GENERAL DIAGNOSTICS
INTERNATIONAL (P) LTD.,
Sooraj Square, 2nd Floor, 3/299, Vishal Khand, Gomti Nagar, Lucknow (UP) - 226010.
Customer Support : +91 98717 15111

General DIAGNOSTICS
Accurate Results • Timely Delivered

0000007787317

Name:	MISS. TANUSHI	**Age/Gender:**	21 Year(s) 0 Months(s) 0 Day(s)/Female
Referred By:	DR.NEERJA SINGH	**Client Name:**	N.A
Collection Date:	13-08-2026 16:38:00	**Report Release Date:**	13-08-2026 20:14:59

No.	Investigation	Observed Value	Unit	Biological Ref. Interval
	Complete Blood Count			
	Erythrocytes			
1	Total RBC	4.52	10^6/µL	4.1-5.1
2	**Hemoglobin**	**11.69**	**g/dL**	**12.3-15.3**
3	Hematocrit (PCV)	35.4	%	33-57
4	Mean Corpuscular Volume (MCV)	80.4	fL	80-96
5	Mean Corpuscular Hemoglobin (MCH)	27.9	pg	27.5-33.2
6	Mean Corpuscular Hemoglobin Concentration (MCHC)	33.0	g/dL	29.4- 34.5
7	**Red Cell Distribution Width (RDW-CV)**	**15.8**	**%**	**12-15**
8	Red Cell Distribution Width-SD(RDW-SD)	42.5	fl	32-60.4
	Platelets			
9	Platelet Count	234.9	10^3/µL	150-450
10	Mean Platelet Volume (MPV)	9.72	fL	6 - 12
11	**Platelet Distribution Width (PDW)**	**18.7**	**%**	**15.5-18.3**
12	Plateletcrit (PCT)	0.228	%	0.12-0.37
	Leucocytes			
13	Total Leucocytes Count	6.22	10^3/µL	4.4-11
14	Neutrophils	70.88	%	40-77
15	Lymphocyte Percentage	25.35	%	16-44
16	Monocytes Percentage	2.66	%	2.0-10.0
17	Eosinophils Percentage	0.94	%	0-7
18	Basophils Percentage	0.17	%	0 - 1
19	Neutrophils-Absolute Count	4.41	10^3/µL	1.8-7.8
20	Lymphocytes-Absolute Count	1.58	10^3/µL	1-4.8
21	Monocytes-Absolute Count	0.17	10^3/µL	0.1-1.0
22	Eosinophils-Absolute Count	0.06	10^3/µL	0 - 0.45
23	Basophils-Absolute Count	0.01	10^3/µL	0-0.2

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CRM No :7787317
Sample Recd. Time: 31-05-2024 18:42
Report Time: 31-05-2024 20:14
Patient Name: MISS. TANUSHI
Patient ID: 7787317

Authorized Signatory
Dr. Charu Chandra
MBBS,MD (Pathology)

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Referred By:	DR.NEERJA SINGH	**Client Name:**	N.A
Collection Date:	31-05-2024 16:38:00	**Report Release Date:**	31-05-2024 20:14:59

No.	Investigation	Observed Value	Unit	Biological Reference Interval

Peripheral Blood Smear

1	RBC Morphology EDTA Whole Blood, Method: Manual	Normocytic Normochromic.		
2	WBC Morphology EDTA Whole Blood, Method: Manual	Within normal range .		
3	Platelets EDTA Whole Blood, Method: Manual	Adequate.		

End Of Report

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Referred By:	DR.NEERJA SINGH	**Client Name:**	N.A
Collection Date:	31-05-2024 16:39:00	**Report Release Date:**	31-05-2024 20:00:08

PCOD Profile

No.	Investigation	Observed Value	Unit	Biological Reference Interval
1	Testosterone Serum, Method: CLIA	66.07	ng/dL	0 – 76

Interpretation

Testosterone is the main sex hormone (androgen) in men. It is responsible for male physical characteristics. It is present in large amounts in males during puberty and in adult males to regulate the sex drive and maintain muscle mass. In women, testosterone is converted to estradiol, the main sex hormone in females. Testosterone levels are diurnal, peaking in the early morning hours (about 4:00 to 8:00 am), with the lowest levels in the evening (about 4:00 to 8:00 pm). Levels also increase after exercise and also decrease with age. Testosterone test may be used to help evaluate conditions such as delayed or precocious (early) puberty in boys, decreased sex drive in men and women, erectile dysfunction in men, infertility in men and women, testicular tumors in men, hypothalamus or pituitary disorders, hirsutism and virilization in girls and women.

2	Follicle Stimulating Hormone (FSH) Serum, Method: CLIA	8.15	mIU/mL	Normally menstruating Follicular Phase: 2.5–10.2 Midcycle Peak: 3.4–33.4 Luteal Phase: 1.5–9.1 Pregnant < 0.3 Postmenopausal: 23.0–116.3

Interpretation

Follicle-stimulating hormone (FSH) is a hormone associated with reproduction and the development of eggs in women and sperm in men. This test measures FSH in the blood or urine. Disorders affecting the hypothalamus, pituitary, and/or the ovaries or testicles can cause the production of too much or too little FSH, resulting in a variety of conditions such as infertility, abnormal menstrual cycles, or early (precocious) or delayed sexual maturation (puberty). In both women and men, the test may be used with other hormone tests such as luteinizing hormone (LH), testosterone, estradiol, and/or progesterone to help to determine the cause of infertility, diagnose conditions associated with dysfunction of the ovaries or testicles, aid in the diagnosis of pituitary or hypothalamus disorders, which can affect FSH production. In women, FSH levels are also useful in the investigation of menstrual irregularities, predicting onset or confirmation of menopause. In men, FSH levels are used to help determine the reason for a low sperm count.

3	**Insulin Fasting** Serum, Method: CLIA	**38.12**	**mIU/L**	**0.2-25.0**

Interpretation

Insulin is a hormone that is produced and stored in the beta cells of the pancreas. Elevated insulin levels are seen with Acromegaly, Cushing syndrome, Use of drugs such as corticosteroids, levodopa, oral contraceptives, Fructose or galactose intolerance, Insulinomas, Obesity, Insulin resistance seen in type 2 diabetes and metabolic syndrome. Decreased insulin levels are seen with type 1 Diabetes, Hypopituitarism, Pancreatic diseases such as chronic pancreatitis (including cystic fibrosis) and pancreatic cancer.

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No.	Investigation	Observed Value	Unit	Biological Reference Interval
4	Luteinizing Hormone (LH) Serum, Method: CLIA	7.26	mIU/mL	Normal range: 1.5 - 9.3 Menstruating Follicular phase: 1.9 – 12.5 Menstruating Midcycle peak: 8.7 – 76.3 Menstruating Luteal phase: 0.5 – 16.9 Pregnant: 0.1 – 1.5 Postmenopausal: 15.9 – 54.0 Contraceptives: 0.7 – 5.6

Interpretation

Luteinizing hormone (LH) is a hormone associated with reproduction and the stimulation of the release of an egg from the ovary (ovulation) in women and testosterone production in men. This test measures the amount of luteinizing hormone in the blood or urine. In both women and men, LH is often used in conjunction with other tests (FSH, testosterone, estradiol and progesterone) in the workup of infertility, to aid in the diagnosis of pituitary disorders that can affect LH production, to help diagnose conditions associated with dysfunction of the ovaries or testicles. In women, LH levels are useful in the investigation of menstrual irregularities to evaluate LH levels during the menstrual cycle; multiple urine LH tests may be ordered for this purpose.

5	Prolactin Serum, Method: CLIA	8.53	ng/mL	Nonpregnant: 2.8–29.2 Postmenopausal: 1.8–20.3 Pregnant: 9.7–208.5

Interpretation

Prolactin is a hormone produced by the anterior portion of the pituitary gland. Prolactin testing may be used, along with other hormone tests, to help to determine the cause of breast milk production not associated with pregnancy or breast-feeding (galactorrhea), diagnose the cause of infertility and erectile dysfunction in men, diagnose the cause of menstrual irregularities and/or infertility in women, to detect and diagnose tumors that produce excess prolactin (prolactinomas), monitor their treatment, and detect recurrences, to evaluate anterior pituitary function or other pituitary disorder.

6	Insulin PP Serum(PP), Method: CLIA	42.41	mIU/L	30 minutes after glucose administration: 30-230 1 hour after glucose administration: 18-276 2 hour after glucose administration: 16-166

Interpretation

Insulin is a hormone that is produced and stored in the beta cells of the pancreas. Elevated insulin levels are seen with Acromegaly, Cushing syndrome, Use of drugs such as corticosteroids, levodopa, oral contraceptives, Fructose or galactose intolerance, Insulinomas, Obesity, Insulin resistance seen in type 2 diabetes and metabolic syndrome. Decreased insulin levels are seen with type 1 Diabetes, Hypopituitarism, Pancreatic diseases such as chronic pancreatitis (including cystic fibrosis) and pancreatic cancer.

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PCOD Profile

No.	Investigation	Observed Value	Unit	Biological Reference Interval
1	**Glucose (Fasting)** Fluoride Plasma(F), Method: Hexokinase	**134.7**	**mg/dL**	**Normal : >70 - 100** **Pre - Diabetes: 101 - 126** **Diabetes: > 126**

Interpretation

Glucose is the primary energy source for the body's cells and the only energy source for the brain and nervous system.High levels of glucose most frequently indicate diabetes, but many other diseases and conditions can also cause elevated blood glucose. Hypoglycemia is characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death).

2	Glucose (Post Prandial) Fluoride Plasma(PP), Method: Hexokinase	115.0	mg/dL	Normal : >70 - 140 Pre-Diabetes: 141-200 Diabetes: >200

Interpretation

Glucose is the primary energy source for the body's cells and the only energy source for the brain and nervous system.High levels of glucose most frequently indicate diabetes, but many other diseases and conditions can also cause elevated blood glucose. Hypoglycemia is characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death).

End Of Report

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QUALITY POLICY

GENERAL DIAGNOSTICS INTERNATIONAL (P) Ltd. maintains the highest standards of quality control in all aspects of laboratory work. The purpose of our laboratory's Quality Management System is to ensure that:

- Principles of all accreditations, including that of NABL - ISO1518:2012 (National Accreditation Board of Laboratories) are adhered for each test in the scope of the accreditation, and beyond.
- Test methods, processes and control mechanisms are timely updated and fully validated to ensure the accuracy and reliability of our test results.

The objectives of our Quality Control system are:

- Use Bar-Coded operations to enable full traceability throughout the sample flow process and to ensure sample handling procedures and environmental conditions are managed well and there is no or minimal affect on the results.
- Continually improve the practices of our clients, franchise partners, associate doctors, clinics and hospitals and monitor their training needs. Be proactive in identifying gaps in the processes being followed. Guide them to ensure that the patients are served in the best possible way.
- Report the results with accuracy and clarity in a timely manner. Do a root cause analysis whenever there is a deviation against protocols and find solutions to the identified causes.
- Ensure a continual enhancement, implementation and maintenance of the quality system and seek improvement in the effectiveness of the quality system from experts at regular intervals.
- Meet and exceed expectations with respect to turn-around time, sample collection hygiene & reliability of service.
- Ensure that each test is performed by qualified and trained staff. Provide opportunities to the staff so that they can increase their knowledge and use the same for self and organizational betterment.
- Ensure that the equipment used are best in class, properly maintained and calibrated and where possible, measurements are traceable to recognized standards. Also explore methods which may lead to improvement in equipment performance and methodologies used for conducting tests.
- Enable technology upgrades to achieve higher accuracy and reduced complexities.
- Use internal audits and other checks to ensure the quality system complies with requirements; ensure problems are investigated promptly, root cause(s) established and effective action taken to prevent a recurrence.
- Have a smooth communication mechanism to ensure information is made available as rapidly as possible to those who need it, both internal and external to the organization.
- Monitor, help and support our franchise and service partners to be sensitive on all aspects of service delivery and to ensure quality standards are followed with no exceptions.

CONDITIONS of REPORTING

01. It is presumed that the specimen accompanying the TRF (Test Requisition Form where the details of patient are recorded) is of the same patient whose details are there in the TRF.
02. A test requested might not be performed due to the following reasons(s):
    - 2.1 Insufficient quantity of specimen required to conduct the test.
    - 2.2 Poor quality of the Specimen not meeting the quality criteria (hemolysis of sample/clotted.)
    - 2.3 Incorrect specimen type as required to conduct a test.
03. Test(s) may be patly or fully cancelled due to incorrect test code, incorrect name of the test or incorrect type of specimen. A communication shall be made and it is expected that a fresh specimen will be sent to laboratory for analysis of same parameter(s).
04. The results of laboratory investigation are dependent on the quality of the specimen as well as the assay procedures/technologies used. All samples collected for tests are required to be prepared, stored, labeled and brought to processing laboratory as per the prescribed guidelines of GENERAL DIAGNOSTICS.
05. GENERAL DIAGNOSTICS laboratory cannot be held liable for incorrect results of a sample which deviated from the guidelines issued.
06. There can be several factors like sample's unintended exposure to heat or travel through rough terrain which affect the quality of test results. Therefore a 2% chance of error/ deviation in results is a possibility.
07. For certain category of tests, the report may carry a "PRELIMINARY" status implying that the results are yet to be reported for one (or more) tests. For example, in the case with certain microbiology tests, a "FINAL" culture, identification or drug susceptibility result might be pending. In such case, the status "RESULT PENDING" will be mentioned on report. The same shall be replaced by the test results whenever it is ready.
08. If the collection date or any other details was not stated in the Test Requisition Form, the same will not be printed on the report. In cases where the missing information is mandatory for report generation or meeting accreditation guidelines, the sample shall not be processed at all.
09. Tests parameters excluded from the "scope" of NABL accreditation shall be marked by asterisks.
10. In case you are not the intended recipient of the report, please immediately inform the same to the issuing entity. Any use, disclosure, copy or distribution of any contents of such report, is unlawful and is strictly prohibited.
11. Some test may be referred to other laboratories to provide a wider test menu to the patients. The details of the laboratory where the sample was referred to, can be obtained from Customer Care department.
12. Claims of comparing results against that from a different laboratory shall be looked into only if it was the same sample which was split and sent in same conditions to all laboratories and processed on the same technology.

इस श्रिष्टि का मूल आधार है "बेटी"
माता पिता ही नहीं, देश का सम्मान है "बेटी"

बेटी बचाओ बेटी पढ़ाओ

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