJPN-OCR-73279 Date : 08.08.2024 09:36 Plan AGREEMENT Department Serive Type/ServiceName ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324 Sno UGLUCOSE, FASTING 2 HEMOGRAM + PERIPHERAL SMEAR JALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM 4 COMPLETE URINE EXAMINATION 5 PERIPHERAL SMEAR 6 ECG 7 CREATININE, SERUM 8 STOOL ROUTINE EXAMINATION 9 CHOLESTEROL - SERUM / PLASMA 10 X-RAY CHEST PA 11 FITNESS BY GENERAL PHYSICIAN 12 BLOOD GROUP ABO AND RH FACTOR troot 13 OPTHAL BY GENERAL PHYSICIAN 14 UREA - SERUM / PLASMA

Dental-15
Auclio-21
Physio-4
Diet-160ph

HF- 181 CM WH- 94.219 BP- 124/78 Pulse- 126/19





Name! Money thums X oby: 24 year.

	100 SE 250	DMI.	Waist Circum :
Height:	Weight:	BMI:	
Temp:	Pulse :	Resp:	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

- Of Hul.

Un; 6/6 N6

m: 6/6 NG

Color vision test Normal

RE: pieno 6/6

H: -0-50 /t

New ! Normed No.

he howe any not of power in hunt
eye no need to up a regulearly

Follow up date: after 6 mont's

Doctor Signature

CERTIFICATE OF MEDICAL FITNESS

(3-3-0-3-0-3-14-0);	ve conducted the clinical examination	
of many kin	mar 24 (M 8)8/24	
	al history and on clinical examination it has been found	
that he/she is		Tick
Medically Fit		
Fit with restriction.	s/recommendations	
Though following not impediments to	restrictions have been revealed, in my opinion, these are the job.	
1		
2		
3		
However the employeen communicate	oyee should follow the advice/medication that has d to him/her.	
Review after		
Currently Unfit. Review after	recommended	
Unfit		
	Dr. M.P. Shiva Kuppar (Market Medical Officer	_
	Consultant - Physician & Diabet Medical Officer Mob ::9739563913; 9902552039	

This certificate is not meant for medico-legal purposes





ಭಾರತ ಸರ್ಕಾರ Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 4050/00144/02774

To

ಮನೋಜ್ ಕುಮಾರ್ ಕ

Manojkumar K

C/O Kishorkumar S.

No 34 3rd Floor, 1st Cross 38th Main,

Rose Garden, JP Nagar 6th Phase,

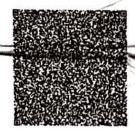
VTC: Bangalore South,

PO: J P Nagar,

Sub District: Bangalore South, District: Bengaluru,

State: Karnataka, PIN Code: 560078, Mobile: 9071950564





ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2929 9595 8002

ಸನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು







ssue Date: 10/04/2012



ಮನೋಜ್ ಕುಮಾರ್ ಕ Manojkumar K

ಜನ್ಮ ದಿನಾಂಕ / DOB : 06/10/1999

ಪುರುಷ / Male

2929 9595 8002





Apollo Clinic

CONSENT FORM

Patient Name: MANS	KUMARK	Age:	94
UHID Number:	Co	mpany Name:	
	,		
I Mr/Mrs/Ms	Em	ployee of	
(Company) Want to inform you	that I am not interested in	getting	
Tests done which is a part of m	y routine health check pac	kage.	ii.
And I claim the above statemen	t in my full consciousness.	Stant	Required Required
l Con	i Kand		i i i i i i i i i i i i i i i i i i i
Patient Signature:	7	Date:	





HealthBridge

JPNAGAR@APOLLOCLINIC.COM



Corporate Health Checks	
Search for appointments using the search below	oar
Search with Mobile No. or Appointment ID	
Choose Date 12 12 12 12 12 12 12 12 12 12 12 12 12	
Patient Details Patient First Name	
Manoj Kumar	
Patient Last Name K	
Patient Mobile Number 8527862479	
Patient E-mail ID network@mediwheel.in	
Date of Birth 06-10-1999	
Gender male	
ARCOFEMI HEALTHCARE LIMITED	
Agreement Name (1) ARCOFEMI MEDIWHEEL PMC CREDI	T PAN

(1) ARCOFEMI - MEDIWHEEL - PMC PACK D -

L/10041

Package Name

