



Report for Sidharth Khandelwal(34Y/M)

Tests asked Complete Vitamins Profile, Premium Full Body Checkup - New + 3

Others

Test date 06 Dec 2024

Report status

Complete Report



6 STEP

quality control to ensure 100% report accuracy



Qualified and trained technicians



Temperature-controlled containers to store samples



Strict quality checks on samples before processing



Regular monitoring of lab analyzers by experts



Assured machine inspection on a daily basis



Verified reports by qualified pathologists



25+ Years of Trust & Experience



NABL Accredited Labs



100+ Crore Samples Processed

Name : SIDHARTH KHANDELWAL(34Y/M)
 Ref. By : SELF

ADDRESS :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

Report Availability Summary



Note : This is summary page. Please refer to the table below for the details

| Test | Report Status |
|---|---|
| COMPLETE VITAMINS PROFILE | <input checked="" type="checkbox"/> Available |
| VITAMIN A | <input checked="" type="checkbox"/> Available |
| VITAMIN B1/THIAMIN | <input checked="" type="checkbox"/> Available |
| VITAMIN B2/RIBOFLAVIN | <input checked="" type="checkbox"/> Available |
| VITAMIN B3/NICOTINIC ACID | <input checked="" type="checkbox"/> Available |
| VITAMIN B5/PANTOTHENIC | <input checked="" type="checkbox"/> Available |
| VITAMIN B6/PYRIDOXAL - 5 - PHOSPHATE | <input checked="" type="checkbox"/> Available |
| VITAMIN B7/BIOTIN | <input checked="" type="checkbox"/> Available |
| VITAMIN B9/FOLIC ACID | <input checked="" type="checkbox"/> Available |
| VITAMIN D TOTAL | <input checked="" type="checkbox"/> Available |
| VITAMIN D2 | <input checked="" type="checkbox"/> Available |
| VITAMIN D3 | <input checked="" type="checkbox"/> Available |
| VITAMIN E | <input checked="" type="checkbox"/> Available |
| VITAMIN K | <input checked="" type="checkbox"/> Available |
| D-DIMER | <input checked="" type="checkbox"/> Available |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | <input checked="" type="checkbox"/> Available |
| PHOSPHOROUS | <input checked="" type="checkbox"/> Available |
| PREMIUM FULL BODY CHECKUP - NEW | <input checked="" type="checkbox"/> Available |
| 25-OH VITAMIN D (TOTAL) | <input checked="" type="checkbox"/> Available |

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

Name : SIDHARTH KHANDELWAL(34Y/M) **ADDRESS :**
Ref. By : SELF **17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR**

Report Availability Summary



Note : This is summary page. Please refer to the table below for the details

| Test | Report Status |
|-------------------------------|---|
| ALUMINIUM | <input checked="" type="checkbox"/> Available |
| AMYLASE | <input checked="" type="checkbox"/> Available |
| ANTI CCP (ACCP) | <input checked="" type="checkbox"/> Available |
| ANTI NUCLEAR ANTIBODIES (ANA) | <input checked="" type="checkbox"/> Available |
| ANTIMONY | <input checked="" type="checkbox"/> Available |
| ARSENIC | <input checked="" type="checkbox"/> Available |
| BARIUM | <input checked="" type="checkbox"/> Available |
| BERYLLIUM | <input checked="" type="checkbox"/> Available |
| BISMUTH | <input checked="" type="checkbox"/> Available |
| BLOOD KETONE (D3HB) | <input checked="" type="checkbox"/> Available |
| CADMIUM | <input checked="" type="checkbox"/> Available |
| CAESIUM | <input checked="" type="checkbox"/> Available |
| CARDIAC RISK MARKERS | <input checked="" type="checkbox"/> Available |
| CHLORIDE | <input checked="" type="checkbox"/> Available |
| CHROMIUM | <input checked="" type="checkbox"/> Available |
| COBALT | <input checked="" type="checkbox"/> Available |
| COMPLETE URINE ANALYSIS | <input checked="" type="checkbox"/> Available |
| CREATININE - URINE | <input checked="" type="checkbox"/> Available |
| FASTING BLOOD SUGAR(GLUCOSE) | <input checked="" type="checkbox"/> Available |

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

Name : SIDHARTH KHANDELWAL(34Y/M) **ADDRESS :**
Ref. By : SELF **17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR**

Report Availability Summary



Note : This is summary page. Please refer to the table below for the details

| Test | Report Status |
|--------------------------|---|
| FERRITIN | <input checked="" type="checkbox"/> Available |
| FRUCTOSAMINE | <input checked="" type="checkbox"/> Available |
| HbA1c | <input checked="" type="checkbox"/> Available |
| HEMOGRAM - 6 PART (DIFF) | <input checked="" type="checkbox"/> Available |
| HOMOCYSTEINE | <input checked="" type="checkbox"/> Available |
| INSULIN - FASTING | <input checked="" type="checkbox"/> Available |
| IRON | <input checked="" type="checkbox"/> Available |
| KIDPRO | <input checked="" type="checkbox"/> Available |
| LEAD | <input checked="" type="checkbox"/> Available |
| LIPASE | <input checked="" type="checkbox"/> Available |
| LIPID PROFILE | <input checked="" type="checkbox"/> Available |
| LIVER FUNCTION TESTS | <input checked="" type="checkbox"/> Available |
| LP-PLA2 | <input checked="" type="checkbox"/> Available |
| MAGNESIUM | <input checked="" type="checkbox"/> Available |
| MANGANESE | <input checked="" type="checkbox"/> Available |
| MERCURY | <input checked="" type="checkbox"/> Available |
| MOLYBDENUM | <input checked="" type="checkbox"/> Available |
| NICKEL | <input checked="" type="checkbox"/> Available |
| RHEUMATOID FACTOR (RF) | <input checked="" type="checkbox"/> Available |

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

Name : SIDHARTH KHANDELWAL(34Y/M)
Ref. By : SELF

ADDRESS :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

Report Availability Summary



Note : This is summary page. Please refer to the table below for the details

| Test | Report Status |
|------------------------------------|---|
| SELENIUM | <input checked="" type="checkbox"/> Available |
| SERUM COPPER | <input checked="" type="checkbox"/> Available |
| SERUM ZINC | <input checked="" type="checkbox"/> Available |
| SILVER | <input checked="" type="checkbox"/> Available |
| SODIUM | <input checked="" type="checkbox"/> Available |
| STRONTIUM | <input checked="" type="checkbox"/> Available |
| THALLIUM | <input checked="" type="checkbox"/> Available |
| TIN | <input checked="" type="checkbox"/> Available |
| TOTAL IRON BINDING CAPACITY (TIBC) | <input checked="" type="checkbox"/> Available |
| TOTAL THYROXINE (T4) | <input checked="" type="checkbox"/> Available |
| TOTAL TRIIODOTHYRONINE (T3) | <input checked="" type="checkbox"/> Available |
| TSH - ULTRASENSITIVE | <input checked="" type="checkbox"/> Available |
| UNSAT.IRON-BINDING CAPACITY(UIBC) | <input checked="" type="checkbox"/> Available |
| URANIUM | <input checked="" type="checkbox"/> Available |
| URINARY MICROALBUMIN | <input checked="" type="checkbox"/> Available |
| VANADIUM | <input checked="" type="checkbox"/> Available |
| VITAMIN B-12 | <input checked="" type="checkbox"/> Available |

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|-------|---------------------|
| DIABETES SCREEN (URINE) | | | |
| URINARY MICROALBUMIN | PHOTOMETRY | < 5.5 | µg/mL |
| Bio. Ref. Interval. : | | | |
| Adults: Less than 25 µg/ml | | | |
| Method : | Fully Automated Immuno Turbidometry | | |
| CREATININE - URINE | PHOTOMETRY | 41.03 | mg/dL |
| Bio. Ref. Interval. : | | | |
| Male: 39 - 259 mg/dl | | | |
| Female: 28 - 217 mg/dl | | | |
| Method : | Creatinine Jaffe Method, Rate-Blanked and Compensated | | |
| URI. ALBUMIN/CREATININE RATIO (UA/C) | CALCULATED | 13.4 | µg/mg of Creatinine |
| Bio. Ref. Interval. : | | | |
| Adults : Less than 30 µg/mg of Creatinine | | | |
| Method : | Derived from Albumin and Creatinine values | | |

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 06 Dec 2024 10:16
Report Released on (RRT) : 06 Dec 2024 11:37
Sample Type : URINE
Labcode : 0612040122/PE025
Barcode : CZ244115



Dr Madhavi MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :
17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|--------------------------------|----------------------|-------------|-----------|---------------------|
| Complete Urinogram | | | | |
| Physical Examination | | | | |
| VOLUME | Visual Determination | 4 | mL | - |
| COLOUR | Visual Determination | PALE YELLOW | - | Pale Yellow |
| APPEARANCE | Visual Determination | CLEAR | - | Clear |
| SPECIFIC GRAVITY | pKa change | < 1.003 | - | 1.003-1.030 |
| PH | pH indicator | 5.5 | - | 5-8 |
| Chemical Examination | | | | |
| URINARY PROTEIN | PEI | ABSENT | mg/dL | Absent |
| URINARY GLUCOSE | GOD-POD | ABSENT | mg/dL | Absent |
| URINE KETONE | Nitroprusside | ABSENT | mg/dL | Absent |
| URINARY BILIRUBIN | Diazo coupling | ABSENT | mg/dL | Absent |
| UROBILINOGEN | Diazo coupling | Normal | mg/dL | <=0.2 |
| BILE SALT | Hays sulphur | ABSENT | - | Absent |
| BILE PIGMENT | Ehrlich reaction | ABSENT | - | Absent |
| URINE BLOOD | Peroxidase reaction | ABSENT | - | Absent |
| NITRITE | Diazo coupling | ABSENT | - | Absent |
| LEUCOCYTE ESTERASE | Esterase reaction | ABSENT | - | Absent |
| Microscopic Examination | | | | |
| MUCUS | Microscopy | ABSENT | - | Absent |
| RED BLOOD CELLS | Microscopy | ABSENT | cells/HPF | 0-5 |
| URINARY LEUCOCYTES (PUS CELLS) | Microscopy | ABSENT | cells/HPF | 0-5 |
| EPITHELIAL CELLS | Microscopy | ABSENT | cells/HPF | 0-5 |
| CASTS | Microscopy | ABSENT | - | Absent |
| CRYSTALS | Microscopy | ABSENT | - | Absent |
| BACTERIA | Microscopy | ABSENT | - | Absent |
| YEAST | Microscopy | ABSENT | - | Absent |
| PARASITE | Microscopy | ABSENT | - | Absent |

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase)

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 06 Dec 2024 10:16
Report Released on (RRT) : 06 Dec 2024 11:37
Sample Type : URINE
Labcode : 0612040122/PE025
Barcode : CZ244115



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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|------------------|---------------|-------------|-------------|---------------------|
| ARSENIC | ICP-MS | 0.46 | µg/L | < 5 |
| CADMIUM | ICP-MS | 0.4 | µg/L | < 1.5 |
| MERCURY | ICP-MS | 0.89 | µg/L | < 5 |
| LEAD | ICP-MS | 13.34 | µg/L | < 150 |
| CHROMIUM | ICP-MS | 4.43 | µg/L | < 30 |
| BARIUM | ICP-MS | 1.2 | µg/L | < 30 |
| COBALT | ICP-MS | 0.36 | µg/L | 0.10 - 1.50 |
| CAESIUM | ICP-MS | 3.22 | µg/L | < 5 |
| THALLIUM | ICP-MS | 0.04 | µg/L | < 1 |
| URANIUM | ICP-MS | 0.02 | µg/L | < 1 |
| STRONTIUM | ICP-MS | 20.2 | µg/L | 8 - 38 |
| ANTIMONY | ICP-MS | 7.88 | µg/L | 0.10 - 18 |
| TIN | ICP-MS | 0.49 | µg/L | < 2 |
| MOLYBDENUM | ICP-MS | 0.81 | µg/L | 0.70 - 4.0 |
| SILVER | ICP-MS | 0.3 | µg/L | < 4 |
| VANADIUM | ICP-MS | 0.44 | µg/L | < 0.8 |
| BERYLLIUM | ICP-MS | 0.06 | µg/L | 0.10 - 0.80 |
| BISMUTH | ICP-MS | 0.3 | µg/L | 0.10 - 0.80 |
| SELENIUM | ICP-MS | 202.13 | µg/L | 60 - 340 |
| ALUMINIUM | ICP-MS | 9.15 | µg/L | < 30 |
| NICKEL | ICP-MS | 0.86 | µg/L | < 15 |
| MANGANESE | ICP-MS | 12.24 | µg/L | 7.10 - 20 |

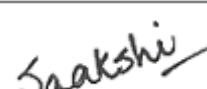
Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note: Reference range has been obtained after considering 95% population as cutoff.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:02
Report Released on (RRT) : 07 Dec 2024 03:36
Sample Type : EDTA Whole Blood
Labcode : 0612043990/PE025
Barcode : DA150936


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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|----------------|------------|-------|-------|
| HbA1c - (HPLC) | H.P.L.C | 5.2 | % |

Bio. Ref. Interval. :
Bio. Ref. Interval.: As per ADA Guidelines

Below 5.7% : Normal
 5.7% - 6.4% : Prediabetic
 >=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
 6.5% - 7% : Fair Control
 7.0% - 8% : Unsatisfactory Control
 >8% : Poor Control

Method : Fully Automated H.P.L.C method

| | | | |
|-----------------------------|------------|-----|-------|
| AVERAGE BLOOD GLUCOSE (ABG) | CALCULATED | 103 | mg/dL |
|-----------------------------|------------|-----|-------|

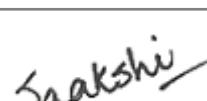
Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
 121 - 150 mg/dl : Fair Control
 151 - 180 mg/dl : Unsatisfactory Control
 > 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:02
Report Released on (RRT) : 07 Dec 2024 03:36
Sample Type : EDTA Whole Blood
Labcode : 0612043990/PE025
Barcode : DA150936



Dr Saakshi Mittal MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

| NAME | : SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR | | |
|--------------------------------------|---|--|--------------|--|
| REF. BY | : SELF | | | |
| TEST ASKED | : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW | | | |
| TEST NAME | TECHNOLOGY | VALUE | UNITS | |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | MODIFIED WESTERGREN | 12 | mm / hr | |

Bio. Ref. Interval. :-

Male : 0-15 Female : 0-20

Clinical Significance:

- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :

<https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/>

Please correlate with clinical conditions.

Method:- MODIFIED WESTERGREN

| | |
|----------------------------------|---------------------|
| Sample Collected on (SCT) | : 06 Dec 2024 09:23 |
| Sample Received on (SRT) | : 07 Dec 2024 01:02 |
| Report Released on (RRT) | : 07 Dec 2024 03:36 |
| Sample Type | : EDTA Whole Blood |
| Labcode | : 0612043990/PE025 |
| Barcode | : DA150936 |



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

| NAME | : | SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR | | |
|---|-----------------------|--|--|---------------------|--|
| REF. BY | : | SELF | | | |
| TEST ASKED | : | COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL | | | |
| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. | |
| HEMOGLOBIN | SLS-Hemoglobin Method | 15.5 | g/dL | 13.0-17.0 | |
| Hematocrit (PCV) | CPH Detection | 46.6 | % | 40.0-50.0 | |
| Total RBC | HF & EI | 5.08 | X 10 ⁶ /µL | 4.5-5.5 | |
| Mean Corpuscular Volume (MCV) | Calculated | 91.7 | fL | 83.0-101.0 | |
| Mean Corpuscular Hemoglobin (MCH) | Calculated | 30.5 | pq | 27.0-32.0 | |
| Mean Corp.Hemo. Conc (MCHC) | Calculated | 33.3 | g/dL | 31.5-34.5 | |
| Red Cell Distribution Width - SD (RDW-SD) | Calculated | 44.7 | fL | 39-46 | |
| Red Cell Distribution Width (RDW - CV) | Calculated | 13.2 | % | 11.6-14 | |
| RED CELL DISTRIBUTION WIDTH INDEX (RDWI) | Calculated | 238.3 | - | *Refer Note below | |
| MENTZER INDEX | Calculated | 18.1 | - | *Refer Note below | |
| TOTAL LEUCOCYTE COUNT (WBC) | HF & FC | 8.75 | X 10 ³ / µL | 4.0 - 10.0 | |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | | |
| Neutrophils Percentage | Flow Cytometry | 57.8 | % | 40-80 | |
| Lymphocytes Percentage | Flow Cytometry | 29.9 | % | 20-40 | |
| Monocytes Percentage | Flow Cytometry | 3.5 | % | 2-10 | |
| Eosinophils Percentage | Flow Cytometry | 7.7 | % | 1-6 | |
| Basophils Percentage | Flow Cytometry | 0.8 | % | 0-2 | |
| Immature Granulocyte Percentage (IG%) | Flow Cytometry | 0.3 | % | 0-0.5 | |
| Nucleated Red Blood Cells % | Flow Cytometry | 0.01 | % | 0.0-5.0 | |
| ABSOLUTE LEUCOCYTE COUNT | | | | | |
| Neutrophils - Absolute Count | Calculated | 5.06 | X 10 ³ / µL | 2.0-7.0 | |
| Lymphocytes - Absolute Count | Calculated | 2.62 | X 10 ³ / µL | 1.0-3.0 | |
| Monocytes - Absolute Count | Calculated | 0.31 | X 10 ³ / µL | 0.2 - 1.0 | |
| Basophils - Absolute Count | Calculated | 0.07 | X 10 ³ / µL | 0.02 - 0.1 | |
| Eosinophils - Absolute Count | Calculated | 0.67 | X 10³ / µL | 0.02 - 0.5 | |
| Immature Granulocytes (IG) | Calculated | 0.03 | X 10 ³ / µL | 0-0.3 | |
| Nucleated Red Blood Cells | Calculated | 0.01 | X 10 ³ / µL | 0.0-0.5 | |
| PLATELET COUNT | | | | | |
| Mean Platelet Volume (MPV) | Calculated | 10.2 | fL | 6.5-12 | |
| Platelet Distribution Width (PDW) | Calculated | 11.3 | fL | 9.6-15.2 | |
| Platelet to Large Cell Ratio (PLCR) | Calculated | 25.9 | % | 19.7-42.4 | |
| Plateletcrit (PCT) | Calculated | 0.35 | % | 0.19-0.39 | |

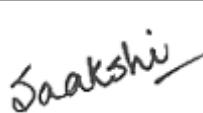
Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets: Appear adequate in smear.

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedance, *Hb- hemoglobin, *CPH- Cumulative pulse height)

| | | |
|----------------------------------|---|-------------------|
| Sample Collected on (SCT) | : | 06 Dec 2024 09:23 |
| Sample Received on (SRT) | : | 07 Dec 2024 01:02 |
| Report Released on (RRT) | : | 07 Dec 2024 03:36 |
| Sample Type | : | EDTA Whole Blood |
| Labcode | : | 0612043990/PE025 |
| Barcode | : | DA150936 |



Dr Saakshi Mittal MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-----------|
| D-DIMER | PHOTOMETRY | 0.48 | µg/mL FEU |

Bio. Ref. Interval. :-

NORMAL : < 1.00 µg/mL FEU

Clinical Significance:

The D-Dimer assay is for the determination of fibrinogen degradation in human plasma. Measurement of D-Dimer used as an aid in detecting the presence of intravascular coagulation and fibrosis

Specifications:

Precision: Intra assay (%CV): 5.0, Inter assay (%CV): 6.2, Sensitivity: 0.09

Kit Validation References:

BJH Guideline. British Journal of Haematology. 124, 15-25.

Please correlate with clinical conditions.

Method:- Latex Enhanced Immunoturbidimetric Assay

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 04:37
Sample Type : SODIUM CITRATE
Labcode : 0612107750/PE025
Barcode : CN906091

Saakshi

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Clinically Tested by :Thyrocare Technologies Ltd

| | | |
|------------------------------|---|--|
| NAME | : SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : |
| REF. BY | : SELF | 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR |
| TEST ASKED | : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW | |
| TEST NAME | TECHNOLOGY | VALUE |
| FASTING BLOOD SUGAR(GLUCOSE) | PHOTOMETRY | 93.17 |
| | | mg/dL |

Bio. Ref. Interval. :-

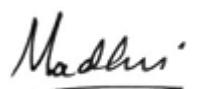
| As per ADA Guideline: Fasting Plasma Glucose (FPG) | |
|---|------------------------|
| Normal | 70 to 100 mg/dl |
| Predabetes | 100 mg/dl to 125 mg/dl |
| Diabetes | 126 mg/dl or higher |

Note :

The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.
Method:- GOD-PAP METHOD

| | |
|----------------------------------|---------------------|
| Sample Collected on (SCT) | : 06 Dec 2024 09:23 |
| Sample Received on (SRT) | : 06 Dec 2024 10:08 |
| Report Released on (RRT) | : 06 Dec 2024 10:40 |
| Sample Type | : FLUORIDE PLASMA |
| Labcode | : 0612064721/PE025 |
| Barcode | : CZ336432 |



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------|
| VITAMIN A | LC-MS/MS | 772.1 | ng/mL |

Bio. Ref. Interval. :-

| Age | Reference range |
|----------------|-----------------|
| 1 - 6 Years | 200 - 400 |
| 7 - 12 Years | 260 - 490 |
| 13 - 19 Years | 260 - 720 |
| Above 18 Years | 300 - 800 |

Clinical Significance:

Vitamin A or Retinol plays important role in the function retinal vision, growth, reproduction, embryonic development as well as in immune function. Vitamin A is also required for adaptive immunity and plays a role in the development of both T- helper cells and B-cells. Retinol and its metabolites and synthetic retinoids provide protective effects against the development of certain types of cancer by blocking tumor promotion, by inhibiting proliferation, by inducing apoptosis, by inducing differentiation or by performing combination of these actions.

Fat malabsorption, particularly caused by celiac disease or chronic pancreatitis and protein -energy malnutrition predispose to vitamin A deficiency. Clinical features of vitamin A deficiency include degenerative changes in eyes and skin and poor dark adaptation or night blindness. Vitamin A deficiency impairs innate immunity by impeding normal regeneration of mucosal barriers damaged by infection and by diminishing the function of neutrophils, macrophages and natural killer cells.

Toxic effects of hypervitaminosis A have occurred as a result of ingestion of excess vitamin or as a side effect of inappropriate therapy. Symptoms of acute toxicity from single massive dose present as abdominal pain, nausea,, vomiting, severe headache, dizziness, sluggishness and irritability. Chronic toxicity shows symptoms like bone, joint pain, hair loss, dryness and fissures of the lips, anorexia, benign intracranial hypertension, weight loss and hepatomegaly.

Clinical reference:

Tietz Textbook of clinical chemistry and Molecular diagnostic, Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Fifth edition., Elsevier.

Please correlate with clinical conditions.
Method:- LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM

Labcode : 0612044061/PE025

Barcode : CZ085669

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Dr Saakshi Mittal MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------|
| VITAMIN E | LC-MS/MS | 10754 | ng/mL |

Bio. Ref. Interval. :-

Age

| | |
|----------------|--------------|
| < 1 Month | 1000 - 3500 |
| 2 - 5 Months | 2000 - 6000 |
| 6 M - 1 year | 3500 - 8000 |
| 2 - 12 years | 5500 - 9000 |
| Above 13 years | 5500 - 18000 |

Clinical Significance: Vitamin E or Alpha-tocopherol (body's main form of vitamin) function as antioxidant which protects vitamin A, C and red blood cells from oxidative damage caused by free radicals. It has been recognized as necessary for neurologic and reproductive functions, for prevention of retinopathy in premature infants. Alpha-tocopherol also induces inhibition of cell proliferation, platelete aggregation, and monocyte adhesion, which are thought to be the results of direct interaction of alpha-tocopherol with cell components. Alpha-tocopherol reduces inflammatory mediator production.

Premature and low birth weight infants are particularly susceptible to development of vitamin E deficiency, because placental transfer is poor and infants have such limited adipose tissue where much of the vitamins is normally stored. Signs of deficiency include irritability, edema and hemolytic anemia. Although symptoms of vitamin E deficiency are rare in children and adults, deficiency can occur in some conditions.

Excess vitamin E intake usually is achieved only by dietary supplementation. A comprehensive review of tolerance and safety of vitamin E suggested that intakes upto 3000mg/d were safe and reversible side effects of gastrointestinal symptoms, increased creatinuria, and impairment of blood coagulation are seen at intakes of 1000-3000 mg/d. However as noted earlier, long term use of intakes greater than 400mg/d may cause increased mortality.

Clinical reference: Tietz Textbok of clinical chemistry and Molecular diagnostic, Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Fifth edition., Elsevier.

Please correlate with clinical conditions.
Method:- LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM

Labcode : 0612044061/PE025

Barcode : CZ085669

Saakshi

Dr Saakshi Mittal MD(Path)

Page : 10 of 38

Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------|
| VITAMIN K | LC-MS/MS | 0.85 | ng/mL |

Bio. Ref. Interval. :-

0.13 - 1.19

Clinical significance:

Vitamin K assay measures the principal form of vitamin K i.e. K1 :Phylloquinone which found predominantly in green leafy vegetables, margarines and plant oils.

Vitamin K promotes clotting of the blood, is required for the conversion of several clotting factors and prothrombin, and is of growing interest in bone metabolism. Vitamin K plays important role in the deposition of ionic calcium needed for proper blood coagulation and bone formation.

Although vitamin K deficiency in the adults is uncommon, the risk is increased for fat malabsorption states such as bile duct obstruction,cystic fibrosis, chronic pancreatitis and liver disease. Risk also increased by the use of drugs that interfere with vitamin K metabolism, such as warfarin, cepahlosporin. Defective blood coagulation and demonstration of abnormal noncarboxylated prothrombin are at present the only well-established signs of vitamin K deficiency.

The use of high doses of naturally occurring vitamin K (K1 and K2) appears to have no untoward effect; however menadione(K3) treatment can lead to formation of erythrocyte cytoplasmic inclusions known as Heinz bodies and hemolytic anemia. With severe hemolysis, increase bilirubin formation and undeveloped capacity for its conjugation may produce kernicterus in the newborn.

Clinical reference:

Tietz Textbok of clinical chemistry and Molecular diagnostic, Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Fifth edition., Elsevier.

Please correlate with clinical conditions.

Method:- LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM

Labcode : 0612044061/PE025

Barcode : CZ085669

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---------------------------|------------|-------|-------|---------------------|
| VITAMIN B1/THIAMIN | LC-MS/MS | 0.6 | ng/mL | 0.5-4.0 |
| VITAMIN B2/RIBOFLAVIN | LC-MS/MS | 6.74 | ng/mL | 1.6-68.2 |
| VITAMIN B3/NICOTINIC ACID | LC-MS/MS | 0.34 | ng/mL | 0.3-9.8 |
| VITAMIN B5/PANTOTHENIC | LC-MS/MS | 75.36 | ng/mL | 11-150 |
| VITAMIN B6/P5P | LC-MS/MS | 8.13 | ng/mL | 5 - 50 |
| VITAMIN B7/BIOTIN | LC-MS/MS | 0.24 | ng/mL | 0.2-3 |
| VITAMIN B9/FOLIC ACID | LC-MS/MS | 0.28 | ng/mL | 0.2-20 |

Please correlate with clinical conditions.

Method :

VITB1 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB2 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB3 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB5 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB6 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB7 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB9 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Saakshi
Sample Type : SERUM
Labcode : 0612044061/PE025 Dr Saakshi Mittal MD(Path)
Barcode : CZ085669

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

| | | |
|-------------------|---|--|
| NAME | : SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : |
| REF. BY | : SELF | 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR |
| TEST ASKED | : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW | |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---------------------|-------------------|--------------|---------------|
| HOMOCYSTEINE | PHOTOMETRY | <u>18</u> | µmol/L |

Bio. Ref. Interval. :-

Normal Levels : <15 µmol/L

Mild Hyperhomocysteinemia : 15-30 µmol/L

Moderate Hyperhomocysteinemia : 30-100 µmol/L

Severe Hyperhomocysteinemia : >100 µmol/L

Clinical Significance:

Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimers disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels. The results should be interpreted in conjunction with clinical history and other findings.

High Values:

Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Specifications:
Kit Validation Reference:

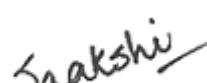
Eikelboom JW, et al Ann Intern Med 131 : 363-75 (1999)

<https://www.healthline.com/health/homocysteine-levels>

Please correlate with clinical conditions.

Method:- SMALL MOLECULE CAPTURE TECHNOLOGY (SMT)

| | |
|----------------------------------|---------------------|
| Sample Collected on (SCT) | : 06 Dec 2024 09:23 |
| Sample Received on (SRT) | : 07 Dec 2024 01:13 |
| Report Released on (RRT) | : 07 Dec 2024 09:18 |
| Sample Type | : SERUM |
| Labcode | : 0612044061/PE025 |
| Barcode | : CZ085669 |



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---------------------------|------------|---|-------|
| ANTI CCP (ACCP) | C.M.I.A | 0.6 | U/mL |
| Reference Range :- | | | |
| BRI | | Interpretation | |
| Negative < 5 | | Absence of IgG autoantibodies to cyclic citrullinated peptides (CCP) | |
| Positive ≥ 5 | | Presence of IgG autoantibodies to cyclic citrullinated peptides (CCP) | |

Clinical Significance :

- Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) titre is used for diagnosis and monitoring of Rheumatoid Arthritis (RA).
- RA is one of the most common systemic autoimmune diseases characterised by chronic inflammation of the synovial joints and progressive joint degeneration eventually leading to disability of affected individuals.
- The diagnosis of RA often relies on clinical manifestations and certain non-specific laboratory tests such as rheumatoid factor (RF) and C-reactive protein (CRP), which may be present in healthy elderly persons or in patients with other autoimmune and infectious diseases.
- Whereas, Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into irreversible damage.
- Interference with pathologic levels of nonspecific IgG can not be excluded.
- The anti-CCP test results can be false negative in patients with hypergammaglobulinemia. Results from patients suffering from this disorder should not be used for diagnostic purposes.
- Heterophile antibodies may interfere with the test results.
- If results are inconsistent with clinical history additional testing is suggested to confirm the results.
- Some specimens may not dilute linearly because of heterogeneity of autoantibodies with respect to physicochemical properties.
- HAMA (Human Anti mouse antibodies) may also interfere with the results.
- For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

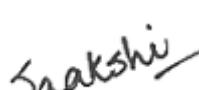
References:

- Anti-CCP Reagent Kit Insert
- Feldmann M, Brennan FM, Maini RN. Rheumatoid arthritis. Cell 1996;85:307-3102.
- Landewé RB. The benefits of early treatment in rheumatoid arthritis: confounding by indication, and the issue of timing. Arthritis Rheum 2003;48(1):1-5.

Please correlate with clinical conditions.

Method:- Fully Automated Chemiluminescent Microparticle Immunoassay (C.M.I.A)

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|------------------------|--------------------|--------------|--------------|
| RHEUMATOID FACTOR (RF) | IMMUNOTURBIDIMETRY | < 10 | IU/mL |

Bio. Ref. Interval. :-

ADULT : <= 18

Clinical Significance:

Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:

Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:

Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM

Labcode : 0612044061/PE025

Barcode : CZ085669



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

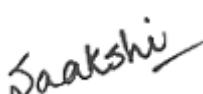
NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|--------------------|-------|-------|
| APOLIPROTEIN - A1 (APO-A1) | IMMUNOTURBIDIMETRY | 108 | mg/dL |
| Bio. Ref. Interval. : | | | |
| Male : 86 - 152 | | | |
| Female : 94 - 162 | | | |
| Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER | | | |
| APOLIPROTEIN - B (APO-B) | IMMUNOTURBIDIMETRY | 107 | mg/dL |
| Bio. Ref. Interval. : | | | |
| Male : 56 - 145 | | | |
| Female : 53 - 138 | | | |
| Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER | | | |
| APO B / APO A1 RATIO (APO B/A1) | CALCULATED | 1 | Ratio |
| Bio. Ref. Interval. : | | | |
| Male : 0.40 - 1.26 | | | |
| Female : 0.38 - 1.14 | | | |
| Method : Derived from serum Apo A1 and Apo B values | | | |

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--|--------------------|-------|-------|
| HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP) | IMMUNOTURBIDIMETRY | 1.9 | mg/L |

Bio. Ref. Interval :-

< 1.00 - Low Risk
 1.00 - 3.00 - Average Risk
 >3.00 - 10.00 - High Risk
 > 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:

High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

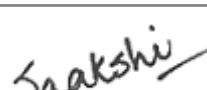
Kit Validation Reference:

- 1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
- 2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669



Dr Saakshi Mittal MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-------------------------------|------------|-------|-------|
| ANTI NUCLEAR ANTIBODIES (ANA) | E.L.I.S.A | 32.42 | AU/mL |

Bio. Ref. Interval. :

Negative : < 50

Borderline : 50 - 70

Positive : > 70

Clinical Significance:

Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rheumatic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:

Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:

Antinuclear Antibody The Lancet, September 15, 1984: 611-13

Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

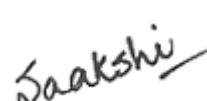
NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|------------|-------|-------|
| IRON | PHOTOMETRY | 68.5 | µg/dL |
| Bio. Ref. Interval. : | | | |
| Male : 65 - 175 | | | |
| Female : 50 - 170 | | | |
| Method : Ferrozine method without deproteinization | | | |
| TOTAL IRON BINDING CAPACITY (TIBC) | PHOTOMETRY | 328.8 | µg/dL |
| Bio. Ref. Interval. : | | | |
| Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl | | | |
| Method : Spectrophotometric Assay | | | |
| % TRANSFERRIN SATURATION | CALCULATED | 20.83 | % |
| Bio. Ref. Interval. : | | | |
| 13 - 45 | | | |
| Method : Derived from IRON and TIBC values | | | |
| FERRITIN | E.C.L.I.A | 133 | ng/mL |
| Bio. Ref. Interval. : | | | |
| 30 - 400 | | | |
| Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay | | | |
| UNSAT.IRON-BINDING CAPACITY(UIBC) | PHOTOMETRY | 260.3 | µg/dL |
| Bio. Ref. Interval. : | | | |
| 162 - 368 | | | |
| Method : SPECTROPHOTOMETRIC ASSAY | | | |

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669



Dr Saakshi Mittal MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------|
|-----------|------------|-------|-------|

25-OH VITAMIN D (TOTAL) E.C.L.I.A 20.6 ng/mL

Bio. Ref. Interval. :

Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml

Sufficiency : >= 30 ng/ml || Toxicity : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health.

Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome.

Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):9.20%, Inter assay (%CV):8.50%

Kit Validation Reference : Holick M. Vitamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002;9(1):87-98.

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

VITAMIN B-12 E.C.L.I.A 326 pg/mL

Bio. Ref. Interval. :

Normal: 197-771 pg/ml

Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

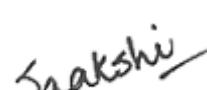
Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

| | | |
|-------------------|---|--|
| NAME | : SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : |
| REF. BY | : SELF | 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR |
| TEST ASKED | : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW | |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-------------------|------------|-------|-------|
| INSULIN - FASTING | C.L.I.A | 9.22 | µU/mL |

Bio. Ref. Interval. :-

1.9-23 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone.

For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.20 %, Inter Assay (%CV): 5.60%; Sensitivity: 0.03 µU/mL

External quality control program participation:

College Of American Pathologists: Insulin Survey (Ing): Cap Number: 7193855-01

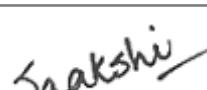
Kit validation references:

Howanitz PJ, Howanitz JH, Henry JB. Carbohydrates.Clinical Diagnosis and Management by Laboratory Methods 1991 ;172-182.edited by Henry JB, Philadelphia, W.B Saunders Company.

Please correlate with clinical conditions.

Method:- One step Immunoenzymatic (Sandwich) assay.

| | |
|----------------------------------|---------------------|
| Sample Collected on (SCT) | : 06 Dec 2024 09:23 |
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| Report Released on (RRT) | : 07 Dec 2024 09:18 |
| Sample Type | : SERUM |
| Labcode | : 0612044061/PE025 |
| Barcode | : CZ085669 |



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---------------------|------------|-------|-------|
| BLOOD KETONE (D3HB) | PHOTOMETRY | 1.49 | mg/dL |

Bio. Ref. Interval. :-

0.21-2.81 mg/dL

Clinical Significance:

Three types of ketones can be produced in body D-3- Hydroxybutyrate, Acetoacetate and Acetone. D-3- Hydroxybutyrate accounts for approximately 75% of the ketone bodies. During periods of ketosis, D-3- Hydroxybutyrate increases more than the other two. It has been shown to be a better index of ketoacidosis. In diabetics, D-3- Hydroxybutyrate is needed for the assessment of the severity of diabetic coma and to calculate insulin requirements.

Specfication:

Precision: Intra assay (%CV): 4.53, Inter assay (%CV): 2.9, Sensitivity: 10.41 mg/dL.

Kit validation references:

McMurray, C.H., Blanchflower, W.J., Rice, D.A., ClinChem., 1984;30:No.3.

Please correlate with clinical conditions.
Method:- ENZYMATIC (KINETIC)

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM

Labcode : 0612044061/PE025

Barcode : CZ085669

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :
17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--------------|------------|-------|--------|
| FRUCTOSAMINE | PHOTOMETRY | 240 | µmol/L |

Bio. Ref. Interval. :-

Normal < 286 µmol/L

Clinical Significance:

Fructosamine assay is useful in monitoring the degree of glycemia over short-to-intermediate time frames (1-3 weeks) concentration greater than the established normal range is an indication of prolonged hyperglycemia of 1-3 weeks or longer. The higher fructosamine value, poorer is the degree of glycemia control.

Specifications:

Precision %CV : Intra assay %CV- 3.2% , Inter assay %CV-4.0%, Sensitivity:- 290 umol/L

Kit Validation Reference:

Howey JEA, Browning MCK, Fraser CG. Assay of serum fructosamine that minimizes standardization and matrix problems: Use to assess components of biological variation. Clin Chem 1987; 33: 269- 272.

Please correlate with clinical conditions.

Method:- NITROBLUE TETRAZOLIUM ASSAY (NBT)

Sample Collected on (SCT) : 06 Dec 2024 09:23
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Report Released on (RRT) : 07 Dec 2024 09:18
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Labcode : 0612044061/PE025
Barcode : CZ085669



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-------------------------|--------------------|-------|-------|
| Lipoprotein (a) [Lp(a)] | IMMUNOTURBIDIMETRY | < 2 | mg/dL |

Bio. Ref. Interval. :-

Adults : < 30.0 mg/dl

Clinical Significance:

Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:

Tietz NW, Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.
Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 06 Dec 2024 09:23
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Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------------|
| LP-PLA2 | PHOTOMETRY | 67 | nmol/min/mL |

Bio. Ref. Interval. :-

Low Risk : < 225 nmol/min/mL

High Risk : >= 225 nmol/min/mL

Clinical Significance:

Lp-PLA2, is an enzyme produced by inflammatory cells. It is predominantly associated with low-density lipoprotein (LDL) and high-density lipoprotein (HDL). Lp-PLA2 is a specific marker of vascular inflammation and found to be upregulated in atherosclerotic lesions especially in complex plaque prone to rupture. A meta-analysis found that Lp-PLA2 levels are positively correlated with increased risk of developing coronary heart disease and stroke. Lp-PLA2 is not an acute phase reactant and thus is unaffected by systemic inflammatory processes. Lp-PLA2 activity should be interpreted in conjunction with clinical evaluation and other risk factor assessment.

Specification:

Precision %CV : Intra assay %CV- 1.50% , Inter assay %CV-3.80%

Kit Validation Reference:

Alexander Thompson etal., The Lp-PLA2 Studies Collaboration (2010). "Lipoprotein-associated phospholipase A2 and risk of coronary disease, stroke, and mortality: collaborative analysis of 32 prospective studies". The Lancet 375 (9725): 1536-1544

Please correlate with clinical conditions.
Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM

Labcode : 0612044061/PE025

Barcode : CZ085669

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

| | | |
|-------------------|---|--|
| NAME | : SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : |
| REF. BY | : SELF | 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR |
| TEST ASKED | : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW | |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--------------|------------|-------|-------|
| SERUM COPPER | PHOTOMETRY | 115 | µg/dL |

Bio. Ref. Interval. :-

Male : 63.5 - 150

Female : 80 - 155

Clinical significance:

Copper is an important trace element and a component of numerous enzymes and proteins involved in energy production, connective tissue formation, melanin synthesis, iron metabolism, development of central nervous system, angiogenesis as well as an antioxidant. Deficiency can cause- Malnourishment, cardiovascular disease, anemia & neuropathy, toxicity may be manifested as acute renal failure, gastroenteritis & chronic liver disease.

Specifications:

Precision: Intra assay (%CV): 1.17, Inter assay (%CV): 2.32.

Kit validation references:

Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 337-8

Please correlate with clinical conditions.
Method:- 3,5-DIBR-PAESA

| | |
|----------------------------------|---------------------|
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| Sample Type | : SERUM |
| Labcode | : 0612044061/PE025 |
| Barcode | : CZ085669 |

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

| | | |
|-------------------|---|--|
| NAME | : SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : |
| REF. BY | : SELF | 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR |
| TEST ASKED | : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW | |
| TEST NAME | TECHNOLOGY | VALUE |

SERUM ZINC PHOTOMETRY 79 µg/dL

Bio. Ref. Interval :-

52 - 286

Clinical Significance:

Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key role in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:

Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:

Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.

Method:- NITRO - PAPS

| | |
|----------------------------------|---------------------|
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| Report Released on (RRT) | : 07 Dec 2024 09:18 |
| Sample Type | : SERUM |
| Labcode | : 0612044061/PE025 |
| Barcode | : CZ085669 |

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|------------------|-------------------|--------------|--------------|
| AMYLASE | PHOTOMETRY | <u>151</u> | U/L |

Bio. Ref. Interval. :-

Adults : 28-100 U/L

Interpretation:

Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:

Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:

Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:

Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC TEST

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM

Labcode : 0612044061/PE025

Barcode : CZ085669

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)

REF. BY : SELF

TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :

17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|------------------|-------------------|--------------|--------------|
| LIPASE | PHOTOMETRY | 67 | U/L |

Bio. Ref. Interval. :-

Adults : 5.6 - 51.3 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:

High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:

Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:

Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC ASSAY

Sample Collected on (SCT) : 06 Dec 2024 09:23

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Labcode : 0612044061/PE025

Barcode : CZ085669

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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---------------------------------|-------------------|--------------|--------------|---------------------|
| TOTAL CHOLESTEROL | PHOTOMETRY | 195 | mg/dL | < 200 |
| HDL CHOLESTEROL - DIRECT | PHOTOMETRY | 33 | mg/dL | 40-60 |
| HDL / LDL RATIO | CALCULATED | 0.24 | Ratio | > 0.40 |
| LDL CHOLESTEROL - DIRECT | PHOTOMETRY | 135 | mg/dL | < 100 |
| TRIG / HDL RATIO | CALCULATED | 4.84 | Ratio | < 3.12 |
| TRIGLYCERIDES | PHOTOMETRY | 159 | mg/dL | < 150 |
| TC/ HDL CHOLESTEROL RATIO | CALCULATED | 5.9 | Ratio | 3 - 5 |
| LDL / HDL RATIO | CALCULATED | 4.1 | Ratio | 1.5-3.5 |
| VLDL CHOLESTEROL | CALCULATED | 31.86 | mg/dL | 5 - 40 |
| NON-HDL CHOLESTEROL | CALCULATED | 162.3 | mg/dL | < 160 |

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase

HCHO - Direct Enzymatic Colorimetric

HD/LD - Derived from HDL and LDL values.

LDL - Direct Measure

TRI/H - Derived from TRIG and HDL Values

TRIG - Enzymatic, End Point

TC/H - Derived from serum Cholesterol and Hdl values

LDL/ - Derived from serum HDL and LDL Values

VLDL - Derived from serum Triglyceride values

NHDL - Derived from serum Cholesterol and HDL values

*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:

| TOTAL CHOLESTEROL | (mg/dl) | HDL | (mg/dl) | LDL | (mg/dl) | TRIGLYCERIDES | (mg/dl) |
|-------------------|---------|------|---------|-----------------|---------|-----------------|---------|
| DESIRABLE | <200 | LOW | <40 | OPTIMAL | <100 | NORMAL | <150 |
| BORDERLINE HIGH | 200-239 | HIGH | >60 | NEAR OPTIMAL | 100-129 | BORDERLINE HIGH | 150-199 |
| HIGH | >240 | | | BORDERLINE HIGH | 130-159 | HIGH | 200-499 |
| | | | | HIGH | 160-189 | VERY HIGH | >500 |
| | | | | VERY HIGH | >190 | | |

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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Report Released on (RRT) : 07 Dec 2024 09:18
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Labcode : 0612044061/PE025
Barcode : CZ085669



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

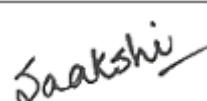
| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|-------------------|-------------|------------|---------------------|
| ALKALINE PHOSPHATASE | PHOTOMETRY | 110.2 | U/L | 45-129 |
| BILIRUBIN - TOTAL | PHOTOMETRY | 0.42 | mg/dL | 0.3-1.2 |
| BILIRUBIN -DIRECT | PHOTOMETRY | 0.08 | mg/dL | < 0.3 |
| BILIRUBIN (INDIRECT) | CALCULATED | 0.34 | mg/dL | 0-0.9 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | PHOTOMETRY | 48.5 | U/L | < 55 |
| SGOT / SGPT RATIO | CALCULATED | 0.54 | Ratio | < 2 |
| ASPARTATE AMINOTRANSFERASE (SGOT) | PHOTOMETRY | 43.7 | U/L | < 35 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 81.1 | U/L | < 45 |
| PROTEIN - TOTAL | PHOTOMETRY | 7.4 | gm/dL | 5.7-8.2 |
| ALBUMIN - SERUM | PHOTOMETRY | 4.25 | gm/dL | 3.2-4.8 |
| SERUM GLOBULIN | CALCULATED | 3.15 | gm/dL | 2.5-3.4 |
| SERUM ALB/GLOBULIN RATIO | CALCULATED | 1.35 | Ratio | 0.9 - 2 |

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
 BILT - Vanadate Oxidation
 BILD - Vanadate Oxidation
 BILI - Derived from serum Total and Direct Bilirubin values
 GGT - Modified IFCC method
 OT/PT - Derived from SGOT and SGPT values.
 SGOT - IFCC* Without Pyridoxal Phosphate Activation
 SGPT - IFCC* Without Pyridoxal Phosphate Activation
 PROT - Biuret Method
 SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - Derived from serum Albumin and Protein values

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------------|-------|
| MAGNESIUM | PHOTOMETRY | <u>1.89</u> | mg/dL |

Bio. Ref. Interval. :-

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnesemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

Please correlate with clinical conditions.

Method:- MODIFIED XYLIDYL BLUE REACTION METHOD

Sample Collected on (SCT) : 06 Dec 2024 09:23
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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-------------|------------|-------|-------|
| PHOSPHOROUS | PHOTOMETRY | 3.03 | mg/dL |

Bio. Ref. Interval. :

Adults : 2.4 - 5.1 mg/dL
 Children : 4.0 - 7.0 mg/dL

Clinical Significance:

In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

Specifications:

Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

Kit Validation Reference:

Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

Method : UNREDUCED PHOSPHOMOLYBDATE METHOD

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Dec 2024 09:23
Sample Received on (SRT) : 07 Dec 2024 01:13
Report Released on (RRT) : 07 Dec 2024 09:18
Sample Type : SERUM
Labcode : 0612044061/PE025
Barcode : CZ085669



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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

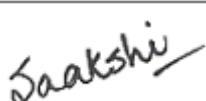
| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|----------------------------|------------------|-------|--------|---------------------|
| UREA (CALCULATED) | CALCULATED | 32.74 | mg/dL | Adult : 17-43 |
| BLOOD UREA NITROGEN (BUN) | PHOTOMETRY | 15.3 | mg/dL | 7.94 - 20.07 |
| UREA / SR.CREATININE RATIO | CALCULATED | 32.74 | Ratio | < 52 |
| CREATININE - SERUM | PHOTOMETRY | 1 | mg/dL | 0.72-1.18 |
| BUN / SR.CREATININE RATIO | CALCULATED | 15.3 | Ratio | 9:1-23:1 |
| CALCIUM | PHOTOMETRY | 9.87 | mg/dL | 8.8-10.6 |
| URIC ACID | PHOTOMETRY | 5.77 | mg/dL | 4.2 - 7.3 |
| SODIUM | I.S.E - INDIRECT | 138 | mmol/L | 136 - 145 |
| CHLORIDE | I.S.E - INDIRECT | 102 | mmol/L | 98 - 107 |

Please correlate with clinical conditions.

Method :

UREAC - Derived from BUN Value.
 BUN - Kinetic UV Assay.
 UR/CR - Derived from UREA and Sr.Creatinine values.
 SCRE - Creatinine Enzymatic Method
 B/CR - Derived from serum Bun and Creatinine values
 CALC - Arsenazo III Method, End Point.
 URIC - Uricase / Peroxidase Method
 SOD - ION SELECTIVE ELECTRODE - INDIRECT
 CHL - ION SELECTIVE ELECTRODE - INDIRECT

Sample Collected on (SCT) : 06 Dec 2024 09:23
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Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS
 PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL
 BODY CHECKUP - NEW

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|-----------------------------|------------|-------|--------|---------------------|
| TOTAL TRIIODOTHYRONINE (T3) | E.C.L.I.A | 138 | ng/dL | 80-200 |
| TOTAL THYROXINE (T4) | E.C.L.I.A | 7.99 | µg/dL | 4.8-12.7 |
| TSH - ULTRASENSITIVE | E.C.L.I.A | 1.32 | µIU/mL | 0.54-5.30 |

Comments : ***

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

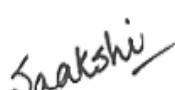
Method :

T3 - Fully Automated Electrochemiluminescence Competitive Immunoassay
 T4 - Fully Automated Electrochemiluminescence Competitive Immunoassay
 USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Disclaimer :

Results should always be interpreted using the reference range provided by the laboratory that performed the test.
 Different laboratories do tests using different technologies, methods and using different reagents which may cause difference
 In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports.
 To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

Sample Collected on (SCT) : 06 Dec 2024 09:23
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Clinically Tested by :Thyrocare Technologies Ltd

| NAME | : SIDHARTH KHANDELWAL(34Y/M) | HOME COLLECTION : 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR | | |
|--|---|--|----------------------------|--|
| REF. BY | : SELF | | | |
| TEST ASKED | : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL BODY CHECKUP - NEW | | | |
| TEST NAME | TECHNOLOGY | VALUE | UNITS | |
| EST. GLOMERULAR FILTRATION RATE (eGFR) | CALCULATED | 98 | mL/min/1.73 m ² | |

Bio. Ref. Interval. :-

> = 90 : Normal
 60 - 89 : Mild Decrease
 45 - 59 : Mild to Moderate Decrease
 30 - 44 : Moderate to Severe Decrease
 15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

| | |
|----------------------------------|---------------------|
| Sample Collected on (SCT) | : 06 Dec 2024 09:23 |
| Sample Received on (SRT) | : 07 Dec 2024 01:13 |
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Clinically Tested by :Thyrocare Technologies Ltd

NAME : SIDHARTH KHANDELWAL(34Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE VITAMINS PROFILE,D-DIMER,ESR,PHOSPHOROUS,PREMIUM FULL

HOME COLLECTION :
 17 TAAKTESHAI ROAD GANDHI NAGAR JAIPUR

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|------------|------------|-------|-------|
| VITAMIN D2 | LC-MS/MS | 1.38 | ng/mL |

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

| | | | |
|------------|----------|-------|-------|
| VITAMIN D3 | LC-MS/MS | 21.41 | ng/mL |
|------------|----------|-------|-------|

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

| | | | |
|------------------------|-----------------|---------------------|--------------|
| VITAMIN D TOTAL | LC-MS/MS | <u>22.79</u> | ng/mL |
|------------------------|-----------------|---------------------|--------------|

Bio. Ref. Interval. :

Deficiency : <20 ng/mL

Insufficiency : 20-30 ng/mL

Sufficiency : 30-100 ng/mL

Toxicity : >100 ng/mL

Method : Liquid Chromatography Tandem Mass Spectrometry

Please correlate with clinical conditions.

~~ End of report ~~

Sample Collected on (SCT) : 06 Dec 2024 09:23

Sample Received on (SRT) : 07 Dec 2024 01:13

Report Released on (RRT) : 07 Dec 2024 09:18

Sample Type : SERUM



Labcode : 0612044061/PE025

Barcode : CZ085669

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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v Docon Technologies Private Limited,Thyrocare Technologies Limited and its employees/representatives do not assume any liability,responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.

EXPLANATIONS

- v **Name** - The name is as declared by the client and recorded by the personnel who collected the specimen.
- v **Ref.By** - The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- v **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- v **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- v **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v For suggestions, complaints or feedback, write to us at grievance-office@docon.co.in or call us on 7022000900.

