



**MEDICAL EXAMINER'S REPORT**  
Form No LIC03-001(Revised 2020)

Branch Code: \_\_\_\_\_  
 Proposal/ Policy No: 5677  
 MSP name/code : \_\_\_\_\_  
 Date & Time of Examination: 21/10/2024  
 Medical Diary No & Page No: \_\_\_\_\_

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
 Identity Proof verified: UD ID Proof No. 9318  
 ( In Case of Aadhaar Card , please mention only last four digits)

[ Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr ..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Sandeep  
 Signature/ Thumb impression of Life to be assured  
 (In case of Physical Examination)

1	Full name of the life to be assured: <u>MR. SANDEEP SHARMA</u>		
2	Date of Birth: <u>23/07/1983</u>	Age: <u>41 yrs</u>	Gender: <u>MALE</u>
3	Height (In cms): <u>176</u>	Weight ( in kgs ) : <u>70.5</u>	
4	Required only in case of Physical MER		
	Pulse : <u>84/m</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>80</u> 2. Systolic <u>120</u> Diastolic <u>78</u>	

**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	<p>a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?</p> <p>c. Whether visited the doctor any time in the last 5 years ?</p> <p>If answer to any of the questions 5(a) to (c) ) is yes -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<u>NO</u>
6	<p>In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or <b>diagnostic tests</b>?</p> <p>Please specify date , reason ,advised by whom &amp;findings.</p>	<u>NO</u>
7	<p>Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.</p> <p>If yes provide all investigation and treatment reports</p>	<u>NO</u>



8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any <b>Circulatory disorder</b> ?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <b>physical impairment/ disability /amputation</b> or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No
18	Is there any <b>abnormality</b> of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	No



## COMPUTERISED TREADMILL TEST

- (a) Pre-test :  
                   Supine  
                   Standing
- (b) Exercise:      Hyperventilation  
                   Stage I            )  
                   Stage II            )  
                   Stage III            )  
                                   ... peak exercise      3 minutes each
- (c) Recovery:      Recovery  
                           Recovery  
                           Recovery

### Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 6:10

Maximum Blood Pressure - 140/92

Maximum Workload - 7.26

Maximum heart rate 162

Maximum predicted heart rate 90 %

Reason for termination - Achieved THR

**Dr. BINDU**  
 MBBS, MD  
 Reg. No.-33435

Comments:

*Negative for myocardial ischemia.*

Signature of the Cardiologist

Name & Address

Qualification      Code No.

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the stracings)

*Sander L*



LIFE INSURANCE CORPORATION OF INDIA  
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone Division Branch

Proposal No. 5677

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: SANDEEP SHARMA

Age/Sex: 41/M

## DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

*Sandeep*

*Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N ✓
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N ✓
3. Have you ever had Chest X'Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N ✓

*If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.*

Dated at DELHI on the day of 21/Oct/2004

Dr. BINDU  
MBBS, MD  
Reg. No.-33435

Signature of L.A.

*Sandeep*

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.



Clinical findings  
(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
176	70.5	120/80	84/M

## (B) Cardiovascular System

..... (N) .....

.....

## Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Imv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	84/M	T-wave	(N)
Ventricular Rate	84/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	N2		

Conclusion: ECG. WNL

Dated at DEEN on the day of 21/Oct/2024

Dr. BINDU  
MBBS, MD  
Reg. No.-33435Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.

## ANNEXURE II - 1

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No. - 5677

Agent/D.O. Code:

Introduced by: (name &amp; signature)

Full Name of Life to be assured: SANDEEP SHARMA

Age/Sex : 41/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted on a folder.
- Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

## DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

Witness

*Sandeep*  
Signature or Thumb Impression of L.A.

**Note :** Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion?  
Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at DELHI on the day of 21/Oct/2024

Signature of L.A.

*Sandeep*Signature of the Cardiologist  
Name & Address

Qualification Code No.

Dr. BINDU  
MBBS, MD  
Reg. No.-33435

For Female Proponents only	
i.	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

N.A.

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY
YES

Declaration

You Mr/Ms Sandeep Sharma declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

*Sandeep*

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 21 day of oct 20 24 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

**Dr. BINDU**  
MBBS, MD  
Reg. No.-33435

Place: DCHH  
Date: 21/10/2024

Signature of Medical Examiner  
Name & Code No:  
Stamp:



# ELITE DIAGNOSTIC

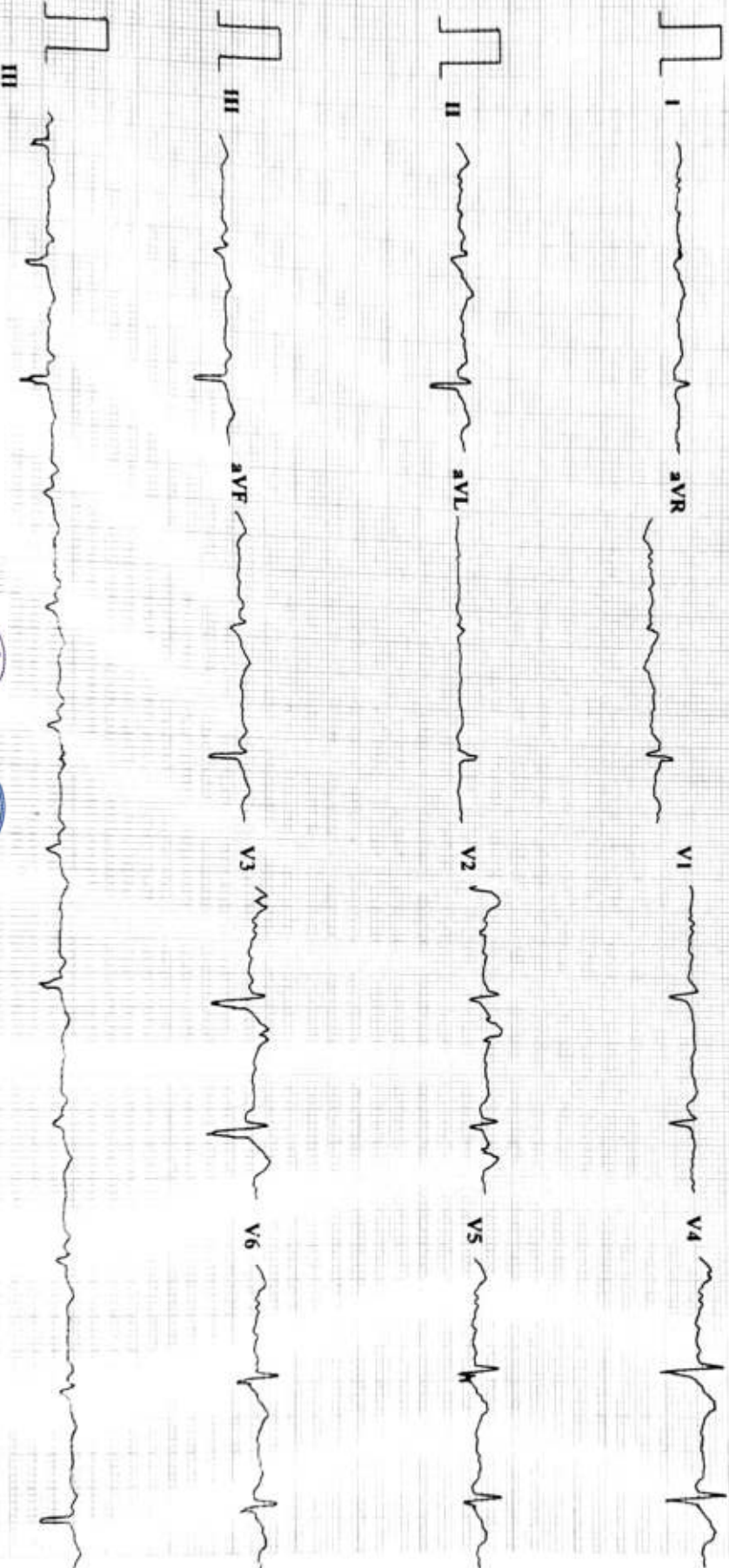
7091, CALI NO-10, MATA RAMESHWARI MARG,  
NEHRU NAGAR, KAROL BAGH, DELHI - 110005

SANDEEP SHARMA  
ID : 139  
AGE/SEX : 41 Yr/M  
HT/WT : 176 Cm / 70 Kg  
DATE : 21/10/2024 11:44:28 AM  
REF BY : Dr  
MACHINE INTERPRETATION : Normal ECG.

RATE : 73 bpm  
BP : N/A  
P Axis : -47 deg  
T Axis : 90 deg

P Duration : 73 ms  
PR Duration : 185 ms  
QRS Duration : 241 ms  
QT Interval : 363 ms  
QTc Interval : 390 ms

*Sandeep*  
Raw ECG  
Speed : 25 mm/s  
Sensitivity : 10 mm/mV



Dr. BINDU  
MBBS, MD  
Reg. No.-33435



Printed: 20 Cycle(s)

100-FM Jodhpur Tel: +91-731-4010013, Fax: +91-731-4011180 E-Mail: elite@vsnl.com delhi www.elite-hc.com

Dr. LIC



# ELITE DIAGNOSTIC

7091, GALI NO-10, MATA RAMESHWARI MARG,  
NEHRU NAGAR, KAROL BAGH, DELHI -110005

*Sandeep*

**SANDEEP SHARMA**

ID : 181977  
DATE : 21/10/2024  
AGE/SEX : 41 / M  
HT/WT : 176 / 70  
REF. BY : LIC

## TREADMILL TEST REPORT

PROTOCOL : Bruce  
HISTORY :  
INDICATION :  
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								IT	V1	V5	
SUPINE					83	120 / 80	99	0.6	0.3	1.3	
STANDING					88	120 / 80	105	0.8	0.3	1.1	
HYPERVENT		0:4			87	120 / 80	104	0.7	0.2	0.9	
VALSALVA					86	120 / 80	103	1.1	0.5	1.6	
Stage 1	2:55	2:55	2.7	10	135	128 / 86	172	0.6	0.4	0.8	4.67
Stage 2	5:55	2:55	4	12	162	140 / 92	226	0.7	0.4	0.9	7.04
PK-EXERCISE	6:10	0:10	5.4	14	162	140 / 92	226	0.8	0.3	0.8	
RECOVERY	7:16	0:58			126	136 / 90	171	1.9	0.7	2	
RECOVERY	9:13	2:55			112	132 / 88	147	-0.1	0.4	-0.3	
RECOVERY	12:13	5:55			104	132 / 88	137	0.2	0.6	0.2	

### RESULTS

EXERCISE DURATION : 6:10  
MAX HEART RATE : 162 bpm  
MAX BLOOD PRESSURE : 140 / 92 mm Hg  
REASON OF TERMINATION : Achieved THR,  
BP RESPONSE : Normal,  
ARRYTHMIA : None,  
H.R. RESPONSE : Normal Chronotropic Response,  
IMPRESSIONS :  
Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 7.26 METS



**Dr. BINDU**  
MBBS, MD  
Reg. No.-33435

Technician :

SANDEEP SHARMA  
 I.D. 181977  
 Age 41/M  
 Date 21/10/2024

RATE 83bpm  
 B.P. 120/80

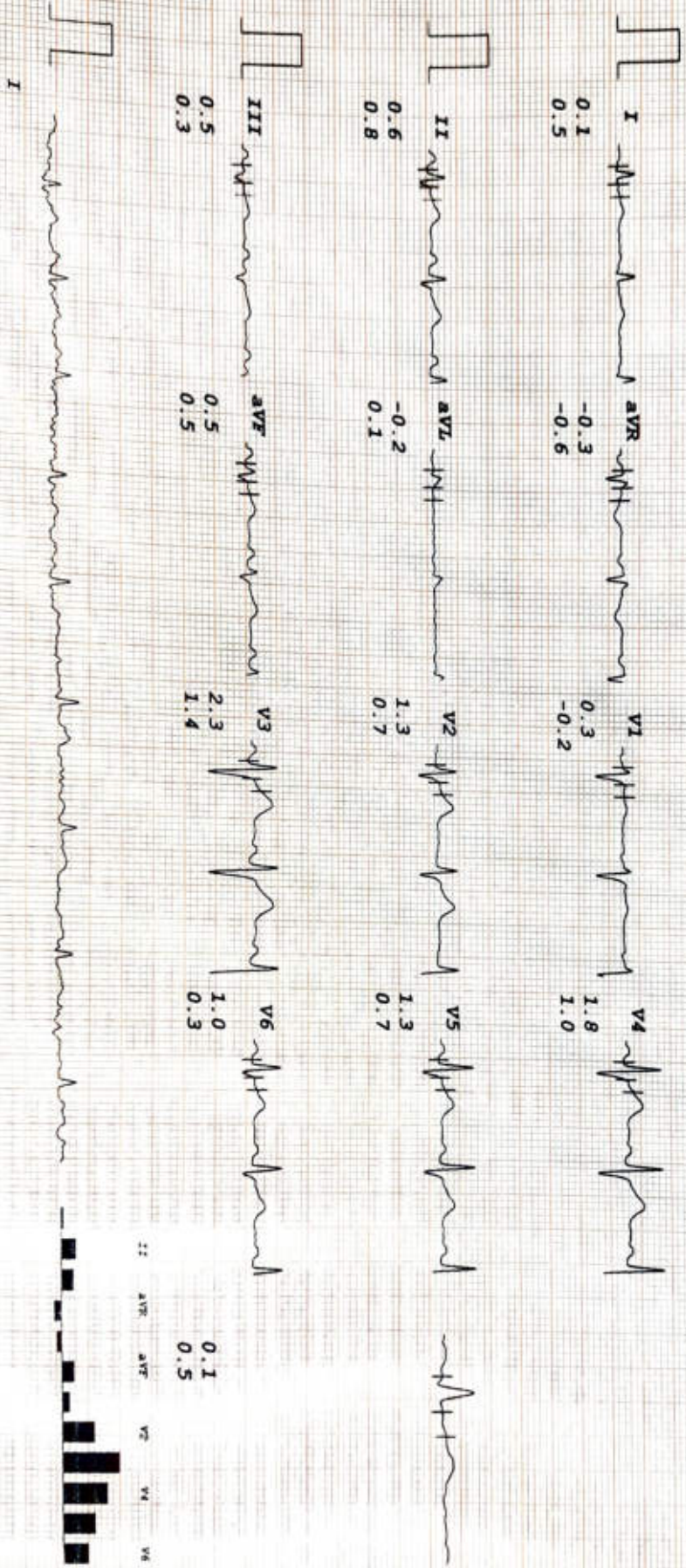
**ELITE DIAGNOSTIC**

PRETEST  
 SUPINE

ST 8 10mm/mV  
 80ms PostJ

*Sandeep*  
**LINKED MEDIAN**

Mag. X 2



SANDEEP SHARMA  
I.D. 181977  
Age 41/M  
Date 21/10/2024

RATE 88bpm  
B.P. 120/80

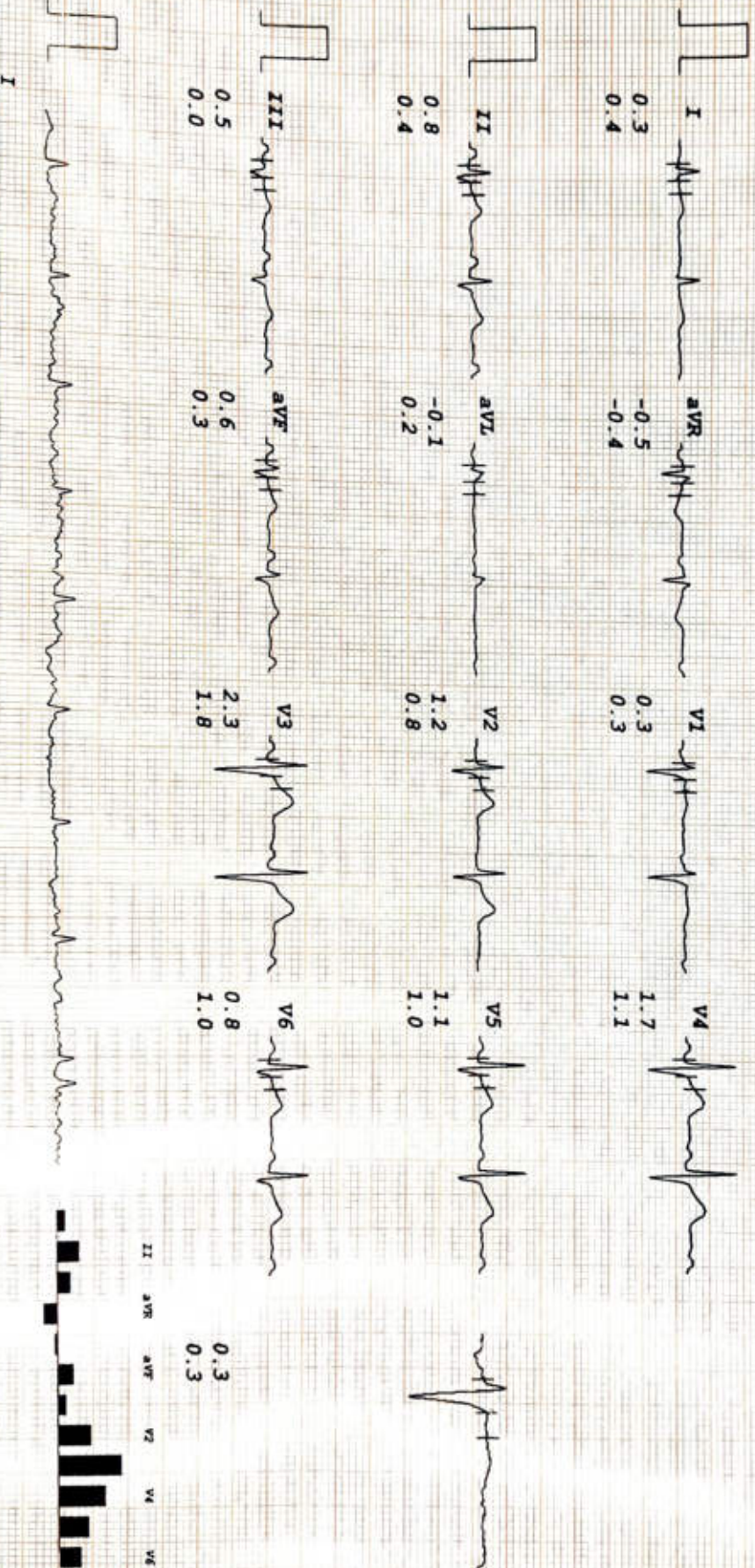
# ELITE DIAGNOSTIC

PRETEST  
STANDING

ST @ 10mm/mV  
80ms Post-J

LINKED MEDIAN

Mag. X 2



SANDEEP SHARMA  
 I.D. 181977  
 Age 41/M  
 Date 21/10/2024

RATE 87bpm  
 B.P. 120/80

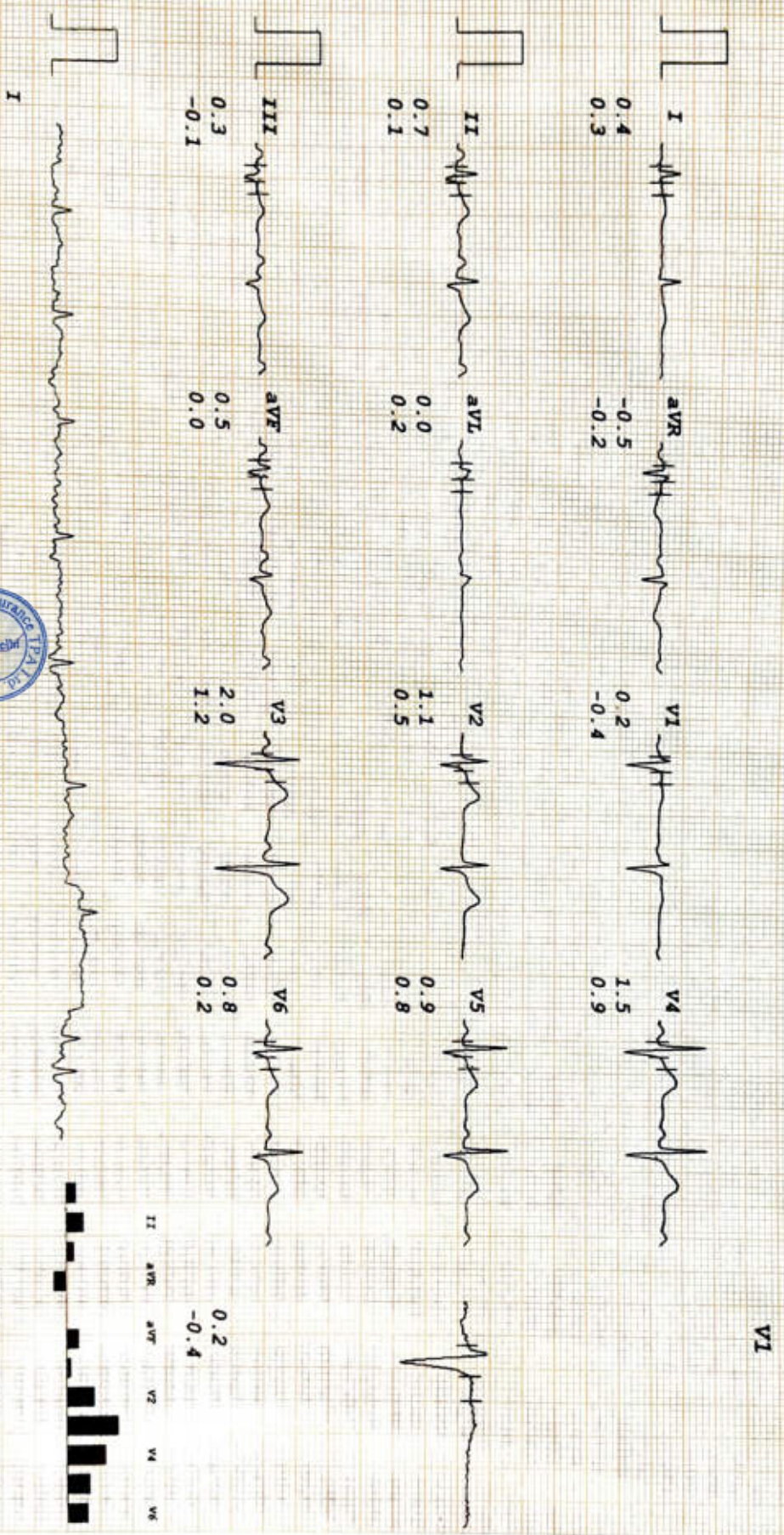
# ELITE DIAGNOSTIC

PRETEST  
 HYPERVENT  
 PHASE TIME 0:04

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



SANDEEP SHARMA  
I.D. 181977  
Age 41/M  
Date 21/10/2024

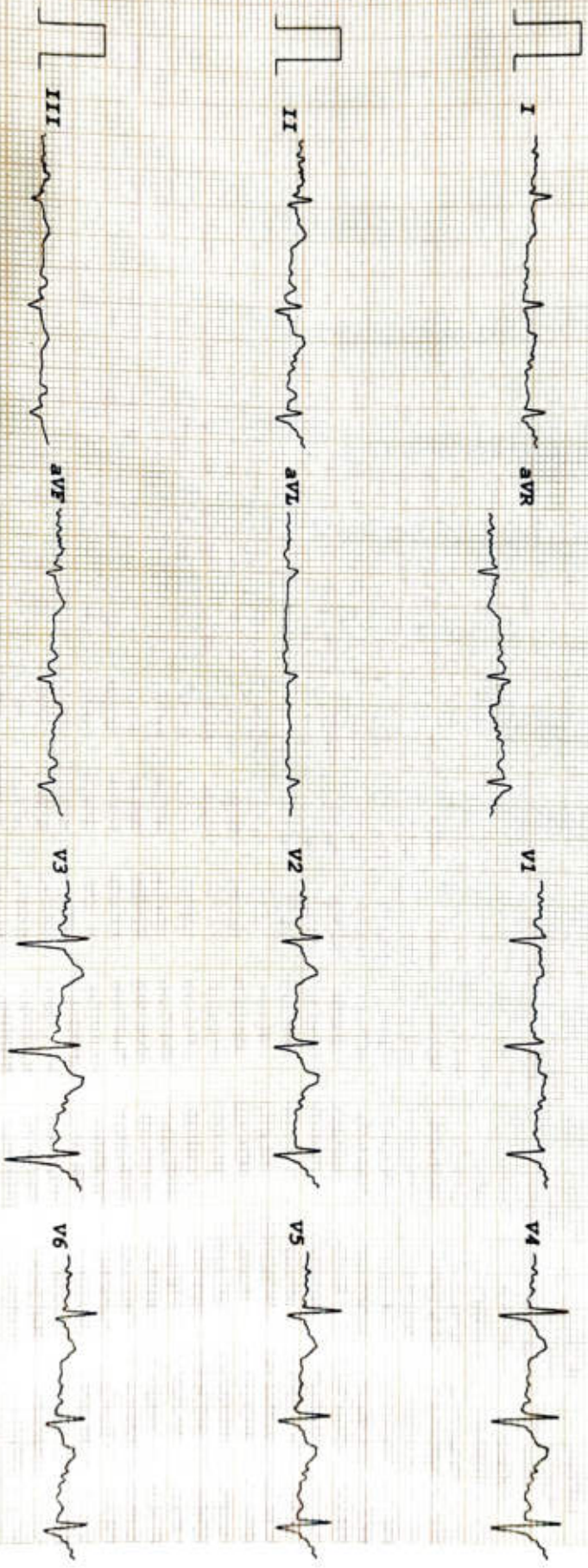
RATE 86bpm  
B.P. 120/80

PRETEST  
VALSALVA

ST @ 10mm/mV  
80ms PostJ

RAW ECG

# ELITE DIAGNOSTIC



# ELITE DIAGNOSTIC

SANDEEP SHARMA  
I.D. 181977  
Age 41/M  
Date 21/10/2024

RATE 135bpm  
B.P. 128/86

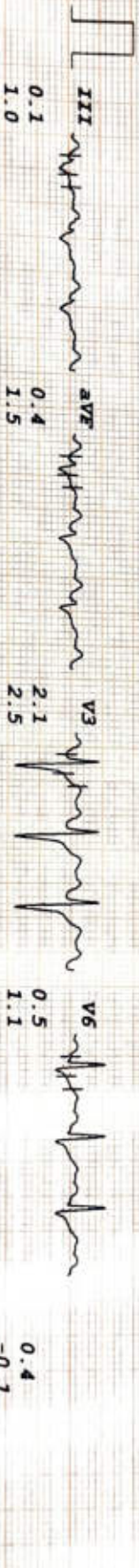
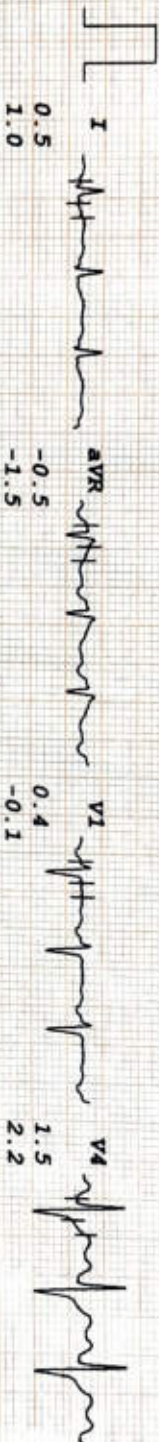
Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1



I III aVL V5 V3 V5

II aVR aVF V2 V4 V5

0.4  
-0.1



# ELITE DIAGNOSTIC

SANDEEP SHARMA  
 I.D. 181977  
 Age 41/M  
 Date 21/10/2024

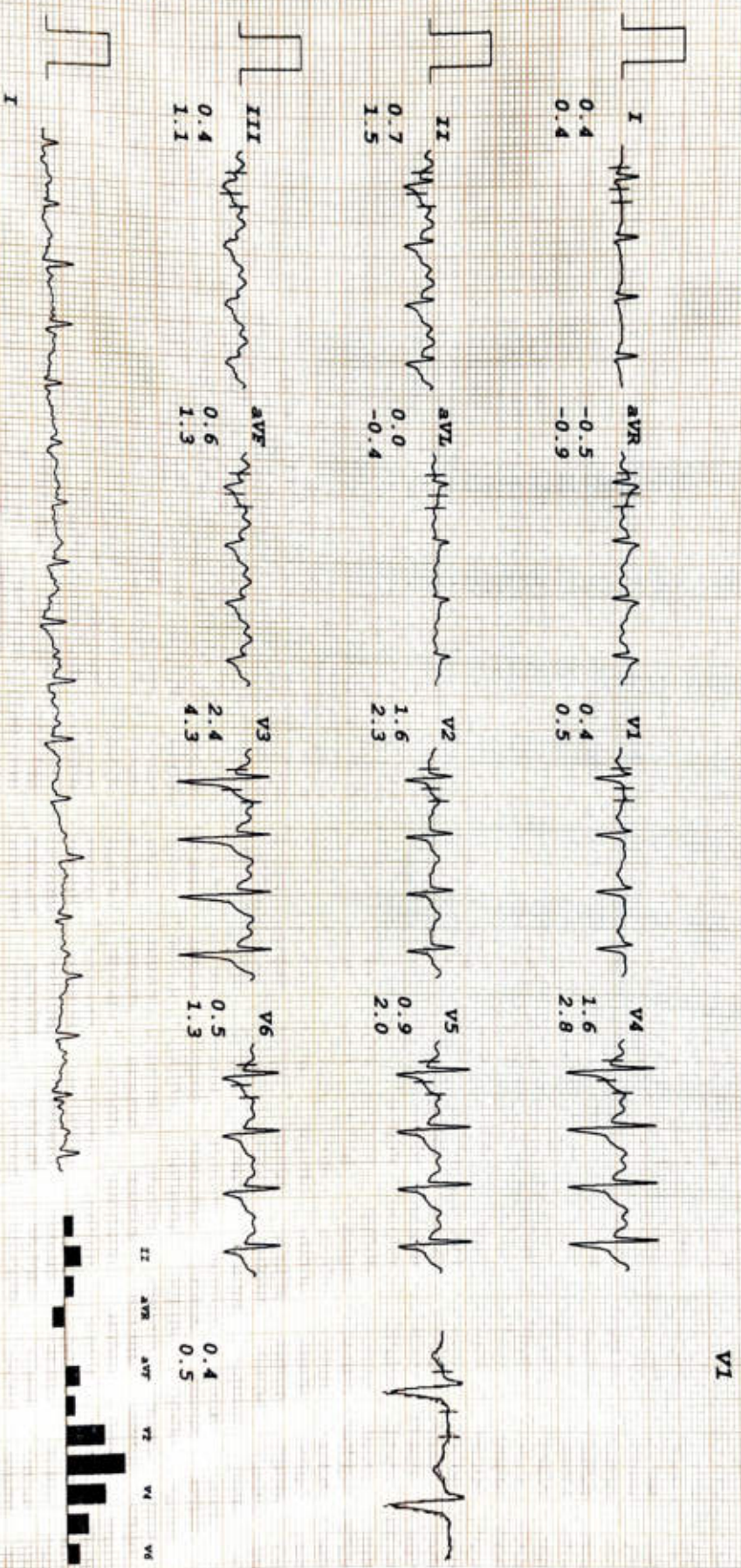
RATE 162bpm  
 B.P. 140/92

Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 °

LINKED MEDIAN

Mag. X 2



# ELITE DIAGNOSTIC

SANDEEP SHARMA  
I.D. 181977  
Age 41/M  
Date 21/10/2024

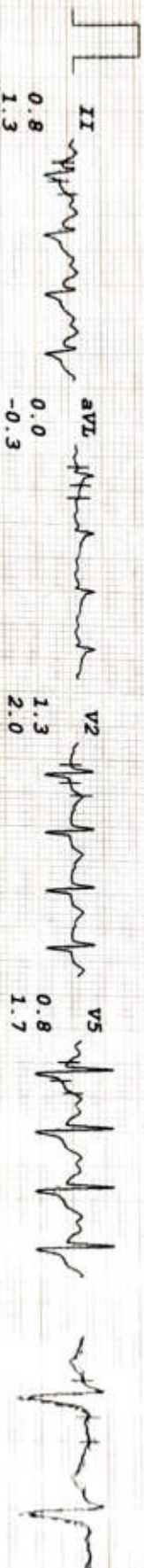
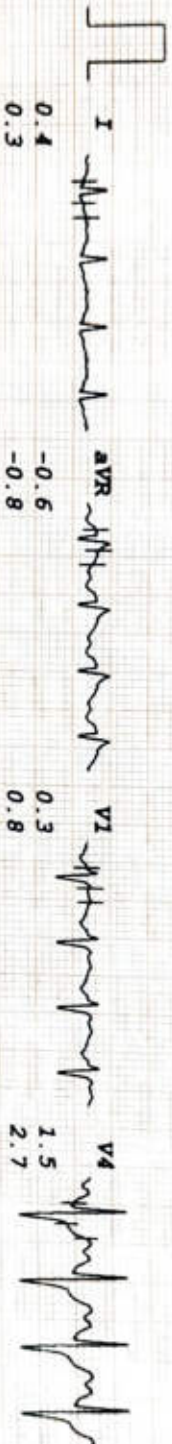
RATE 162bpm  
B.P. 140/92

Bruce  
PK-EXERCISE  
TOTAL TIME 6:10  
PHASE TIME 0:10  
ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1





# ELITE DIAGNOSTIC

SANDEEP SHARMA  
I.D. 181977  
Age 41/M  
Date 21/10/2024

RATE 126bpm  
B.P. 136/90

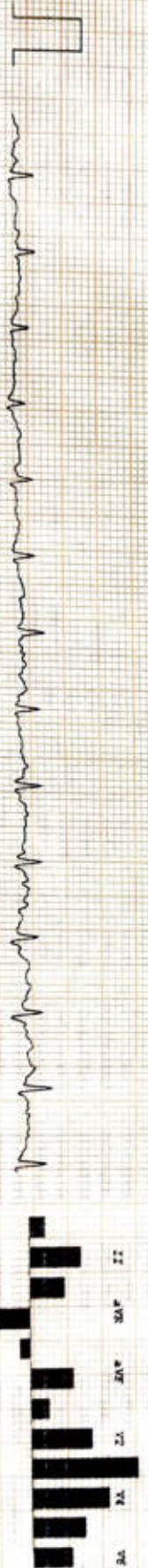
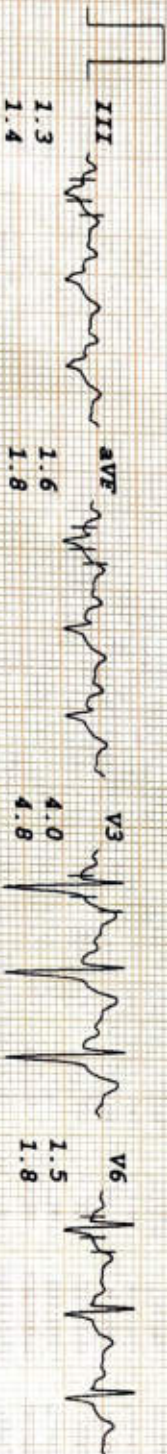
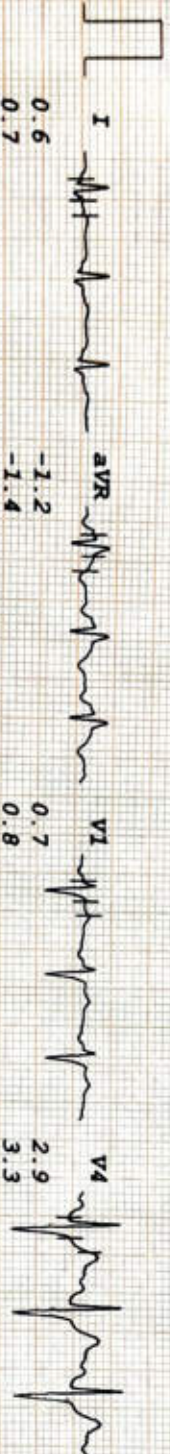
Bruce  
RECOVERY  
TOTAL TIME 7:16  
PHASE TIME 0:58

ST @ 10mm/mV  
80ms Post J

LINKED MEDIAN

Mag. X 2

V1



I III aVR aVF V1 V3 V4 V5 V6

0.7  
0.8



SANDEEP SHARMA  
 I.D. 181977  
 Age 41/M  
 Date 21/10/2024

RATE 112bpm  
 B.P. 132/88

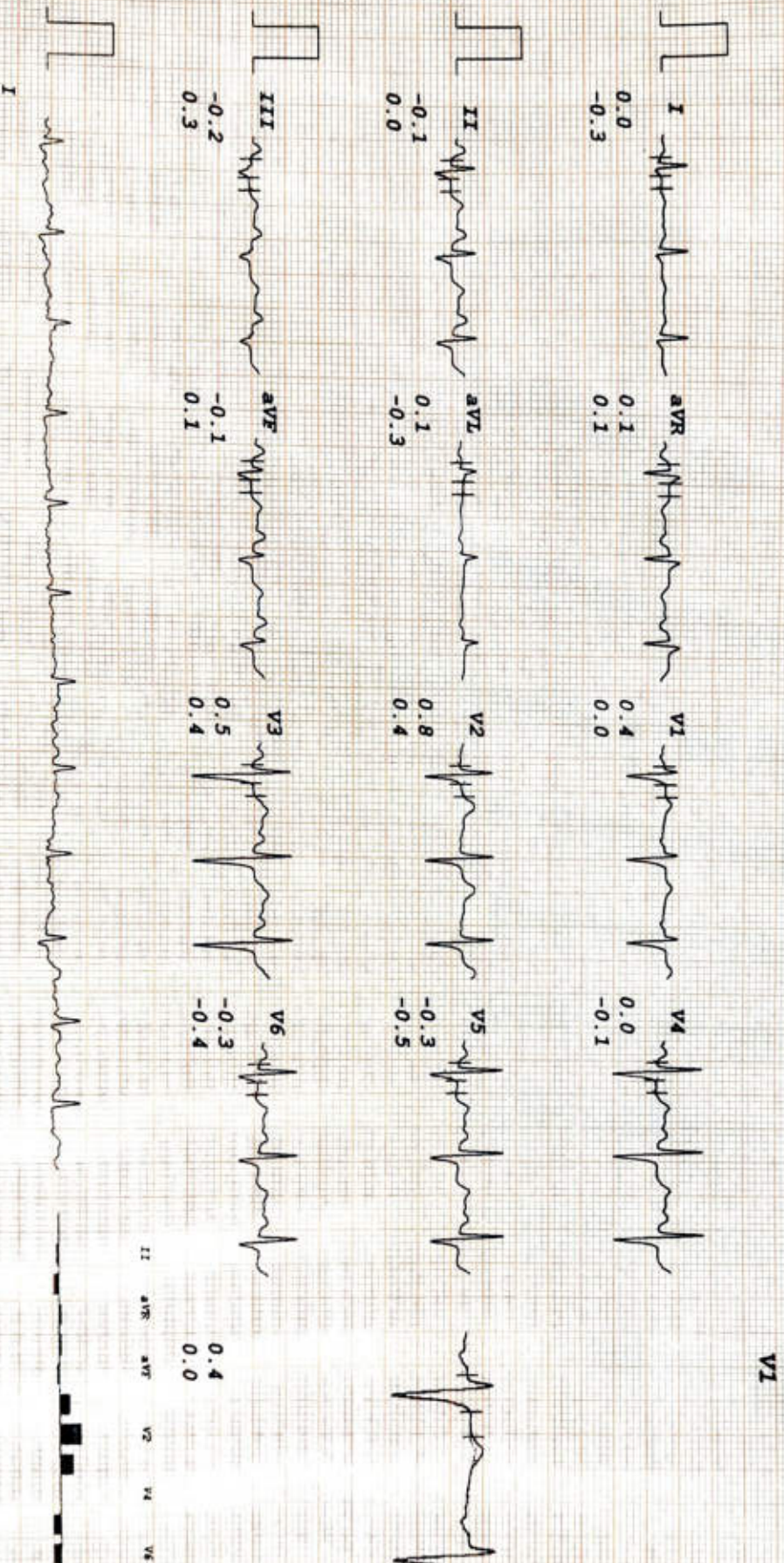
# ELITE DIAGNOSTIC

Brucce  
 RECOVERY  
 TOTAL TIME 9:13  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



# ELITE DIAGNOSTIC

SANDEEP SHARMA  
I.D. 181977  
Age 41/M  
Date 21/10/2024

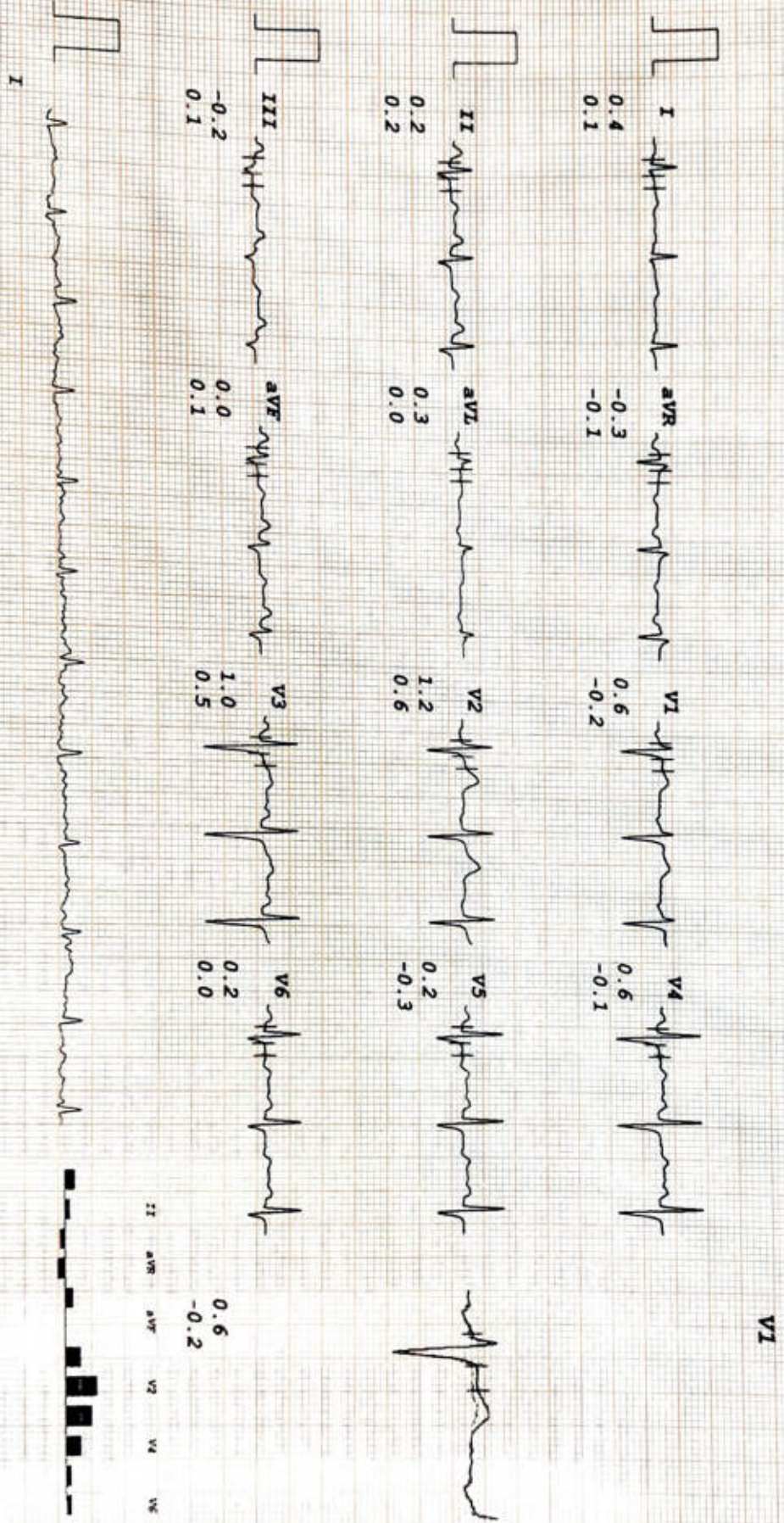
Rate 104bpm  
B.P. 132/88

Bruce  
RECOVERY  
TOTAL TIME 12:13  
PHASE TIME 5:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2





# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 5677  
S. NO. : 109203  
NAME : MR. SANDEEP SHARMA AGE/SEX - 41/M  
REF. BY : LIC  
Date : OCTOBER, 21, 2024

## HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.41	gm/dl	12-18
Red Blood Cell (RBC)	5.26	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	42.78	%	37-54
Mean Cell Value [MCV]	89.64		76-96
Mean Cell Hemoglobin [MCH]	31.94	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.70	%	30-35
Total Leucocytes Count (TLC)	7,000	cumm	4000-11000
<b>Differential Leucocytes Count [D.L.C]</b>			
Neutrophils	47	%	40-75
Lymphocytes	46	%	20-45
Eosinophils	03	%	02-10
Monocytes	04	%	01-06
Basophils	00	%	00-01
Platelet count	2.15	LACKS	1.5-4.5
E S R (Wintrobess method)	09	M.M.	0-20

\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

**DR. T.K. MATHUR**

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist



*(Handwritten signature)*

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico - legal cases.



# ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 5677  
S. NO. : 109203  
NAME : MR. SANDEEP SHARMA AGE/SEX - 41/M  
REF. BY : LIC  
Date : OCTOBER, 21, 2024

## Cotinine

Test	Result
Cotinine	NEGATIVE

## Cotinine Levels

- <10 ng/mL – Non-active smoker.
- 10 ng/mL to 100 ng/mL – Light smoker or moderate passive exposure.
- >200 ng/mL – Considered to be heavy smokers

**NOTE :-** We are using Nano Card method in Urine cotinine. In This method only Negative & Positive values are there.

Cotinine test is a rapid, self-controlled immunoassay for the qualitative detection of cotinine in human urine. Cotinine is a primary metabolite of nicotine and remains in the body of habitual tobacco users for approximately 17 hours..

\*\*\*\*\*End of The Report\*\*\*\*\*

Please correlate with clinical conditions.



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NOTE : Not to be the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico – legal cases.



# ELITE DIAGNOSTIC

Email - [elitediagnostic4@gmail.com](mailto:elitediagnostic4@gmail.com)

PROP. NO. : 5677  
S. NO. : 109203  
**NAME** : **MR. SANDEEP SHARMA** **AGE/SEX - 41/M**  
REF. BY : LIC  
Date : OCTOBER, 21, 2024

## ROUTINE URINE ANALYSIS

### **PHYSICAL EXAMINATION**

Quantity : 20. ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.012

### **CHEMICAL EXAMINATION**

Reaction : ACIDIC  
Albumin : Nil /HPF  
Reducing Sugar : Nil. /HPF

### **MICROSCOPIC EXAMINATION**

Pus Cells/WBCs : 1-2. /HPF  
RBCs : Nil. /HPF  
Epithelial Cells : 0-1. /HPF  
Casts : Nil.  
Crystals : Nil. /HPF  
Bacteria : Nil.  
Others : Nil.

\*\*\*\*\*End of The Report\*\*\*\*\*

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Date : OCTOBER, 21, 2024

## SEROLOGY

**Test Name** : Human Immunodeficiency Virus I&II (HIV) (Elisa method)  
**Result** : "Non-Reactive"  
**Normal-Range** : "Non-Reactive"

**Test Name** : Hepatitis B Surface Antigen (HbsAg) (Elisa method)  
**Result** : "Non-Reactive"  
**Normal-Range** : "Non-Reactive"


\*\*\*\*\*End of The Report\*\*\*\*\*

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## HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.48	%

## INTERPRETATION

Normal	:	5.0 - 6.7
Good Diabetic Control	:	6.8 - 7.3
Fair Control	:	7.4 - 9.1
Poor Control	:	more than 9.1

**Note:-** Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

\*\*\*\*\*End of The Report\*\*\*\*\*

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## BIOCHEMISTRY-(SBT-13)

Test	Result	Units	Normal Range
Blood Sugar Fasting	91.41	mg/dl	70-115
S. Cholesterol	163.70	mg/dl	130-250
H.D.L. Cholesterol	42.30	mg/dl	35-90
L.D.L. Cholesterol	81.41	mg/dl	0-160
S. Triglycerides	183.70	mg/dl	35-160
S. Creatinine	0.78	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	15.20	mg/dl	06-21
Albumin	4.2	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.4	gm%	6.00-8.5
AG/Ratio	1.31		0.5-3.2
Direct Bilirubin	0.56	mg/dl	0.00-0.3
Indirect Bilirubin	1.45	mg/dl	0.1-1.00
Total Bilirubin	2.01	mg/dl	0.1-1.3
S.G.O.T.	23.14	IU/L	00-42
S.G.P.T.	26.25	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	18.50	IU/L	00-60
S. Alk. Phosphatase	60.58	IU/L	28-111

(Children 151-471)

\*\*\*\*\*End of The Report\*\*\*\*\*

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भारत सरकार

Government of India

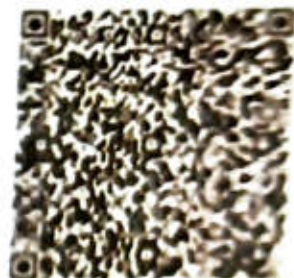


संदीप शर्मा

Sandeep Sharma

जन्म तिथि/ DOB: 23/07/1983

पुरुष / MALE



**4431 7034 9318**

मेरा **आधार**, मेरी पहचान

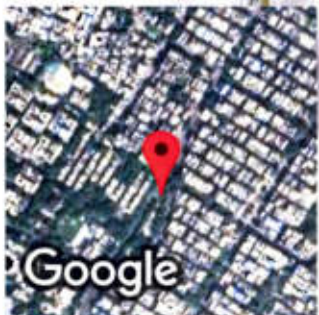
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 **GPS Map Camera**

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