

Name : RAJ KUMAR
Proposal No : 900401
Branch Code : 11v
Contact Details : 8527083999
Location : RZ-138, Block E, New Roshanpura,
Appointment Date : 13-11-2024

Member Information

Booked Member Name Age Gender

RAJ KUMAR 39 year Male

Included Test -

- ✓ Complete Heamogram
- ✓ HbA1c
- ✓ Urine Analysis
- ✓ SBT-13 with Tridot Method HIV Test
- ✓ Computerised Tread Mill Test (TMT)
- ✓ ECG

Thanks,

Medsave Team

NAVYA HOSPITAL
RZ-13B, NEW ROZHANPURA,
NEW DELHI 110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 900607

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

Full Name of Life to be assured: P. T. K. Kumar

Age Sex : 39/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 VI 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

NAVYA HOSPITAL
RZ-128, KALANGAPATI,
NEW DELHI-110043

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 Del on the day of 14/11 2024

Signature of L.A.

Dr. KAILASH KATH GUPTA
MBBS, MD
REG NO. P.35

Signature of the Cardiologist
Name & Address
Qualification Code No.

Date: 14/11/2024

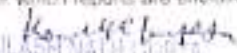
To:
LIC of India
Branch Office

Proposal No 900401

Name of the Life to be assured Raj Kumar

The Life to be assured was identified on the basis of Photo

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence:


Dr. KAILASH NATH GUPTA
MBBS, MD

Signature of the Pathologist/ Doctor

Name:

I confirm, I was on fasting for last 12 (12) hours. All the Examination / tests as mentioned below were done with my consent.


(Signature of the Life to be assured)

Name of life to be assured: Raj Kumar

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Ultrasonogram
2	Post ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Hæmogram	11	HbA1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	BBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	ETM/1 with Tracing
7	CRUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____
17. Others (Please Specify): _____

Remarks of Health Assure PVT LTD

Authorized Signature,


NAYYA HOSPITAL
RE-134, NAJAFGARH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone: _____ Division: _____ Branch: _____

Proposal No. 900401

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

Full Name of Life to be assured: Raj Kumar

Age/Sex: 39/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.

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?
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease?
3. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done?

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

Dated at 2-11 on the day of 11/11 2007

Signature of L.A.

Dr. Karishma Nath Gupta

Signature of the Cardiologist
 Name & Address: _____
 Qualification: _____
 Code No. _____

NAVYA HOSPITAL
 RZ-13B, NAGGARH,
 NEW DELHI-110093

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	79	170/80	78

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Inv	1 cm	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	78 / min	T-wave	Normal
Ventricular Rate	78 / min	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	None		

Conclusion:

Normal

Dated at Delhi on the day of 14/01 2004

NAVYA HOSPITAL
RZ-13B, KALKAJI, NEW DELHI-110043

Signature of the Dr. KALASH MATH GUPTA
Name & Address MSBS, IAP
Qualification REG. NO. - 11391
Code No.


भारत सरकार
Government of India



डॉ. कौशल नायाल
Dr. Koushal Nayal
MBBS, MD
REG. NO. 11391

6617 4683 9826
भेदा भण्डार, भेदी भण्डार

Dr. KAILASH NAYAL *Dr. Kailash Nayal*
 MBBS, MD
 REG. NO. - 11391

NAVYA HOSPITAL
RZ-13B, KANAFGARH,
NEW DELHI-110043


भारत सरकार
Government of India



डॉ. कौशल नायाल
Dr. Koushal Nayal
MBBS, MD
REG. NO. 11391

6617 4683 9826
भेदा भण्डार, भेदी भण्डार

Patient Name: I.D. 1508
Age: 29/YR
Date: 24-12-2024

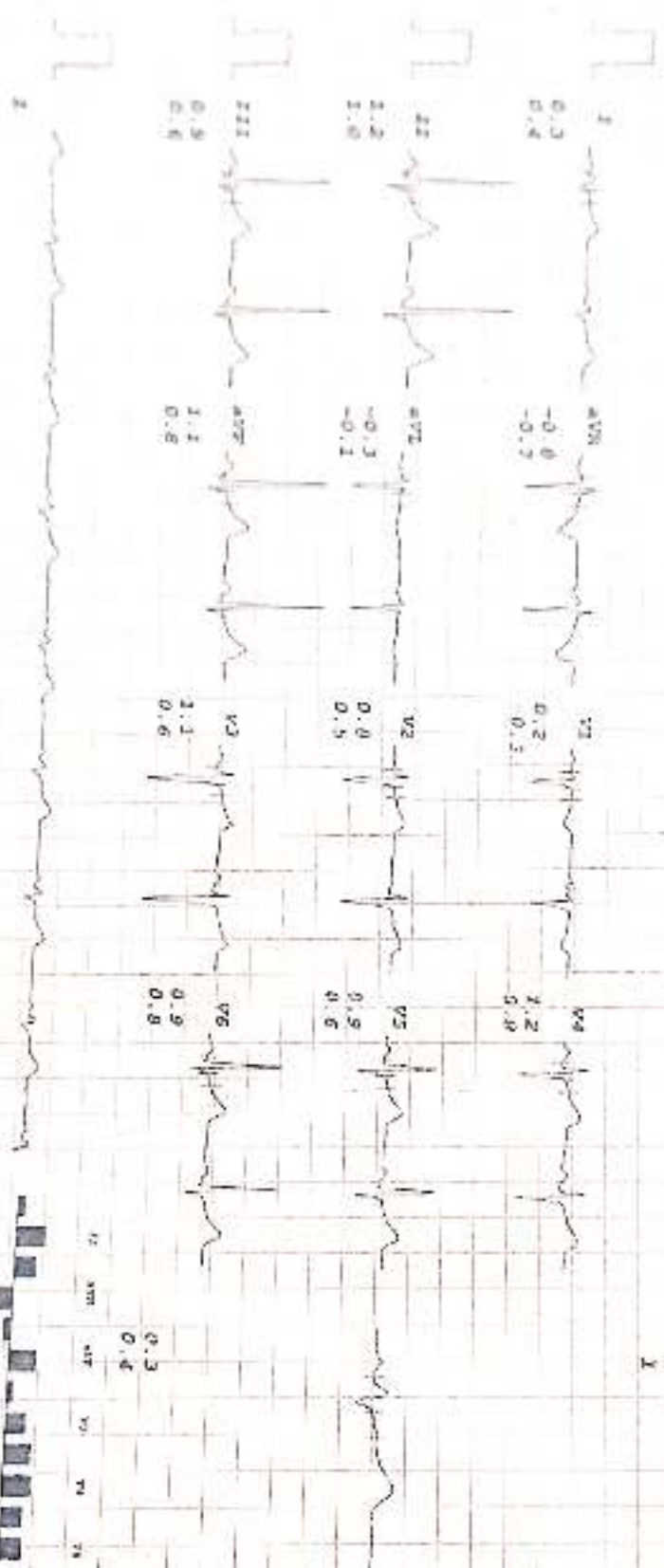
RATE: 70bpm
R.P.: 126/70

SUPINE

20ms/Div
20ms/Div

LINKED MEDIAN

Mag: X 2



NAVYA HOSPITAL,
RZ-138, KALIBOUR,
NEW DELHI-110041

Dr. KALLAS, MBBS, MD
REG. NO. - 11351

Navya hospital

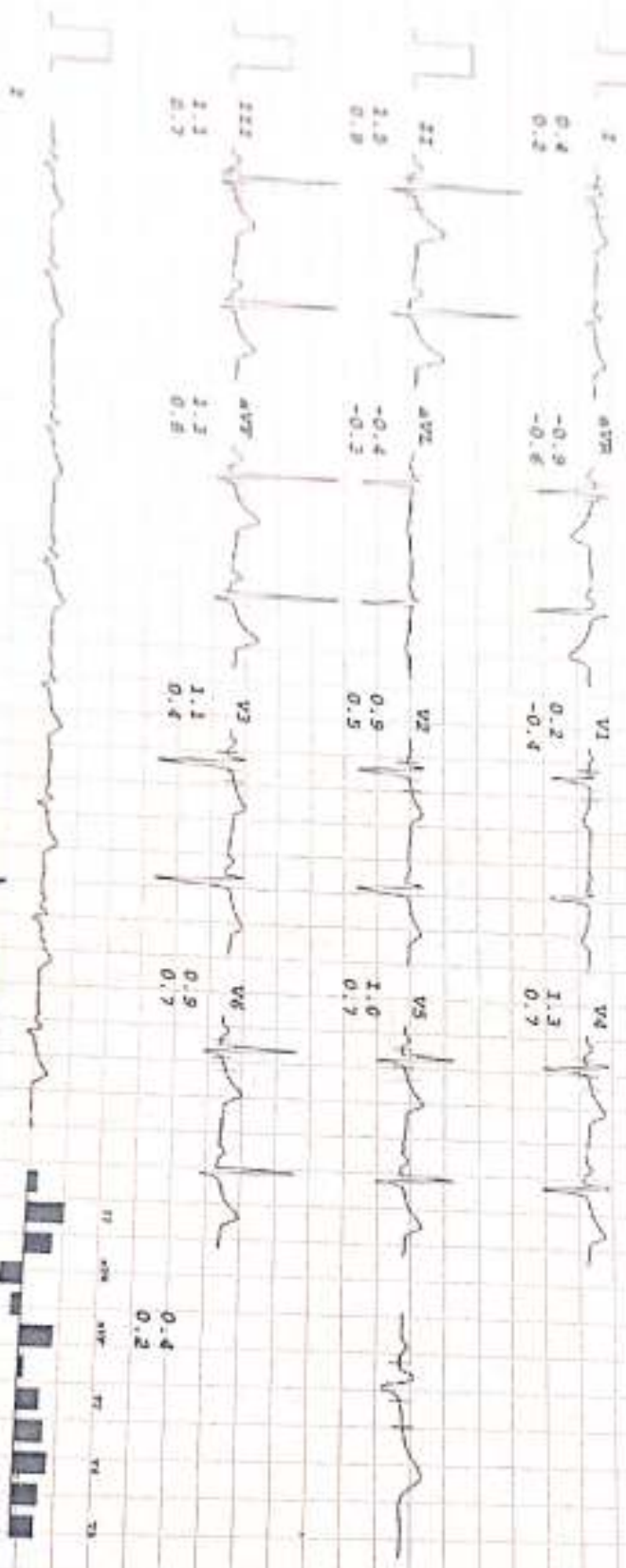
PHYSICIAN
STANDING
57 B 10mm/mV
60mm Perky

LINKED MEDIAN

RAJ KUMAR
I.D. 1988
Age 39/M
Date 14-11-2024

RATE 75bpm
R.P. 125/79

Mag. X 2



NAVYA HOSPITAL
T3-11B, PATNAGARH,
NEW DELHI-110043

Dr. KALLA
MBBS, MD
REG. NO. - 11391

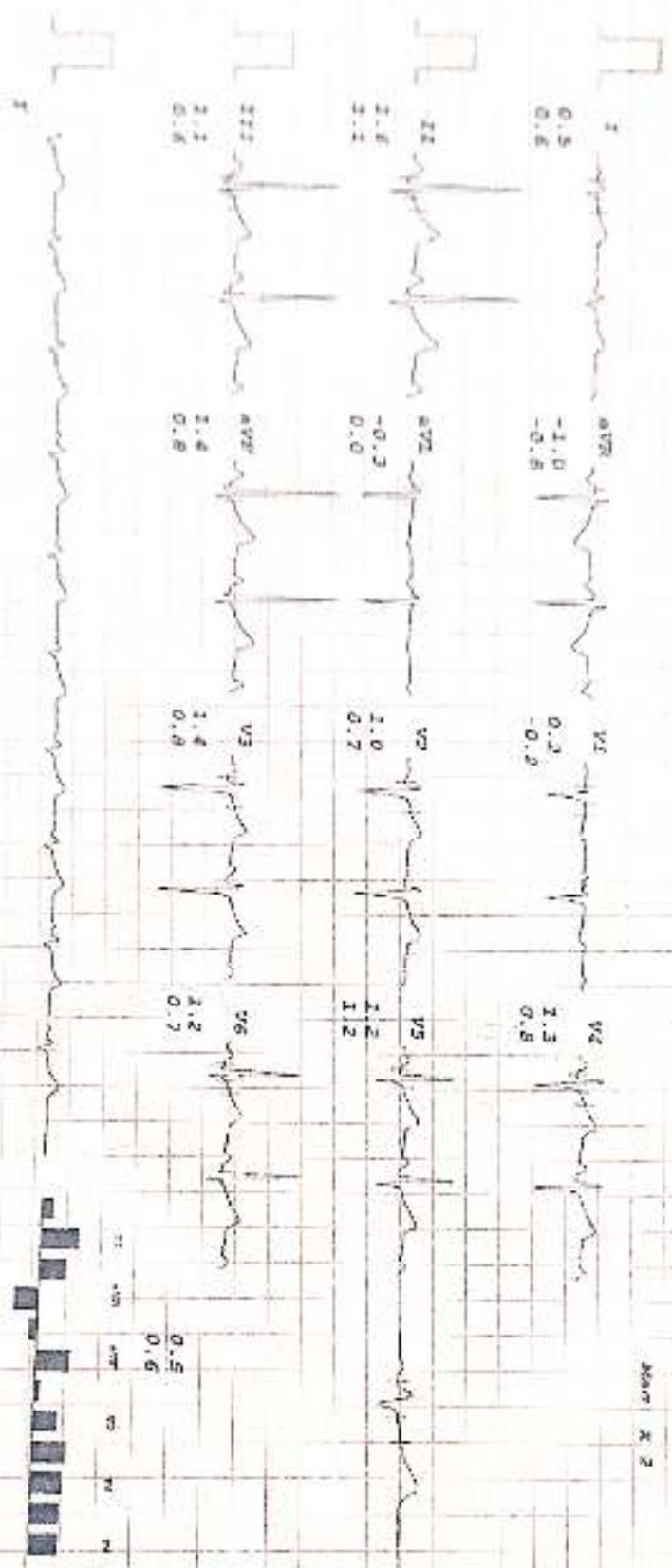
RAJ KUMAR
 I.D. 1988
 Age 39/M
 Date 14-11-2024

RATE 80bpm
 S.P. 120/76

NEVYA Hospital
 PICTURE
 DEPARTMENT
 Room No. 101
 PULSE TIME 1:06

LINKED MEDIAN

Lead X 2



Report generated by the system automatically. For any queries, please contact the administrator. The system is designed to provide accurate and reliable data for clinical use.

RAJ KUMAR
I.O. 1988

Age 39/M

Date 14-11-2024

RATE 126bpm
B.P. 135/86

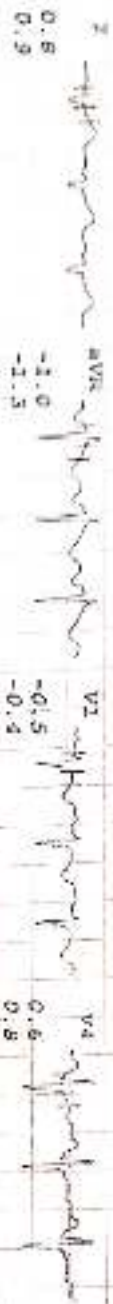
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

UOMS PQRST
Speed 2.7 km/hr
SLOPE 10°

Navya hospital

LINKED MEDIAN

Mag. X Z



0.8
0.9

1.2
1.6

0.5
1.1

0.3
0.1

0.4
0.6

1.2
0.5

0.4
0.9
1.5

0.5
0.3

-0.5
-0.6



0.4
0.7

Physio Electrocardiogram Machine

DR. P. SURESH BABU - Sr. Consultant, Cardiology, Navya Hospital, Sector 14, Gurgaon, Haryana, India. Phone: 98100 18 18

RAJ KUMAR
 I.D. 1988
 Age 39/M
 Date 14-11-2014

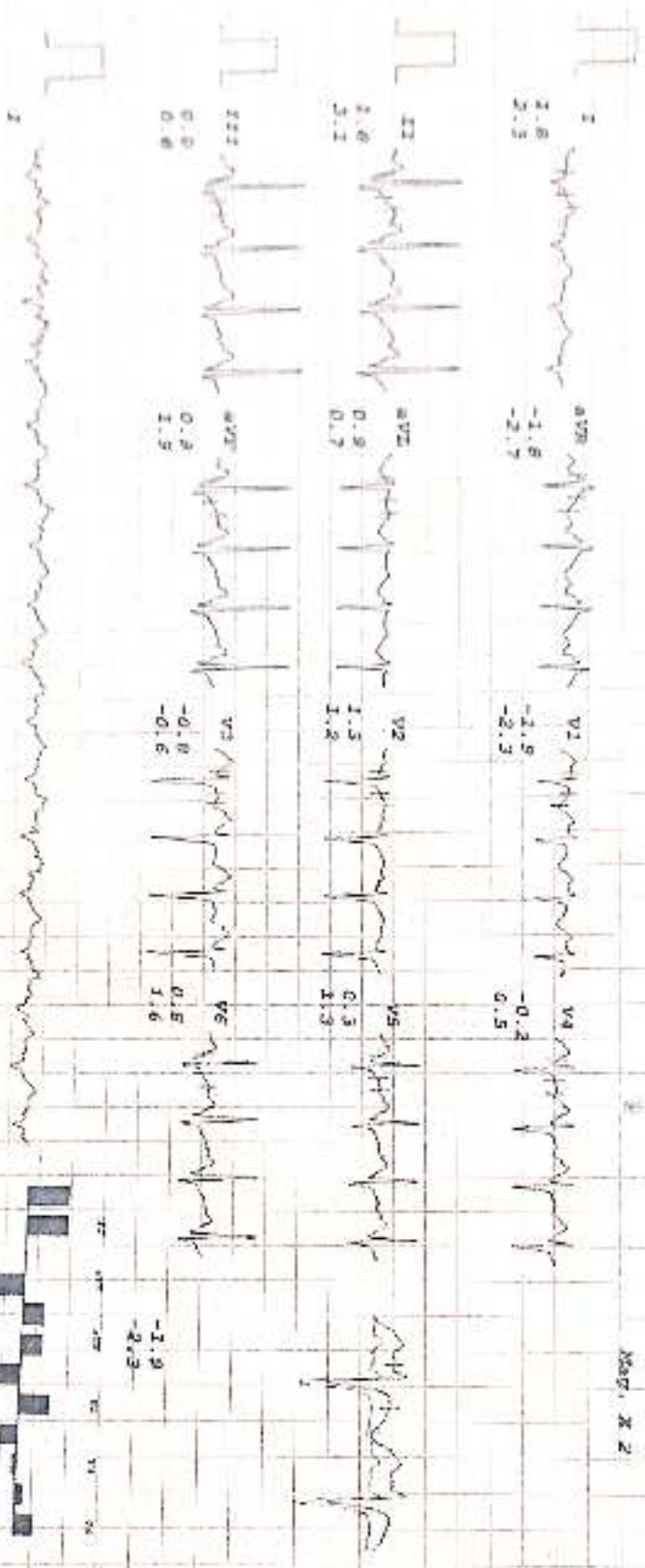
RATE 158bpm
 B.P. 144/92

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

6Y 6 10mm/MP
 Romm Post. J
 Speed 4 km/hr
 SLOPE 12.6

LINKED MEDIAN

Map. X 2



The information on this report is for informational purposes only. It is not intended to be used for medical diagnosis or treatment. The user assumes all liability for any use of this information.

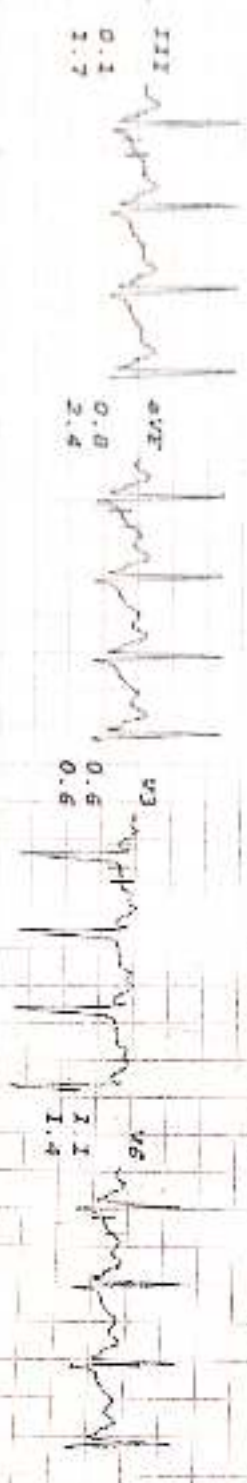
RAJ KUMAR
 I.D. 1988
 Age 39/M
 Date 14-11-2024

RATE 15bpm
 B.P. 144/92

Drive Stage 3
 TOTAL TIME 3:55
 PHASE TIME 2:55

ST @ 10mm/mv
 0.5mV/10mm
 Speed 4 km/hr
 Slope 12 °

LINKED MEDIAN



Output: ST @ (mm/mv) from aVR to V6

ST @ (mm/mv) for I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6

ST @ (mm/mv) for I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6

Navya Hospital

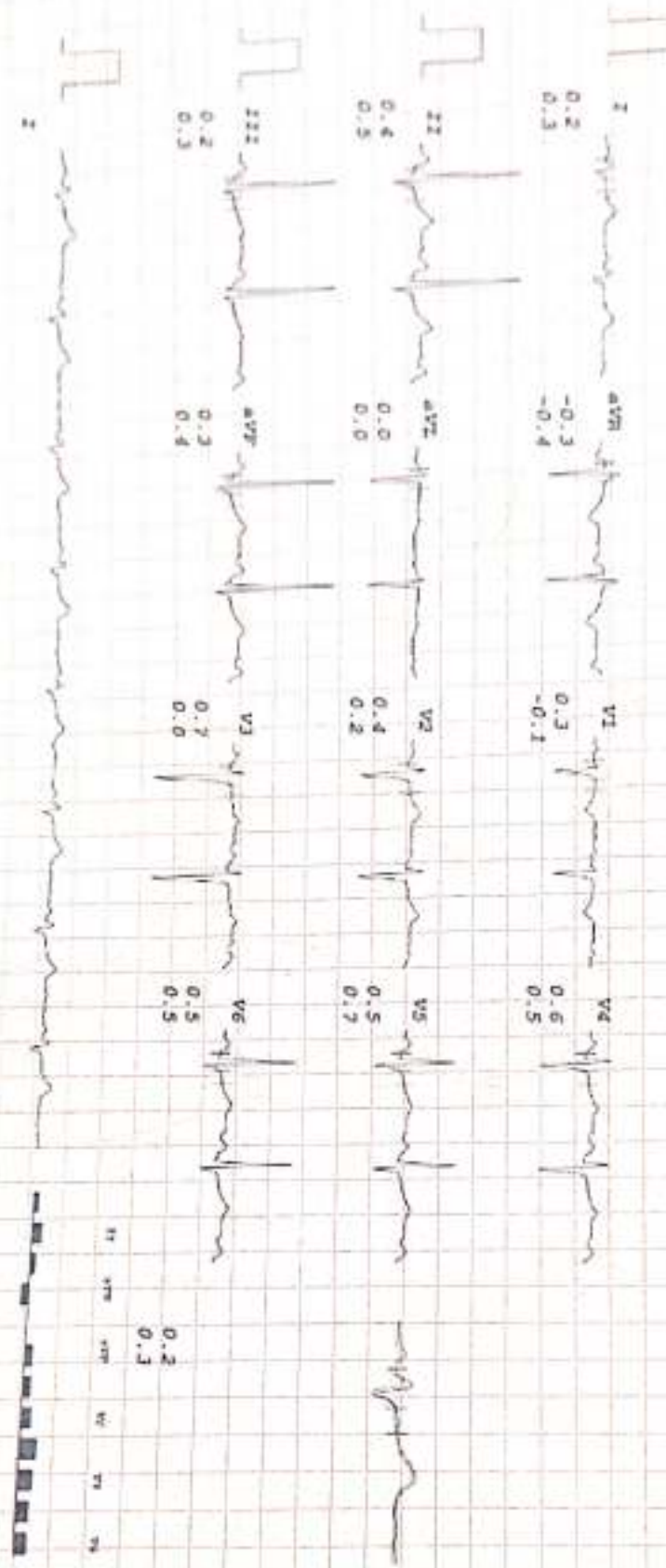
RAJ KUMAR
I.D. 1000
Age 39/M
Date 14-11-2024

Rate 88bpm
E.P. 135/87

Since RECOVERY
TOTAL TIME 14:02
PHASE TIME 4:37

ST @ 10mm/mV
600µV/Sec

LINKED MEDIAN

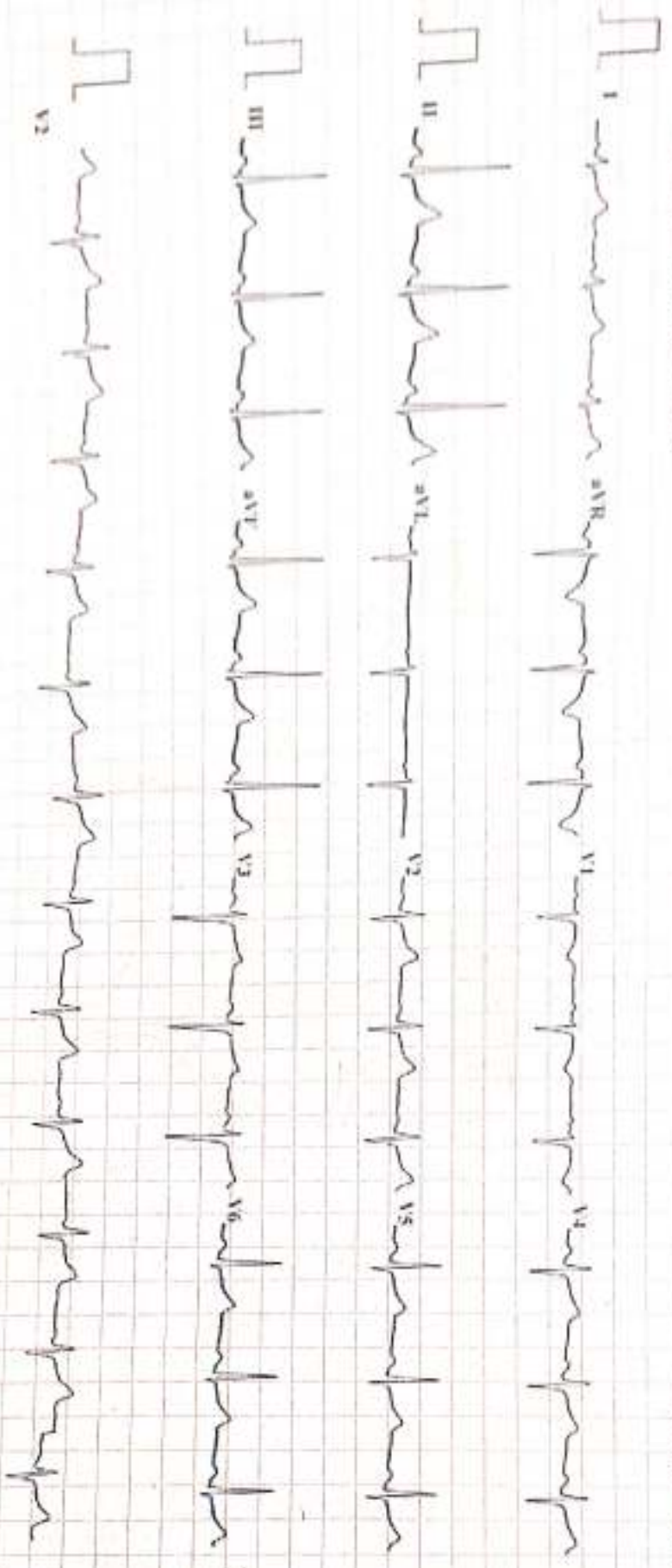


Department of Cardiology, Navya Hospital
Dr. [Name], [Address]
[Phone Number]
[Email Address]

ID: 1988
 AGENCY: JPVLM
 DATE: 15 JUNE 24 10:44:24 AM
 REP BY: DALLI, G. SINDA
 MACHINE INTERPRETATION: Normal ECG

HR: 78 bpm
 P Axis: 78 deg
 QRS Axis: 87 deg
 T Axis: 62 deg
 PR Duration: 112 ms
 QRS Duration: 97 ms
 QT Interval: 375 ms
 QTc Interval: 407 ms

Speed: 25 mm/s
 Sensitivity: 10 mm/mV



Filtered 35 Cycle/And Base Corrected

Model name for: 00100000146...
 00100000146...
 00100000146...
 00100000146...
 00100000146...

Dr.

PAGE 1 0 / 0
 FIELD 1 LIC OF INDIA

INDICATION
 COLLICULUS

PHASE	TOTAL TIME	SPARE TIME	SEED PWR/Hz	GAINS	R.F. Hz	R.F. Level	R.F. #100	90 LEVEL CORR			SEVER
								V1	V2	V3	
DURING STARTING HYPERBOLIC					75	225 / 92	93	1.2	0.2	0.5	
STAGE 1	2:55	2:55	2.7	10	68	225 / 78	93	1.2	0.2	0.5	
STAGE 2	4:05	4:05	5.4	12	126	225 / 76	112	1.6	0.2	1.7	
STAGE 3	4:55	4:55	6.7	16	135	225 / 82	112	1.2	0.2	0.5	4.67
RECOVERY	4:55	4:55			135	225 / 82	223	1.6	0.2	0.3	7.08
RECOVERY	5:15	5:15			142	225 / 82	214	1.6	0.2	0.3	9.62
RECOVERY	5:15	5:15			142	225 / 82	214	1.6	0.2	0.3	10.33
RECOVERY	5:15	5:15			108	225 / 82	192	1.6	0.2	0.3	10.33
RECOVERY	5:15	5:15			89	225 / 82	192	1.6	0.2	0.3	10.33
RECOVERY	5:15	5:15			87	225 / 74	105	0.7	0.1	0.8	0.8

RESULTS

EXERCISE TOLERANCE : 3:15
 MAX HEART RATE : 135
 MAX RINDS PERMIN : 151 / 95 mm Hg
 REACTION OF TEMPERATURE : Accelerated 70%
 REACTION OF RESPIRATIONS : Normal
 REACTION OF RHYTHM : Normal
 REACTION OF B.P. : Normal
 REACTION OF ECG : Normal
 REACTION OF PULSES : Normal
 REACTION OF SKIN : Normal
 REACTION OF SWEAT : Normal
 REACTION OF TONGUE : Normal
 REACTION OF SALIVARY SECRETION : Normal
 REACTION OF VISION : Normal
 REACTION OF HEARING : Normal
 REACTION OF SMELL : Normal
 REACTION OF TASTE : Normal
 REACTION OF TOUCH : Normal
 REACTION OF PAIN : Normal
 REACTION OF TEMPERATURE : Normal
 REACTION OF HUMIDITY : Normal
 REACTION OF LIGHT : Normal
 REACTION OF SOUND : Normal
 REACTION OF VIBRATION : Normal
 REACTION OF AIR : Normal
 REACTION OF WATER : Normal
 REACTION OF FOOD : Normal
 REACTION OF DRINK : Normal
 REACTION OF SLEEP : Normal
 REACTION OF WAKE : Normal
 REACTION OF STRESS : Normal
 REACTION OF ANXIETY : Normal
 REACTION OF DEPRESSION : Normal
 REACTION OF EUPHORIA : Normal
 REACTION OF ECSTASY : Normal
 REACTION OF TRANCE : Normal
 REACTION OF COMA : Normal
 REACTION OF DEATH : Normal

MAX WORK LOAD : 10-33 METS
 REACTION OF TEMPERATURE : Accelerated 70%
 REACTION OF RESPIRATIONS : Normal
 REACTION OF RHYTHM : Normal
 REACTION OF B.P. : Normal
 REACTION OF PULSES : Normal
 REACTION OF SKIN : Normal
 REACTION OF SWEAT : Normal
 REACTION OF TONGUE : Normal
 REACTION OF SALIVARY SECRETION : Normal
 REACTION OF VISION : Normal
 REACTION OF HEARING : Normal
 REACTION OF SMELL : Normal
 REACTION OF TASTE : Normal
 REACTION OF TOUCH : Normal
 REACTION OF PAIN : Normal
 REACTION OF TEMPERATURE : Normal
 REACTION OF HUMIDITY : Normal
 REACTION OF LIGHT : Normal
 REACTION OF SOUND : Normal
 REACTION OF VIBRATION : Normal
 REACTION OF AIR : Normal
 REACTION OF WATER : Normal
 REACTION OF FOOD : Normal
 REACTION OF DRINK : Normal
 REACTION OF SLEEP : Normal
 REACTION OF WAKE : Normal
 REACTION OF STRESS : Normal
 REACTION OF ANXIETY : Normal
 REACTION OF DEPRESSION : Normal
 REACTION OF EUPHORIA : Normal
 REACTION OF ECSTASY : Normal
 REACTION OF TRANCE : Normal
 REACTION OF COMA : Normal
 REACTION OF DEATH : Normal

Impressions :
 Negative for Provocable myocardial ischemia.

NAVYA HOSPITAL
 EC-13B, N. AIRPORT
 NEW DELHI 110043

Dr. KAILASH KUMAR GUPTA
 MBBS, MD
 REG. NO. - 11391

Technician 1

MADE IN INDIA BY THE GOVERNMENT OF INDIA
 PRINTED AT THE GOVERNMENT PRESS, NEW DELHI

COMPUTERISED TREADMILL TEST

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

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mm Hg)	RPE
PRETEST	SUPINE					97	124/76	129
	SITTING					92	123/74	116
	STANDING						125/75	112
	HYPERVENTILATION					90	118/84	191
	WARMUP					139		
EXERCISE	STAGE 1	2:35	2.50	10.0	4.64	142	145/91	205
	STAGE 2	5:55	4.00	13.5	7.04	173	154/53	274
	STAGE 3	8:55	5.40	14.0	9.92	180	154/94	277
	STAGE 4		6.70	16.0	10.13	120	144/93	172
	PEAK EXERCISE	9.6			10.87	116	124/81	155
RECOVERY	RECOVERY	12:15	0.00	0.00	0.00	110	121/75	133
	RECOVERY	13:30	0.00	0.00	0.00	110	121/75	133
	RECOVERY	14:57				110		

Test protocol used - BRUCE

Total Exercise Time - 9.6

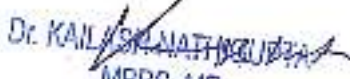
Maximum Blood Pressure - 154/94

Maximum Workload - 10.13 METS

Maximum heart rate - 181 bpm. Maximum predicted heart rate 88%

Reason for termination - achieved THR

Comments:


Dr. KAILASH MATHUR
 MBBS, MD
 REG. NO. - 11391

NAVYA HOSPITAL
 RE-13B RAJGARH
 NEW DELHI-110043

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 tracings)

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE/TIME: 05/11/2024 11:50 AM

Proposal No. 2722.

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR. RAJ KUMAR

Age/ Sex: 41/M

- | | | | |
|----------------------------|---------|-----------------------|-------------|
| 1. Physical Examination | | | |
| (i) Colour | :YELLOW | (ii) Sediment | :NIL |
| (iii) Transparency | :CLEAR | (iv) Reaction | :ACIDIC |
| 2. Chemical Examination | | | |
| (i) Protein | :NIL | (ii) Sugar | :NIL |
| (iii) Bile salt | :NIL | (iv) Bile pigments | :NIL |
| 3. Microscopic Examination | | | |
| (i) Red Blood Cells | :NIL | (ii) Epithelial Cells | :00-01 /HPF |
| (iii) Crystals | :NIL | (iv) Pus Cells | :01-02 /HPF |
| (v) Casts | :NIL | (vi) Deposits | :NIL |
| (VII) Bacterias | :NIL | | |

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

NAVYA HOSPITAL
R2-138, RAJAPUR, NEW DELHI-110043

DT. SAKSHI HRMANI
MBBS, MD PATH
REG NO. 8941

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming, please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion. Please clinical correlation is mandatory.

CARE AG+2A PLUS
DIAGNOSTICS

Address: Navya Hospital, R2-138, New Roshanpura, Najafgarh, New Delhi-110043

☎ 790100773 7903459279

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC05 - 011

ELISA FOR HIV

Zone _____ Division _____ Branch _____ DATE/TIME: 14/11/2024 09:50 AM

Proposal No. 900401

Agent/D.O. Code: _____

Introduced by: (name & signature)

Full Name of Life to be assured: MR RAJ KUMAR


Age/Sex :39 /M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	88.7	60-110 MG/DL
2	TOTAL CHOLESTEROL	146.3	100-250 MG/DL
	HIGH DENSITY LIPID (HDL)	37.2	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	109.5	00-150 MG/DL
3	TRIGLYCERIDES	111.9	25-160 MG/DL
4	CREATININE	0.76	0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BLN)	16.3	6.0-21.0 MG/DL
6	S PROTEINE	7.02	6.5-8.5 MG/DL
	(A) ALBUMIN	3.55	3.5-6.0 MG/DL
	(B) GLOBULINE	3.47	1.8-2.5 MG/DL
	(C) AG RATIO	1.02	
7	S. BILIRUBIN		
	(A) DIRECT	0.32	0.0-0.2 MG/DL
	(B) INDIRECT	0.60	0.2-0.8 CM/DL
	(C) TOTAL	0.92	0.2-1.0 MG/DL
8	SGOT (AST)	39.3	04 45 IU/DL
9	SGPT (ALT)	33.5	00 40IU/DL
10	GGTP (GGT)	44.9	11-50IU/DL
11	S. ALKALINE PHOSPHATASE	109.3	15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)	NEGATIVE	NEGATIVE
13	ELISA FOR HIV	NEGATIVE	NEGATIVE

NAVYA HOSPITAL
RZ-138, ROHANPURA,
NEW DELHI-110043

SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS ALIFICATION

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CARE  **Plus**
DIAGNOSTICS

Address: Navya Hospital, RZ-138, New Rohanpura, Najafgarh, New Delhi-110043

☎ : 8200101773, 7903658279

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division/Branch _____ DATE/TIME: 14/11/2021 09:50 AM
 Proposal No. 906401
 Agent/D.O. Code: _____ Initialed by: (name & signature)
 Full Name of Life to be assured: MR RAJ KUMAR

Age/Sex: 39/M **HEAMETOLOGY**

Test	Result	Unit	
HbA1C	4.32	%	Non Diabetic < 6.0 Pre diabetic 5.7-6.9 Diabetic >= 6.5

Mean Plasma Glucose levels

Guidance For Known Diabetics

Below 6.5% : Good

Control 6.5% - 7% :

Fair Control

7.0% - 8% : Unsatisfactory Control

>8% : Poor Control

Dr. SAKSHI VIRMANI
 MBBS, MD PATH
 REG. NO. - 8841

Pathologist's name & Address
 Qualification:

LIC Code No. :

NAVYA HOSPITAL
 RZ-138, NEW ROZHANPURA,
 NEW DELHI-110043

S. VIRMANI
 MBBS, MD PATH
 REG. NO. - 8841

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CARE  **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

☎ - 8700101773, 7903658279

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____ DATE/TIME 14/11/2024 09:50 AM
 Proposal No. 900401
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: MR. RAJ KUMAR
 Age/Sex :39 /M

Complete Blood Count (CBC)+ESR

Specimen: Whole Blood EDTA

Haemoglobin (Hb) Colorimetric SLS	13.3	g/dL	13.0-17.0
TOTAL LEUKOCYTE COUNT (TLC) Flow Cytometry	8400	th/cumm	4.0-10.0
Differential Cell Count			
Neutrophils Flow cytometry / Microscopy	65	%	40-80
Lymphocytes Flow cytometry / Microscopy	30	%	20-40
Eosinophil Flow cytometry / Microscopy	3	%	1-6
Monocytes Flow cytometry / Microscopy	2	%	2-10
Basophils Flow cytometry / Microscopy	0	%	0-1
RBC Count Impedance	4.4	millions/cmm	4.5-5.5
Haematocrit (HCT) Calculated	39.9	%	40-50
MCV Calculated	90.1	fl	83-101
MCHC Calculated	32.4	g/dl	31.5-34.5
Platelet Count (PLT) Impedance / Microscopy	193	thou/ μ L	150-410
Mean Platelet Volume (MPV) Calculated	9.3	fl	7.4-10.4
RDW-CV Calculated	12.6	%	11.6-14.0
RDW-SD Calculated	44.2	fl	35.0-56.0
Erythrocyte Sedimentation Rate (ESR) Modified Westergren method	13	mm/hr	0-20

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Signature of the Pathologist
Dr. SAKSHI SRIVASTAVA
 REG. NO. - 8941
 Pathologist's name & Address
 Qualification :

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

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