

LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. DAN RAHUL KUMAR
EC NO.	100090
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	JAMTARA
BIRTHDATE	21-10-1984
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M100090100092934E

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 **21-02-2024** till **31-03-2024** 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 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))



बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम : राहुल कुमार डान  
Name : **Rahul Kumar Dan**

कर्मचारी कूट. क्र.

E.C. No. **100090**

जारीकर्ता प्राधिकारी

Issuing Authority **CM (Security) EZ**

*Rahul Kumar Dan*

धारक के हस्ताक्षर  
Signature of Holder





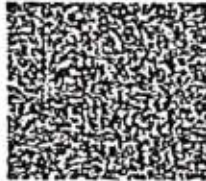
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/00977/46208

To  
राहुल कुमार दंड  
Rahul Kumar Dan  
S/O Nepal Chandra Dan  
VILL SAHANA POST JAMTARA PS JAMTARA  
sahana  
Jamtara Jharkhand - 815351  
9934556619

Signature Not Verified  
Reason: This Aadhaar is not linked to any bank account.  
Date: 21/04/2011



आपका आधार क्रमांक / Your Aadhaar No. :

XXXX XXXX 6673

VID : 9147 0641 2616 6446

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



राहुल कुमार दंड  
Rahul Kumar Dan  
जनम तिथि/DOB: 21/10/1984  
पुल्ल/MALE

Issue Date: 21/04/2011

XXXX XXXX 6673

VID : 9147 0641 2616 6446

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

रूपरेखा

- आधार पदपत्र का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पदपत्र प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of Identity, not of citizenship.
- Verify Identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

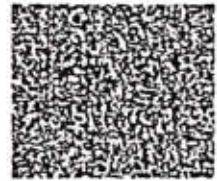


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O केवल चन्द्र दंड, ग्राम साहाना पोस्ट जामतरा थाना  
जामतरा, जामतरा, जामतरा,  
झारखंड - 815351

Address:  
S/O Nepal Chandra Dan, VILL SAHANA POST  
JAMTARA PS JAMTARA, sahana, Jamtara,  
Jharkhand - 815351



XXXX XXXX 6673

VID : 9147 0641 2616 6446

1847 | help@uidai.gov.in | www.uidai.gov.in



Scanned with CamScanner





OUT PATIENT DEPARTMENT

असर्फी हॉस्पिटल

सबके लिए स्वास्थ्य

Department of General Medicine

GENERAL

Regd. No. : FEB24-77975 Visit : OPD/240224/193453  
 Patient Name : MR. RAHUL KUMAR DAN Mobile : 9934556619  
 Age/Sex : 39 Y 4 M 3 D / Male Date : 24-Feb-2024 2:55 pm  
 Address : SAHANA, JAMTARA, Jamtara - 815351, JHARKHAND,  
 Doctor : Dr. Sumeet Kr. MD, Medicine OPD Timing :  
 Referred By :

Allergies : Height : Ft In Temp : 97.4 F SPO2 : 97 %  
 Weight : 77.3 Kg Pulse : 85 BPM B.P. : 140/80 mm/Hg

History and complaints :

Examination:

- deranged LFT -  
 - grade I fatty liver -

Diagnosis:

- Subclinical Hypothyroidism

Investigations:

Medicines Prescribed:

o Cap Evule plus 1BD  
x Sween

after Sween

o T. Urosolol 300mg 1BD  
x 1mn

- T. Thyronon 25mcg 100  
BRP

x 1mn  
Sween

Signature of Doctor

- Cap Vitaran 124 100  
x 1mn

Follow up: Days  
 Date :  
 Time : - ?

Advice (Diet/ Lifestyle / Rehab)

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

24-Feb-24 11:44:44

ASAFI HOSPITAL LIMITED  
DEPT. INT. OF CARDIAC SCIENCES

MR RAHUL KUMAR DAN

Male

39 Years



Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99

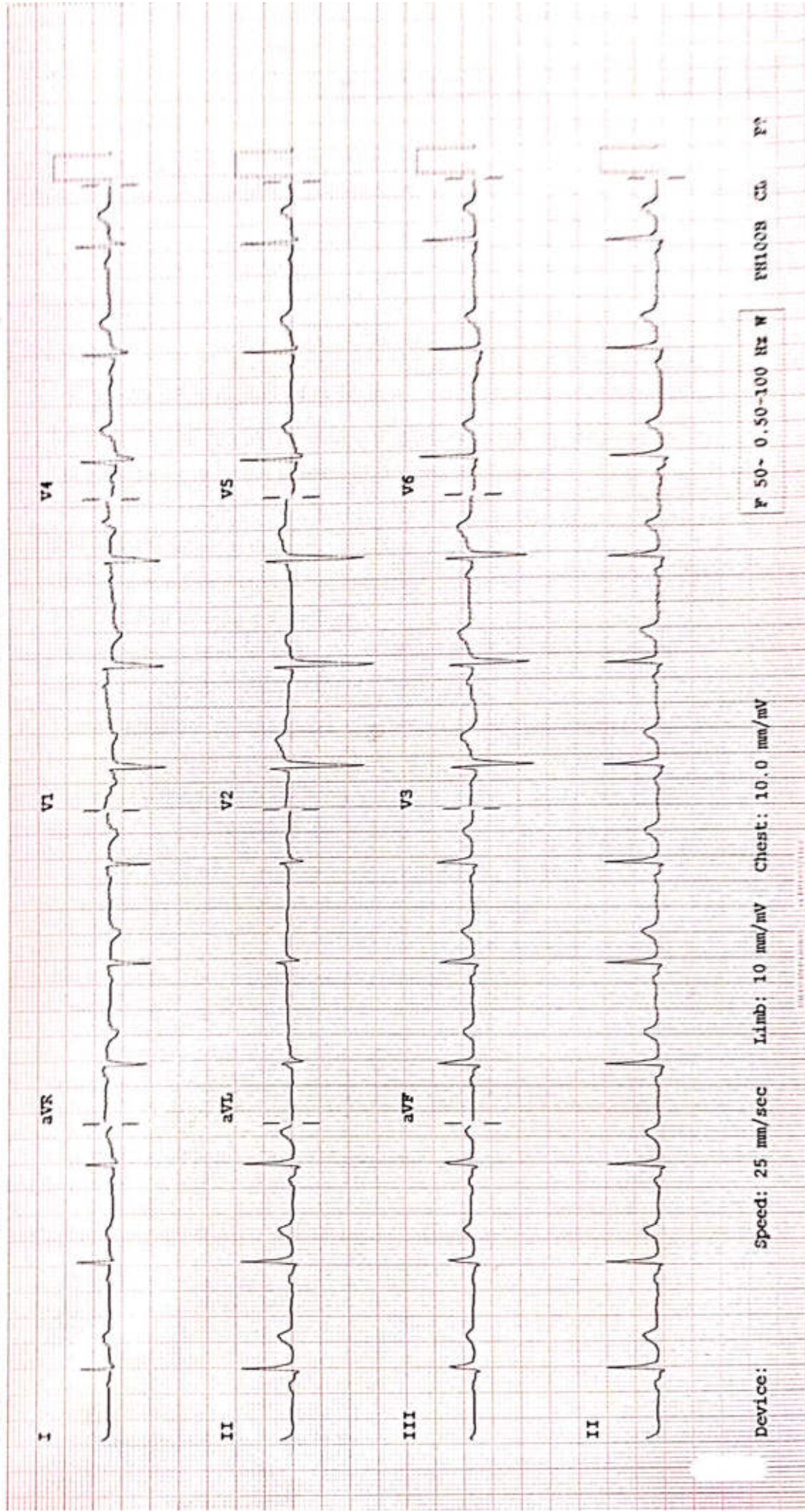
PR 145  
QRS 91  
QT 364  
QTc 404

--AXIS--  
P 66  
QRS 68  
T 60

12 Lead; Standard Placement

Unconfirmed Diagnosis

- NORMAL ECG -



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W

PH1008 CL P<sup>2</sup>



## RADIOLOGY REPORT

Patient Name :	MR.RAHUL KUMAR DAN	Patient ID :	77975
Modality :	DX	Sex :	M
Age :	39Y	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	24-02-2024

### CHEST X-RAY

No focal lung lesion seen.  
Broncho -vascular markings are prominent  
in both lung field.  
Costophrenic angles are clear.  
Hilum--dense.  
Cardio-thoracic ratio & bony cage--- normal.

**IMPRESSION :** Non specific infective changes.

Clinical correlation and further investigations suggested.

sb



Dr. Mrinal Kanti Ghosh  
MD, (Radio diagnosis)

Date 24-02-2024 Time 14-59-13



Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.

24 HOUR EMERGENCY

©AHL/D/0069/4180/December/23

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

## RADIOLOGY REPORT

Reg. No.	77975	Ref. Dr.	SELF
Name	MR. RAHUL KR DAN	Study	USG WHOLE ABDOMEN
Age & Sex	39Y /M	Rep Date	24.02.2024

### USG WHOLE ABDOMEN

- LIVER** : Liver is normal in size & shape. It appears bright in 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 10.2cm in size.
- KIDNEYS** : The right kidney measures 9.8 x 4.4cm. The left kidney measures 10 x 4.8cm. 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.
- PROSTATE** : Prostate is normal in size, shape & echotexture. It measures 4.4 x 2.8 x 3.4cm in size (volume – 22.1gram).
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.

**IMPRESSION** : • Grade I diffuse fatty infiltration of liver.  
Clinical correlation is suggested.



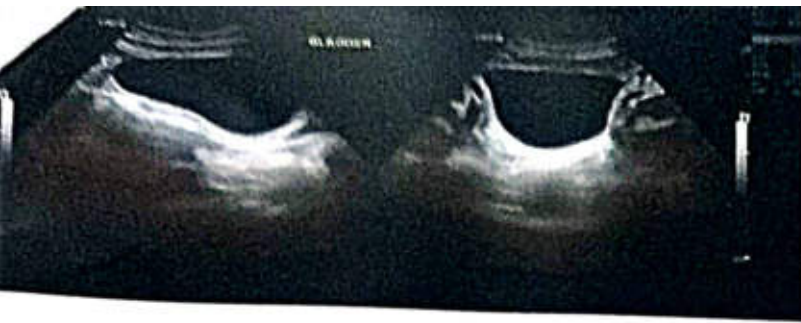
  
Dr. VAISHALI PATEL  
MBBS, DNB (Radio-diagnosis)  
Consultant Radiologist

**24 HOUR EMERGENCY**

©AHL/D/0069/4180/December/23

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





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





**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 14:55:02  
Publish Time : 24-02-2024 3:01 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Biochemistry</b>				
<b>Creatinine, Serum</b> Method: Enzymatic				
Creatinine, Serum	0.9		mg/dl	0.6-1.4
<b>Uric Acid, Serum</b> Method: Enzymatic				
Uric Acid, Serum	7.1	H	mg/dl	3.4-7.0
<b>Blood Urea Nitrogen (BUN)</b> Method: Calculated				
Blood Urea Nitrogen (BUN)	10.5		mg/dl	07-21
<b>Fasting Blood Glucose, Plasma</b> Method: GOD-POD				
Fasting Blood Glucose, Plasma	106.0		mg/dl	70-110
<b>LIPID PROFILE, SERUM</b> Method: Spectrophotometry				
Triglycerides (Enzymatic)	158.0		mg/dl	Normal: <150 Borderline-high: 150-199 High risk 200-499 Very high risk >500
Cholesterol, Total (CHOD/PAP)	218.0		mg/dl	<200 No risk 200-239 Moderate risk >240 High risk
VLDL Cholesterol (Calculated)	31.6	H	mg/dl	0-30
HDL Cholesterol (Enzymatic)	51.0	L	mg/dl	<40 High Risk ; >60 No Risk



DR N N SINGH  
MD (PATHOLOGY)

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

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/serum 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

Page 1 of 9

**24 HOUR EMERGENCY**

© AHL/D/0066/4197/Jan/24

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



**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 14:55:02  
Publish Time : 24-02-2024 3:01 pm

Test Name	Result	Flag	Unit	Reference Range
LDL Cholesterol (Calculated)	135.4	H	mg/dl	Optimum:<100 Above optimum:<130; Moderate risk:130-159; High risk:>160 1.2-6.0
Cholesterol Total : HDL Ratio (Calculated)	4.27		mg/dl	1.2-6.0
<b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b>				
Method : HPLC / Nephelometry				
HbA1C	5.5		%	4.4-6.2
Estimated average glucose (eAG)	111.15		mg/dl	

Machine Name: BIO-RAD, D-10 / MISPA



*[Signature]*  
DR N N SINGH  
MD (PATHOLOGY)

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

Page 2 of 9

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/0066/4197/Jan/2

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





**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 14:55:02  
Publish Time : 24-02-2024 3:01 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Liver Function Test (LFT)</b>				
<i>Method: Spectrophotometry</i>			<i>Machine Name:</i>	XL-640
Bilirubin Total (Diazo)	0.4		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.2		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	54.0	H	U/L	7-50
SGOT (IFCC without PDP)	99.0	H	U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	302.5		U/L	70-306
GGT (Enzymatic)	74.0	H	U/L	0-55
Protein Total (Biuret)	8.2		g/dl	6.4-8.3
Albumin (BCG)	4.6		g/dl	3.5-5.2
Globulin (Calculated)	3.6	H	g/dl	2.3-3.5
A : G Ratio (Calculated)	1.28			0.8-2.0



*[Signature]*  
**DR N N SINGH**  
MD (PATHOLOGY)

This Document is not valid for Medico-Legal purposes

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/dotted/serum 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

Page 3 of 3

**24 HOUR EMERGENCY**

© AHL/D/0066/4197/Jan/24

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



# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Patnam, Bishnupur Panchayat, Dhanbad 828 130  
Ph. No. 799368888, 9297862282, 9234681514



## FINAL REPORT

Name : MR. RAHUL KUMAR DATT  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self Walkin  
Pat. Type : Med/wheel



Collection Time : 24 02 2024 10:45:19  
Receiving Time : 24 02 2024 10:46:18  
Reporting Time : 24 02 2024 14:55:02  
Publish Time : 24 02 2024 3:01 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Clinical Pathology</b>				



  
DR N N SINGH  
MD (PATHOLOGY)

Condition of Laboratory Testing & Reporting for Medical Legal purposes

(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/serum 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

Page 4 of 5

**24 HOUR EMERGENCY**

© AHL/D/0066/4197/Jan/24

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





**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 14:55:02  
Publish Time : 24-02-2024 3:01 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Routine Urine Examination; Urine</b>				
Method: Microscopic		Machine Name: Microscope		
Leukocytes	NEGATIVE			
Appearance	CLEAR			
Colour	STRAW			
Volume	20		ml.	
Protiens	NEGATIVE			
Glucose	NEGATIVE			
PH	6.0			
Specific Gravity	1.010			
Bilirubin	NEGATIVE			
Ketone Bodies	NEGATIVE			
Bile Salts	XX			
Bile Pigments	XX			
Nitrite	NEGATIVE			
Pus Cells	1-2		/hpf.	
Epithelial Cells	1-2		/hpf.	
R.B.C.	NIL		/hpf.	
Casts	NOT SEEN		/hpf.	



  
DR N N SINGH  
MD (PATHOLOGY)

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/epemic 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**



**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 14:55:02  
Publish Time : 24-02-2024 3:01 pm

Test Name	Result	Flag	Unit	Reference Range
Crystals	NOT SEEN		/hpf.	
others	NOT SEEN		.	

**Protein:Creatinine Ratio; Urine**

Method : Immunoturbidimetry, Spectrophotome

Protein	11.0		mg/L	
Creatinine	44.0		mg/dl	
PCR	0.25		mg/g	0-0.5



DR N N SINGH  
MD (PATHOLOGY)

Condition of Use: This Report is valid for Medico-legal purposes.

Page 5 of 9

(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/serum 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/0066/4197/Jan/24

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





**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 14:55:02  
Publish Time : 24-02-2024 3:01 pm

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

**Haematology**

**BLOOD GROUP, ABO & RH TYPING**

Method: Agglutination

ABO GROUP

B

0-0

RH TYPING

POSITIVE

0-0

**ESR (Erythrocyte Sedimentaion Rate)**

Method: Westergren

ESR

22

Machine Name: VES-MATIC 20

H

mm/hr

0-10



DR N N SINGH  
MD (PATHOLOGY)

**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**

"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, Bishunpur Polytechnic, Dhanbad 828 130  
Ph. No.: 7808368888, 9297862282, 9234681514



## FINAL REPORT

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 14:55:02  
Publish Time : 24-02-2024 3:01 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Nature of Material :</b> EDTA Blood Sample				
<b>Complete Blood Count (CBC)</b>				
<i>Method :</i> Electronical Impedence				
<i>Machine Name:</i> Sysmex 6 part				
Hemoglobin (Photometry)	13.9		g/dl	13-18
PCV (Calculated)	42.5		%	40-50
MCH (Calculated)	29.2		Pg	27-31
MCHC (Calculated)	32.7		g/dl	31.5-35.5
Red Cell Distribution Width (RDW) (Electrical Impedence)	14.4	H	%	11.6-14
Total Leukocyte Count (TLC) (Electrical Impedence)	8,700		/cu-mm	4000-11000
RBC Count (Electrical Impedence)	4.75		million/mm <sup>3</sup>	4.5-5.5
Mean Carpuscular Volume (MCV) (Electrical Impedence)	89.3		fL	83-101
Platelet Count (Electrical Impedence)	1.47	L	lakhs/cumm	1.5-4.5
Neutrophils (VCS Technology)	61		%	55-75
Lymphocytes (VCS Technology)	33	H	%	15-30
Eosinophils (VCS Technology)	02		%	1-6
Monocytes (VCS Technology)	04		%	2-10
Basophils (VCS Technology)	00		%	0-1



*[Signature]*  
DR N N SINGH  
MD (PATHOLOGY)

**Condition of Laboratory Testing & Reporting for Medico Legal purposes** Page 8 of 9  
(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/0066/4197/Jan/24

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





**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
 Reg. No. : FEB24-77975  
 Age / Sex : 39 Y 4 M 3 D / Male  
 Doctor : Self-Walkin  
 Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
 Receiving Time : 24-02-2024 10:46:18  
 Reporting Time : 24-02-2024 14:55:02  
 Publish Time : 24-02-2024 3:01 pm

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

**Immunology and Serology**

**THYROID PROFILE, TOTAL, SERUM**

Method: ECLIA

Machine Name: Vitros ECI

T3, Total	1.13		ng/ml	0.8-2.0
T4, Total	6.87		µg/dL	5.10-14.10
TSH (Ultrasensitive)	5.01	H	mIU/mL	0.27-4.2



*[Signature]*  
**DR N N SINGH**  
 MD (PATHOLOGY)

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

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/dotted/serum 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-labasarf@gmail.com

Page 9 of 9

**24 HOUR EMERGENCY**

© AHL/D/0066/4197/Jan/24

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



**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 3 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:18  
Reporting Time : 24-02-2024 15:26:02  
Publish Time : 24-02-2024 4:09 pm

Test Name	Result	Flag	Unit	Reference Range
LDL Cholesterol (Calculated)	135.4	H	mg/dl	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk:>160 1.2-6.0
Cholesterol Total : HDL Ratio (Calculated)	4.27		mg/dl	1.2-6.0
<b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b>				
Method: HPLC / Nephelometry				
HbA1C	5.5		%	4.4-6.2
Estimated average glucose (eAG)	111.15		mg/dl	
Machine Name: BIO-RAD, D-10 / MISPA				
<b>Glucose, PP</b>				
Method: GOD-POD				
Glucose, PP	129.6		mg/dl	70-140



*[Signature]*  
**DR N N SINGH**  
MD (PATHOLOGY)

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

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/spenic, 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

Page 2 of 9

**24 HOUR EMERGENCY**

© AHL/D/0066/4197/Jan/24

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





**FINAL REPORT**

Name : MR. RAHUL KUMAR DAN  
Reg. No. : FEB24-77975  
Age / Sex : 39 Y 4 M 6 D / Male  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 24-02-2024 10:45:19  
Receiving Time : 24-02-2024 10:46:16  
Reporting Time : 26-02-2024 11:34:51  
Publish Time : 27-02-2024 3:54 pm

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



  
DR N N SINGH  
MD (PATHOLOGY)

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

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

Page 10 of 10

**24 HOUR EMERGENCY**

© AHL/D/0066/4197/Jan/24

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