Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:05:37PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

SWASTHFIT DIABETES & HEART CHECK COMPLETE

LIPID PROFILE EXTENDED, SERUM

Test Name	Results	Units	Bio. Ref. Interval
Cholesterol Total (CHO-POD)		mg/dL	<200
Triglycerides (GPO-POD)		mg/dL	<150
HDL Cholesterol (Enz Immunoinhibition)		mg/dL	>40
LDL Cholesterol,Direct (enz Selective protection)		mg/dL	<100
VLDL Cholesterol Calculated)		mg/dL	<30
Non-HDL Cholesterol (Calculated)		mg/dL	<130
Cholesterol: HDL Ratio			3.30 - 4.40
Apolipoprotein (Apo A1) (Immunoturbidimetry)		mg/dL	79 - 169
Apolipoprotein (Apo B) (Immunoturbidimetry)		mg/dL	46 - 174
Apo B / Apo A1 Ratio			0.35 - 0.98
Lipoprotein(a); Lp(a) (Immunoturbidimetry)		mg/dL	<20

Interpretation

REMARKS	CHOLESTEROL:HDL RATIO	Lp (a) in(mg/dL)
Low risk	3.3-4.4	<20
Average risk	4.5-7.1	-
Moderate risk	7.2-11.0	20-49
High risk	>11.0	>=50

Name	**: Mr. DUMMY**		
Lab No.	**: WM115NN**	**Age**	**: 25 Years**
Ref By	**: SELF**	**Gender**	**: Male**
Collected	**: 10/8/2023 11:12:00AM**	**Reported**	**: 10/8/2023 12:05:37PM**
A/c Status	**: P**	**Report Status**	**: Interim**
Collected at	**: LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	**: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name | **Results** | **Units** | **Bio. Ref. Interval**

Treatment Goals as per Lipid Association of India 2020

ASCVD RISK CATEGORY@	CONSIDER THERAPY		TREATMENT GOAL		
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C)	APOLIPOPROTEIN B (Apo B) mg/dL
Extreme (A)	>=50	>=80	<50 (Indispensable) <30 (Optional)	<80	<65
Extreme (B)	>=30	>=60	<30	<60	<50
Very High	>=50	>=80	<50	<80	<65
High	>=70	>=100	<70	<100	<80
Moderate	>=100	>=130	<100	<130	-
Low	>=130*	>=160*	<100	<130	-

* In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Note

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

Apolipoprotein B:

Apo B concentration measures the number of all atherogenic particles [Total apo B concentration = apo B in chylomicron + apo B in VLDL + apo B in VLDL remnant + apo in IDL + apo in LDL+ apo B in Lp(a)]. Apo B is moderate non-conventional risk factor (a level ≥110 mg/dl of apo B corresponds to an LDL-C ≥130 mg/dl) in low and moderate risk groups. Apo B measurement is recommended in high-risk subjects, after LDL-C and non-HDL-C goals have been achieved. Discordant elevated apo B levels may identify individuals who have high residual cholesterol risk. This may warrant intensive statin therapy and use of non-statin drugs.
To assess ASCVD risk, It is preferable to estimate serum apo B in patients with Diabetes, metabolic syndrome, obesity, high triglyceride concentration or very low LDL-C levels

Lipoprotein (a); Lp(a):

Lp(a) is an independent risk factor for coronary heart disease (CHD), ischemic stroke, and aortic valve stenosis and has been referred to as "the most atherogenic lipoprotein". It appears to be very important

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
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A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

ASCVD risk factor for Indians as Indians tend to have high prevalence of elevated Lp(a). In Indians, Lp(a) measurement is strongly recommended under following conditions:

1. At the time of initial screening of all subjects (18 years of age in adults and at the age of 2 years in subjects with family history of FH and premature ASCVD)
2. In patients with:

- Premature ASCVD (<55 years in men, <65 years in women)
- Familial hypercholesterolemia
- A family history of premature CVD and/or elevated Lp(a)
- Recurrent ASCVD despite optimal lipid lowering treatment

3. In patients showing poor response to maximum lipid lowering therapy

LIVER & KIDNEY PANEL, SERUM

Creatinine (Modified Jaffe,Kinetic)	mg/dL	0.70 - 1.30
GFR Estimated (CKD EPI Equation 2021)	mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)		
Urea (Urease UV)	mg/dL	13.00 - 43.00
Urea Nitrogen Blood (Calculated)	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio (Calculated)		
Uric Acid (Uricase)	mg/dL	3.50 - 7.20
AST (SGOT) (IFCC without P5P)	U/L	15.00 - 40.00
ALT (SGPT) (IFCC without P5P)	U/L	10.00 - 49.00
GGTP (IFCC)	U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)	mg/dL	<0.3

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
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A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Bilirubin Indirect (Calculated)		mg/dL	<1.10
Total Protein (Biuret)		g/dL	5.70 - 8.20
Albumin (BCG)		g/dL	3.20 - 4.80
A : G Ratio (Calculated)			0.90 - 2.00
Globulin(Calculated)		gm/dL	2.0 - 3.5
Calcium, Total (Arsenazo III)		mg/dL	8.70 - 10.40
Phosphorus (Molybdate UV)		mg/dL	2.40 - 5.10
Sodium (Indirect ISE)		mEq/L	136.00 - 145.00
Potassium (Indirect ISE)		mEq/L	3.50 - 5.10
Chloride (Indirect ISE)		mEq/L	98.00 - 107.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

Name	: **Mr. DUMMY**		**Age**	: **25 Years**	
Lab No.	: **WM115NN**		**Gender**	: **Male**	
Ref By	: **SELF**		**Reported**	: **10/8/2023 12:05:43PM**	
Collected	: **10/8/2023 11:12:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**				
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**		**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**	

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SUGAR CHOICE (Hexokinase)			
Glucose, Fasting		mg/dL	70.00 - 100.00

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:05:47PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC			
Hemoglobin (Photometry)		g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)		%	40.00 - 50.00
RBC Count (Electrical Impedence)		mill/mm3	4.50 - 5.50
MCV (Electrical Impedence)		fL	83.00 - 101.00
MCH (Calculated)		pg	27.00 - 32.00
MCHC (Calculated)		g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)		%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)		thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC) (VCS Technology)			
Segmented Neutrophils		%	40.00 - 80.00
Lymphocytes		%	20.00 - 40.00
Monocytes		%	2.00 - 10.00
Eosinophils		%	1.00 - 6.00
Basophils		%	<2.00
Metamyelocytes		%	
Myelocytes		%	
Promyelocytes		%	
Blasts		%	
Absolute Leucocyte Count (Calculated)			
Neutrophils		thou/mm3	2.00 - 7.00
Lymphocytes		thou/mm3	1.00 - 3.00
Monocytes		thou/mm3	0.20 - 1.00
Eosinophils		thou/mm3	0.02 - 0.50
Basophils		thou/mm3	0.02 - 0.10
Others			

Name	: **Mr. DUMMY**		**Age**	: **25 Years**	
Lab No.	: **WM115NN**		**Gender**	: **Male**	
Ref By	: **SELF**		**Reported**	: **10/8/2023 12:05:47PM**	
Collected	: **10/8/2023 11:12:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**				
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**		**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**	

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Platelet Count (Electrical impedence)		thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical Impedence)		fL	6.5 - 12.0

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:05:51PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy)			
Physical			
Colour			Pale yellow
Specific Gravity			1.001 - 1.030
pH			5.0 - 8.0
Chemical			
Proteins			Negative
Glucose			Negative
Ketones			Negative
Bilirubin			Negative
Urobilinogen			Negative
Leucocyte Esterase			Negative
Nitrite			Negative
Microscopy			
R.B.C.			0.0 - 2.0 RBC/hpf
Pus Cells			0-5 WBC / hpf
Epithelial Cells			0.0 - 5.0 Epi cells/hpf
Casts			None seen/Lpf
Crystals			None seen
Others			None seen

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:05:56PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE (Immunoturbidimetry, Compensated Jaffe's reaction, IDMS traceable)			
Microalbumin		mg/L	<30
Creatinine		mg/dL	24.00 - 392.00
Microalbumin : Creatinine Ratio		mg/g creatinine	<30.00
ACR Category			

Note

1. Due to high biological variability and non-renal influences, ACR>30 mg/g creatinine in a random urine sample should be confirmed with a subsequent early morning urine sample or 24 hours urine sample.
2. The diagnosis of albuminuria requires the demonstration of increased albumin loss (either increased albumin creatinine ratio or albumin loss in 24 hrs urine sample) in at least two out of three urine specimens collected in the absence of infection or acute metabolic crisis.
3. The term Microalbuminuria is misleading as it implies a small version of albumin molecule rather than an excretion rate of albumin greater than normal but less than that detected by routine method. It is recommended to use term Albuminuria or Albumin Creatinine ratio (ACR) instead of Microalbuminuria.

Comments

Albumin creatinine ratio (ACR) in urine is a sensitive and specific measure of kidney damage. Urinalysis for albuminuria has been accepted as a useful way of identifying patients at risk of progressive Chronic Kidney Disease (CKD). Increased urinary albumin excretion is highly predictive of Diabetic Nephropathy, End-stage renal disease, Cardiovascular mortality, and total mortality in patients with Diabetes Mellitus.

Non-Renal causes of increased ACR

Menstrual contamination, Uncontrolled Hypertension, Urinary Tract Infection, Heart failure, Strenuous exercise and other transitory illnesses.

Usage

- Marker for classification of CKD & its progression
- To screen Diabetic Nephropathy

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:06:00PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c		%	4.00 - 5.60
Estimated average glucose (eAG)		mg/dL	

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS
Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:06:04PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
GFR (GLOMERULAR FILTRATION RATE), ESTIMATED (Compensated Jaffe's reaction, IDMS traceable)			
Creatinine, Serum		mg/dL	0.70 - 1.30
GFR, Estimated		mL/min/1.73m2	>59
GFR Category			

Note

1. GFR, estimated (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012
2. In patients, with eGFR between 45-59 ml/min/1.73 m2 (G3a) and without any marker of kidney damage, it is recommended to measure eGFR with cystatin C for confirmation of CKD.
3. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
4. In a suspected case of Acute kidney injury (AKI), measurement of GFR should be done after 48-96 hours of any intervention or procedure.
5. GFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle mass, Diet and certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C.

CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM (Immunoturbidimetry)	mg/L	<1.00
VITAMIN B12; CYANOCOBALAMIN, SERUM (CLIA)	pg/mL	211.00 - 911.00

CKD RISK MAP (KDIGO, 2012)			
ACR Category			
GFR Category			
CKD Classification			
Risk of Progression			

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:06:04PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Note

1. Neither the category of GFR nor the category of ACR alone can fully capture prognosis of CKD
2. Persistent and increased albuminuria has been shown to be an independent risk factor for CKD progression
3. In the absence of evidence of kidney damage, neither GFR category G1 nor G2 fulfill the criteria for CKD

Comment

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated. It can be a guide to clinician to review current management, examine for reversible cause of progression and to determine frequency & duration of follow up. Individuals who are ‘‘rapid progressors’’ should be targeted to slow their progression and associated adverse outcomes.

Progression of CKD is defined as either a progressive decrease in eGFR or a progressive increase in albuminuria. A progressive decline in kidney function is influenced by baseline GFR category and ACR category. It is important to note that small fluctuations in eGFR are common and are not necessarily indicative of progression. A decline in eGFR is defined as a drop in GFR category accompanied by a 25% or greater drop in eGFR from baseline. The accuracy to assess progression is increased with increasing number of serum creatinine measurements and duration of follow-up

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:06:04PM**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Dr Ajay Gupta
MD, Pathology
Technical Director - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

Dr Gurleen Oberoi
DM(Hematopathology), MD,DNB,MNAMS
Senior Consultant and Lead-Hematopathology
NRL - Dr Lal PathLabs Ltd

Dr Himangshu Mazumdar
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Jatin Munjal
MD,Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr.Kamal Modi
MD, Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical Chemistry & Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

Dr Sarita Kumari Lal
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Shalabh Malik
MD, Microbiology
Technical Director - Microbiology, Infectious Disease Molecular & Serology, Clinical Pathology
NRL - Dr Lal PathLabs Ltd

Dr Sunanda
MD, Pathology
Sr. Consultant Pathologist - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

Result/s to follow:
LIPID PROFILE EXTENDED, SERUM, SUGAR CHOICE, LIVER & KIDNEY PANEL, SERUM, COMPLETE BLOOD COUNT;CBC, URINE EXAMINATION, ROUTINE; URINE, R/E, MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE, HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD, GFR (GLOMERULAR FILTRATION RATE), ESTIMATED, CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM, VITAMIN B12; CYANOCOBALAMIN, SERUM, CKD RISK MAP

Name	: **Mr. DUMMY**		
Lab No.	: **WM115NN**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **10/8/2023 11:12:00AM**	**Reported**	: **10/8/2023 12:06:04PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

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