

**Health Check up Booking Confirmed Request(bobE8195),Package Code-
PKG10000366, Beneficiary Code-289034**

1 message

Mediwheel <wellness@mediwheel.in>
To: bcfagra@gmail.com
Cc: customercare@mediwheel.in

Wed, Feb 7, 2024 at 1:42 PM



Mediwheel
...Your wellness partner

011-41195959

Hi **Blossoms Hospital,**

We have received the confirmation for the following booking. Please provide your confirmation by clicking on the yes and no button.

- Hospital Package Name** : Mediwheel Full Body Annual Plus
- Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40
- Package Code** : PKG10000366
- Contact Details** : 9997782220
- Email** : ashwani271188@gmail.com
- Booking Date** : 06-02-2024
- Appointment Date** : 10-02-2024 ✓
- Confirmation Status** : Booking Confirmed
- Preferred Time** : 10:30 am - 11:00 am

Member Information		
Booked Member Name	Age	Gender
✓ MR. DUBEY ASHWANI	35 year	Male ✓

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. This email is recieved because you are register with us [Click here to unsubscribe.](#)

Subject:- LOI for Client Health Ch

Dear Team,
Pursuant to the discussions held and agree to avail the health check-up se employees Arcofemi Healthcare

1. Term: The duration of this LOI sha on 18th Jan' 2025, unless termin LOI. The LOI may be extended f mutually agreed upon in writing br

Scope of Services: Blossom Hosp Healthcare.

MediWheel Full Body Annual Plus	MediW Annual Male
Test Name	
For the most Comprehensive Check of all Pathology for complete understanding of your body. CBC with ESR, Urine analysis Blood Group, BMI	For the mos all Patholog understand CBC with ESR,
Blood Sugar & Urine Sugar Fasting, Blood Sugar - Post Prandial, Urine Sugar PP, Hba1c	Blood Sugar & - Post Prandial.
TSH, T3, T4	TSH, T3, T4
Triglycerides, Cholesterol Total, HDL, LDL, VLDL, LDL/HDL Ratio, Cholesterol Total / HDL Ratio	Triglycerides, C LDL/HDL Ratio,
Uric Acid, BUN, Creatinine, BUN/Creatinine Ratio, Total Protein	Uric Acid, BUN, Ratio, Total Pro:
Bilirubin Total & Direct and Indirect, Alkaline Phosphatase, Albumin, Globulin, A:G Ratio, Serum Protein, GGT, AST/ALT Ratio	Bilirubin Total & Phosphatase, , A Serum Protein, t
ECG, (2D or TMT)	ECG, (2D or TMT)
X Ray Chest	X Ray Chest



Indian Union Driving Licence
Issued by Uttar Pradesh

UP80 20190025490

Issue Date: 16-09-2019 Validity (NT): 15-09-2029 Validity (TR):

Name: **ASHWANI DUBEY** Holder's Signature: 

Date of Birth: 27-11-1988 Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **ARVIND KUMAR DUBEY**

Address:
9 TANISHKA RAJSHREE STATE MAUJA JAGANPUR
AGRA Agra, UP 282005

Date of First Issue: 16-09-2019

Ashwani Dubey

BLISSOMS HOSPITAL
 2, Khandari Quarters
 Master Plan Road
 Agra-282002

DL No: UP80 20190025490

UPDL000001198242

Form 7 Rule 16(2)

Emergency Contact Number

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Badge
MVSD							
LMT	UP80	UP80	16-09-2019	NT			
MCMC	UP80	UP80	16-09-2019	NT			

Invalid Carriage (Regn Numbers) Hazardous Validity Hill Validity

QR Code

Licensing Authority: *Ashwani Dubey*

R

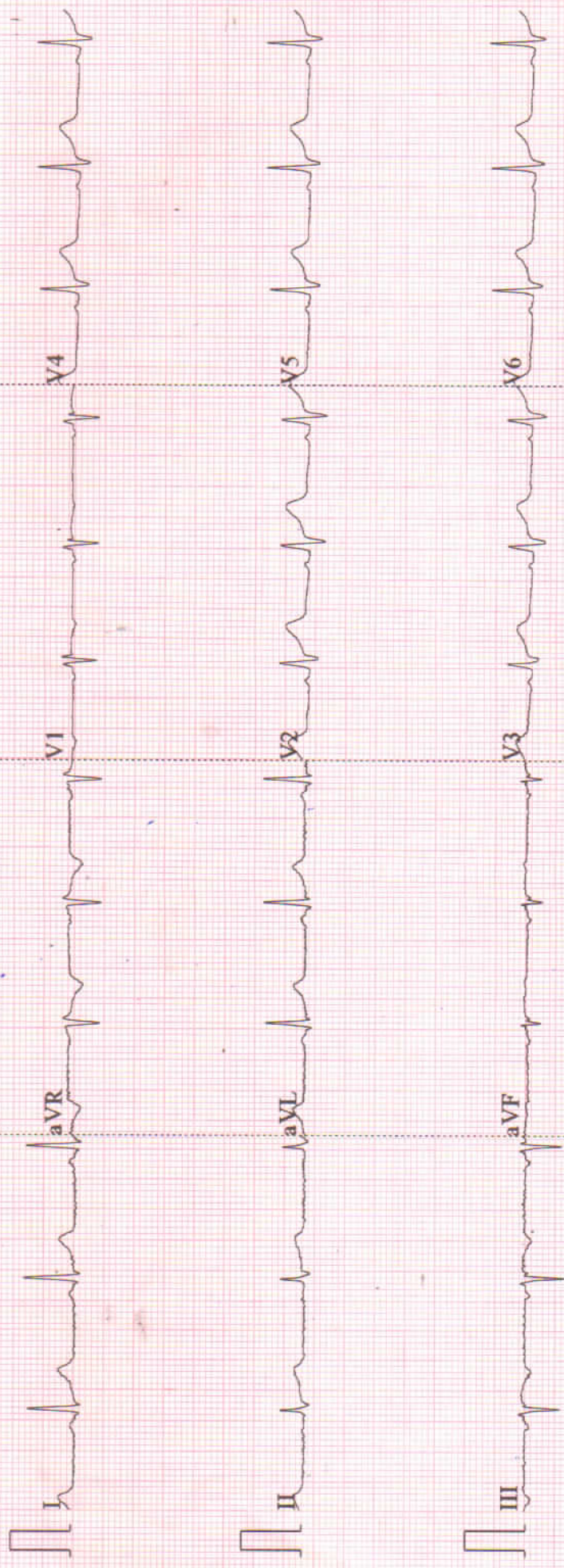
01378 ASHWANI 35Y/M 10/02/2024 CHEST AP DR SACHIN MALHOTRA
RI GSSGMS HOSPITAL AGRA

ID: 27
ashwani dubey
Male 35Years

HR	:	72	bpm
P	:	84	ms
PR	:	116	ms
QRS	:	98	ms
QT/QTc	:	381/418	ms
P/QRS/T	:	-16/-8/13	°
RV5/SV1	:	0.702/0.415	mV

Diagnosis Information:
 Sinus Rhythm
 Short PR Interval
 Poor R Wave Progression(V3)
 Low Voltage(Chest Leads)

Report Confirmed by:





BLOSSOMS HOSPITAL



REG. NO. : 221901
PT. NAME : MR ASHWANI DUBEY
REFF BY : DR VINEET GARG

DATE : 10/02/2024
AGE / : 35Y/M

2 D ECHOCARDIOGRAPHY

AML/PML	:	Normal
AORTIC VALVE	:	NON CALCIFIED
AORTIC OPENING	:	1.2 cm
AORTIC ROOT	:	2.5 cm
LA SIZE	:	3.9 cm
EPSS	:	1.0 cm
IVC	:	1.3 cm
PULMONARY VELOCITY	:	1.0 m/sec
AORTIC VELOCITY	:	1.0 m/sec
TRICUSPID VELOCITY	:	1.0 m/sec

LV STUDY-

- IVS : 1.0/ 1.3
- PW : 1.1/ 1.4
- LVID : 4.7/ 3.6
- EDV : 185ml
- ESV : 70ml
- EF : 60%
- FS : 25%

IMPRESSION - NO RWMA, LVEF 60%

- No MR, NO AR
- No TR, NO PAH
- NORMAL LVEDP, IVC NORMAL
- IAS/ IVS INTACT
- NO CLOT/VEG/MASS/PE


DR. VINEET GARG
M.D, DM (CARDIOLOGY)

BLOSSOMS HOSPITAL
2, Khandari Quarters
Master Plan Road
Agra-282002



Reg. No. UP/AGR/2016/AL/2596

2, Khandari Quarters, Master Plan Road, Agra - 282002



Booking Time: 17:06:59
Sample Drawn: 10/02/2024 17:09:42
Sample Received: 10/02/2024 17:09:44
Print Date & Time: 10/02/2024 17:19:46



Date: 10/02/2024 Patient ID: 102374409

Name : MR. DUBEY ASHWANI

Refd by Lab:

Age :

Sex: Male

Ref. By: BLOSSOM'S SUPER SPECIALITIES HOSPITAL

Sample Type: Urine, SERUM, EDTA, Fluoride Fasting

Investigation : C.B.C., E.S.R., FT3, FT4 & TSH, HbA1C, LIPID PROFILE, LIVER FUNCTION TEST, RENAL FUNCTION TEST, SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Hb)
Method: Non Cyanide.

14.0 gm/dl 13.0 - 17.0

TLC (Total Leucocyte Count)
Method: DC Detection

9800 /cu mm 4000 - 10000

DIFFERENTIAL LEUCOCYTE COUNT
Method: Method: Flowcytometry / Microscopy

NEUTROPHILS

Method: Flow cytometry / Microscopy

64 % 45 - 70

LYMPHOCYTES

Method: Flow cytometry / Microscopy

34 % 20 - 45

MONOCYTES

Method: Flow cytometry / Microscopy

01 % 00 - 12

EOSINOPHILS

Method: Flow cytometry / Microscopy

01 % 01 - 06

R B C (Red Blood Cell Count)
Method: DC Detection

4.98 Millions/cm m 4.50 - 5.50

PCV / Hct (Hematocrit)
Method: Electrical Impedance

43.8 % 40.0 - 50.0

M C V (Mean Corp Volume)
Method: Calculated.

87.1 Femtoliter 82.0 - 101.0

M C H (Mean Corp.Hb)
Method: Calculated

29.1 Picogram 27.0 - 32.0

M C H C (Mean Corp Hb Conc)
Method: Calculated.

32.0 gm/dl 31.5 - 34.5





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Sample Type: Urine,SERUM,EDTA,Flouride Fasting

Investigation : C.B.C.,E.S.R.,FT3, FT4 & TSH,HbA1C,LIPID PROFILE,LIVER FUNCTION TEST,RENAL FUNCTION TEST,SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
PLATELET COUNT Method: DC Detection & Microscopy	187	X10 ³ /μL	150 - 450
ABSOLUTE NEUTROPHIL COUNT Method: Calculated	6.27	X10 ³ /μL	2.00 - 7.00
ABSOLUTE LYMPHOCYTE COUNT Method: Calculated	3.33	X10 ³ /μL	1.00 - 3.00
ABSOLUTE MONOCYTE COUNT Method: Calculated	0.10	X10 ³ /μL	0.20 - 1.00
ABSOLUTE EOSINOPHIL COUNT Method: Microscopy	0.10	X10 ³ /μL	0.04 - 0.44
E.S.R. (Westergren) Method: Sedimentation	01	mm 1st hr.	00 - 10
GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	5.01	%	Non Diabetic : <6.00 Good Control : 6.00 - 7.00 Fair Control : 7.00 - 8.00 Poor Control : >8.00
ESTIMATED AVERAGE GLUCOSE (eAG)	97.09	mg/dl	65.00 - 135.00

REMARKS :

In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than determination of blood glucose or urinary glucose. It is recommended that the determination of **HbA1c** be performed at intervals of 3-6 months during diabetes





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Test Name	Value	Unit	Biological Ref Interval
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mellitus therapy. Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers mg/dl. The following table shows the relationship of eAG and A1c.

HbA1c	eAG (mg/dl)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL
Method: CHOD-POD

146.00

mg/dl

82.00 - 200.00

Optimal : < 200.00
Border line High Risk : 200.0 - 239.0
High Risk: >240.0

TRIGLYCERIDES
Method: GPO PAP

128.00

mg/dl

0.00 - 150.00

Optimal: < 150.0
Borderline High Risk:150.0 - 199.0
High Risk :200.0 - 499.0
Very High Risk :>500.0

HDL CHOLESTEROL
Method: CHOD-POD

41.00

mg/dl

35.30 - 79.50



Page No: 3 of 9

Dr. Sakshi Mishra
M.D. (Path.)

All tests have technical limitations, Corroborative clinicopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately. NOT VALID FOR MEDICO LEGAL PURPOSE.

SAMPLE COLLECTION FACILITY AVAILABLE FROM HOME & NURSING HOME.

HELP LINE NO. : Delhi Gate : 7534855577, Rajpur Chungi : 7534955577

E-mail - standardpathology@gmail.com

24x7



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Investigation : C.B.C.,E.S.R.,FT3, FT4 & TSH,HbA1C,LIPID PROFILE,LIVER FUNCTION TEST,RENAL FUNCTION TEST,SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
LDL CHOLESTEROL Method: CHOD-POD	79.40	mg/dl	0.00 - 129.00 Optimal: < 100.0 Near Optimal: 100.0 - 129.0 Border line High Risk: 130.0 - 159.0 High Risk:160.0 - 189.0 Very High Risk: >190.0
VLDL CHOLESTEROL Method: Calculated	25.60	mg/dl	25.00 - 40.00
CHOLESTEROL / HDL RATIO Method: Calculated	3.56	mg/dl	0.00 - 4.90 Low Risk: 3.3-4.4 Avg. Risk: 4.5-7.1 Mod. Risk: 7.2-11.0
LDL / HDL RATIO Method: Calculated	1.94	mg/dl	0.00 - 3.50
NON-HDL CHOLESTEROL Method: Calculated	105.00	mg/dl	<130.0
RENAL FUNCTION TEST			
BLOOD UREA Method: Urease	29.00	mg/dl	17.00 - 43.00
SERUM CREATININE Method: Jaffe's reaction.	0.87	mg/dl	0.00 - 1.20
SERUM URIC ACID Method: Uricase-Peroxidase	4.85	mg/dl	3.60 - 8.20
S. ALKALINE PHOSPHATASE Method: Colorimetric Assay	87.00	U/L	25.00 - 140.00





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Test Name	Value	Unit	Biological Ref Interval
TOTAL PROTEIN Method: Biuret	6.78	gm/dl	6.40 - 8.30
ALBUMIN Method: BCG	4.85	gm/dl	3.47 - 4.94
GLOBULIN Method: Calculated	1.93	gm/dl	2.10 - 5.60
A/G RATIO Method: Calculated	2.51	gm/dl	1.00 - 2.30
SERUM SODIUM Method: Indirect ISE	145.00	mmol/L	132.00 - 146.00
SERUM POTASSIUM Method: Indirect ISE	3.88	mmol /L	3.40 - 5.40
SERUM CALCIUM Method: NM-BAPTA	10.20	mg/dl	8.60 - 10.20
SERUM PHOSPHORUS Method: UV Molybdate	3.98	mg/dl	2.50 - 4.50

Male (Adult): 25.0 - 140.0
Female (Adult): 37.0 - 103.0
Child(10 -17) : 350.0 - 500.0
2-10 Yrs : 100.0 - 350.0
New Born: 1-4 Times the Adult Values

URINE EXAMINATION REPORT

PHYSICAL

COLOUR
Method: Visual

STRAW





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Investigation : C.B.C.,E.S.R.,FT3, FT4 & TSH,HbA1C,LIPID PROFILE,LIVER FUNCTION TEST,RENAL FUNCTION TEST,SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
TRANSPARENCY Method: Visual	CLEAR		Pale Yellow Clear
SPECIFIC GRAVITY Method: Strip	1.020		1.001 - 1.030
PH Method: pH paper	6.0		5.0 - 8.0
DEPOSIT	ABSENT		Absent
BIOCHEMICAL			
ALBUMIN Method: Heat Coagulation	NIL		Nil
SUGAR Method: Benedict's	NIL		Nil
BILE SALTS (BS) Method: Hay's sulphur	ABSENT		Absent
BILE PIGMENT (BP) Method: Fouchet's	ABSENT		Absent
MICROSCOPIC			
PUS CELLS Method: Microscopy	1-2	/HPF	0 - 5
EPITHELIAL CELLS Method: Microscopy	NIL	/HPF	0 - 5
RBC'S Method: Microscopy	NIL	/HPF	0 - 2
CASTS Method: Microscopy	ABSENT		Absent
CRYSTALS Method: Microscopy	NIL		Nil
BACTERIA Method: Microscopy	ABSENT		ABSENT
OTHERS Method: Microscopy	NIL		





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Investigation : C.B.C.,E.S.R.,FT3, FT4 & TSH,HbA1C,LIPID PROFILE,LIVER FUNCTION TEST,RENAL FUNCTION TEST,SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
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Nil

BIOCHEMISTRY

LIVER FUNCTION TEST

SERUM BILIRUBIN (TOTAL)
Method: Colorimetric-Diazo

0.69

mg/dl

0.00 - 1.10

CONJUGATED (Direct)
Method: Colorimetric-Diazo

0.24

mg/dl

0.00 - 0.30

UNCONJUGATED (Indirect)
Method: Calculated

0.45

mg/dl

0.10 - 1.00

Full Term
Age of New Born
24 hrs : 2 - 6 mg/dl
48 hrs : 6 - 7 mg/dl
3-5 Days: 4 - 12 mg/dl
Premature
Age of New Born
24 hrs: 1- 6 mg/dl
48 hrs: 6 - 8 mg/dl
3-5 Days: 10 - 15 mg/dl

SGOT /AST
Method: without P5P

36.00

U/L

0.00 - 50.00

SGPT /ALT
Method: without P5P

27.00

U/L

0.00 - 50.00

S. ALKALINE PHOSPHATASE
Method: Colorimetric Assay

87.00

U/L

25.00 - 140.00

Male (Adult): 25.0 - 140.0
Female (Adult): 37.0 - 103.0





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Test Name	Value	Unit	Biological Ref Interval
			Child(10 -17) : 350.0 - 500.0 2-10 Yrs : 100.0 - 350.0 New Born: 1-4 Times the Adult Values
TOTAL PROTEIN Method: Biuret	6.78	gm/dl	6.40 - 8.30
ALBUMIN Method: BCG	4.85	gm/dl	3.47 - 4.94
GLOBULIN Method: Calculated	1.93	gm/dl	2.10 - 5.60
AVG RATIO Method: Calculated	2.51	gm/dl	1.00 - 2.30
Gamma GT Method: Enzymatic colorimetric assay	29.00	U/L	0.00 - 61.00
ENDOCRINOLOGY			
FREE TRIIODOTHYRONINE (FT3)	3.01	pmol/l	2.00 - 4.40
FREE THYROXINE (FT4)	0.89	ng/dl	0.89 - 1.76
THYROID STIMULATING HORMONE (TSH)	1.87	uIU/mL	0.27 - 5.50

Adults > 20 Yrs : 0.270 - 5.500
Children
1-3 Days : 5.17 - 14.6
4 - 30 Days : 0.43 - 16.1
2 -12 Months : 0.62 - 8.05
2 - 6 Yrs : 0.54 - 4.53
7 - 11Yrs : 0.66 - 4.14
12 - 19 Yrs : 0.53 - 3.59





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Test Name	Value	Unit	Biological Ref Interval
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The new recommendations for TSH levels during pregnancy are the following:

First trimester: less than 2.5 with a range of 0.1-2.5.

Second trimester: 0.2-3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6-10 pm
The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

BIOCHEMISTRY

BLOOD SUGAR FASTING
Method: Hexokinase

79.00 mg/dl 70.00 - 100.00

Glucose Fasting: <100.0
Impaired Glu. Tolerance:101.0-125.0
Diabeties : >125.0

**** End Of Report ****





Booking Time 15:37:03
Sample Drawn: 10/02/2024 15:32:35
Sample Received: 10/02/2024 15:42:47
Print Date & Time: 10/02/2024 16:35:13



Date: 10/02/2024 Patient ID: 102388669

Refd by Lab: OUT SIDE SAMPLE

Name : MR. DUBEY ASHWANI

Age : 35 Yrs

Sex: Male

Ref. By: DR. SACHIN MALHOTRA

Sample Type: EDTA

Investigation : BLOOD GROUP (ABO Rh),COLLECTION

Test Name	Value	Unit	Biological Ref Interval
HAEMATOLOGY			
BLOOD GROUP (ABO)	'AB'		
RH TYPING	POSITIVE		

The upper agglutination test for grouping has some limitations. It is not a confirmatory method. Before transfusion of blood, blood group must be checked & confirmed by Blood Bank. For further confirmation Reverse typing card (Dia clon ABO/D) method is suggested.

**** End Of Report ****



Dr. Sakshi Mishra
M.D. (Path.)