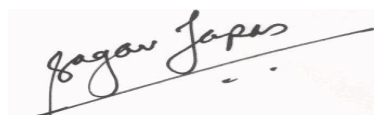


## COMPLETE BLOOD COUNT (CBC with E.S.R).

Reference No. : 191049998 Reg. Date : 11-Oct-2019 11:55 Age/Sex : 27 Years FEMALE  
 Patient : MS. DEEPANJALI KANORIA Print Date : 11-Oct-2019 Delivery :  
 Ref. Doctor : DEEPAK BAWA Hospital / NH : NA

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference</u>	<u>Units</u>
		<u>Interval</u>	
HEMOGLOBIN, Blood(SLS Hemoglobin)	12.3	12.00 - 15.00	g/dl
PACKED CELL VOLUME, Blood(Impedence)	40.3	36 - 46	%
TLC, Blood (Flow cytometry)	8160.00	4000 - 11000	/cumm
<b><u>D.L.C., Blood (Flow Cytometry)</u></b>			
POLYMORPHS	52.0	44.00 - 68.00	%
LYMPHOCYTES	38.0	25.00 - 44.00	%
EOSINOPHILS	3.0	0.00 - 4.00	%
MONOCYTES	7.00	0.00 - 7.00	%
ABSOLUTE NEUTROPHIL COUNT(Blood, Calculated).	4243.20	2000 - 7000	/Cu mm
ABSOLUTE EOSINOPHIL COUNT BLOOD, (Calculated)	244.80	20 - 500	/Cu mm
PLATELET COUNT, Blood (Impedence)	<b>565.00</b>	150 - 410	1000/Cumm
E.S.R, Blood(Capillary Photometry)	<b>32.00</b>	0.00 - 20.00	1st hour
R B C COUNT, Blood (Impedence)	<b>4.90</b>	3.8 - 4.8	10^12/L
MCV, Blood(Calculated)	<b>82.24</b>	83 - 101	fl
MCH, Blood(Calculated)	<b>25.10</b>	27.00 - 32.60	Pg
MCHC, Blood(Calculated)	<b>30.52</b>	31.50 - 34.50	gm/dl
RDW, Blood (Calculated)	<b>14.2</b>	11.6 - 14.0	%
COMMENTS ON PERIPHERAL SMEAR : (Microscopy, Leishman stain)	The red blood cells show mild anisocytosis. The white cells are normal. Thrombocytosis is seen.		
*Test performed by SYSMEX XN-550.			
Absolute Neutrophil Count (ANC) <1000 - Markedly increased susceptibility of infectious diseases.			
- Absolute Neutrophil Count (ANC) <500 control of endogenous microbial flora impaired.			
- Absolute Neutrophil Count (ANC) <200 absent inflammatory processes.			
Comments:			

\*\*\* END OF REPORT \*\*\*



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## CORTISOL

Reference No.	: 191049998	Reg. Date	: 11-Oct-2019 11:56	Age/Sex	: 27 Years FEMALE
Patient	: MS. DEEPANJALI KANORIA	Print Date	: 11-Oct-2019	Delivery	:
Ref. Doctor	: DEEPAK BAWA	Hospital / NH	: NA		

Investigation	Result	Biological Reference Interval	Units
CORTISOL (AM), Serum,(ECLIA) (Sample collected at 7-9 am)	15.62	4.30 - 22.40	ug/dl

### Summary and Explanation of the Test:

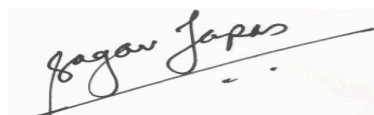
Cortisol is the primary glucocorticoid hormone synthesized and secreted by the adrenal cortex. Cortisol is essential for life, regulating carbohydrate, protein, and lipid metabolism, maintaining normal blood pressure, and inhibiting allergic and inflammatory reactions. Cortisol is synthesized and secreted by the cortex of the adrenal gland under the direction of adrenocorticotrophic hormone (ACTH). ACTH is secreted in a circadian pattern by the anterior lobe of the pituitary gland in response to corticotropin releasing hormone (CRH) secretion by the hypothalamus. Circulating cortisol levels follow a diurnal pattern in healthy individuals. Levels are highest in the morning after waking and lowest in the evening. Disorders of the hypothalamic-pituitary-adrenal axis override this diurnal pattern. Decreased cortisol levels are induced by either primary or secondary adrenal insufficiency. Addison's disease is caused by primary adrenal insufficiency due to metabolic errors or destruction of the adrenal cortex. Secondary adrenal insufficiency is caused by pituitary destruction or failure, resulting in loss of ACTH stimulation of the adrenal gland. Cushing's syndrome is caused by increased levels of cortisol due to either primary or secondary adrenal hyperfunction. 4 Causes of primary adrenal hyperfunction are adrenal tumors and nodular adrenal hyperplasia. Secondary adrenal hyperfunction is caused by pituitary overproduction of ACTH or ectopic production of ACTH by a tumor. Increased cortisol levels are induced by pregnancy and by stress due to depression, trauma, surgery, hypoglycemia, alcoholism, uncontrolled diabetes, and starvation. Due to the diurnal pattern of secretion, an assessment of serum cortisol levels at a single timepoint is of little diagnostic value.

### Limitations:

Circulating cortisol results from patients receiving Prednisolone or Prednisone (which is converted to Prednisolone in vivo) therapy may be falsely elevated. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.

### Comments:

\*\*\* END OF REPORT \*\*\*



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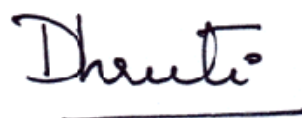
## REPORT

<b>Reference No.</b> :	191049998	<b>Reg. Date</b> :	11-Oct-2019 11:56	<b>Age/Sex</b> :	27 Years FEMALE
<b>Patient</b> :	MS. DEEPANJALI KANORIA	<b>Print Date</b> :	11-Oct-2019	<b>Delivery</b> :	
<b>Ref. Doctor</b> :	DEEPAK BAWA	<b>Hospital / NH</b> :	NA		

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
FASTING GLUCOSE, Plasma(Hexokinase)	83.9	60 - 100	mg/dl

Comments:

\*\*\* END OF REPORT \*\*\*



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## HbA1c

Reference No. :	191049998	Reg. Date :	11-Oct-2019 11:56	Age/Sex :	27 Years FEMALE
Patient :	MS. DEEPANJALI KANORIA	Print Date :	11-Oct-2019	Delivery :	
Ref. Doctor :	DEEPAK BAWA	Hospital / NH :	NA		

Investigation	Result	Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	5.9	%
Immunoturbidimetry		

### REFERENCE RANGE:

4.00 - 5.60 %	Normal
5.70 - 6.40 %	Prediabetes (The values should be co-related with Glucose levels)
6.10 - 7.00 %	HbA1C indicates very good control in diabetes
7.10 - 8.00 %	HbA1C indicates adequate control in diabetes
8.10 - 9.00 %	HbA1C indicates suboptimal control in diabetes
>9.00%	HbA1C indicates poor control in diabetes

HbA1c (%) Average Glucose mg/dl

5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

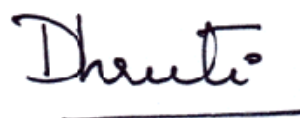
### Note :

An estimated average glucose (eAG) can be calculated from the HbA1c values. The A1c test is also used to monitor the glucose control of diabetics over time. This helps to minimize the complications caused by chronically elevated glucose levels, such as progressive damage to kidneys, eyes, cardiovascular system, and nerves.

The A1c test, however, should not be used for screening for cystic fibrosis-related diabetes, people who have had recent severe bleeding or blood transfusions, those with chronic kidney or liver disease, or people with blood disorders such as iron-deficiency anemia, vitamin B12 deficiency anemia, and some Hemoglobin variants (e.g., patients with sickle cell disease or Thalassemia).

### Comments:

\*\*\* END OF REPORT \*\*\*



Consultant Pathologist / Microbiologist

## LIPID PROFILE

Reference No. : 191049998 Reg. Date : 11-Oct-2019 12:15 Age/Sex : 27 Years FEMALE  
 Patient : MS. DEEPANJALI KANORIA Print Date : 11-Oct-2019 Delivery :  
 Ref. Doctor : DEEPAK BAWA Hospital / NH : NA

Investigation	Result	Biological Reference Interval	Units
CHOLESTROL, SERUM (Enz. Colorimetry)	216.6	80.00 - 200.00	mg/dl
HDL CHOLESTEROL (Enz.Colorimetry)	50.7	40.00 - 70.00	mg/dl
TRIGLYCERIDES, SERUM (Enz.Colorimetry)	171.35	40.00 - 150.00	mg/dl
VLDL CHOLESTEROL (Calculated)	34.27	24.00 - 45.00	mg/dl
LDL CHOLESTEROL (Enz.Colorimetry)	131.63	30.00 - 100.00	mg/dl
LDL / HDL RATIO (Calculated)	2.60	0.00 - 3.00	
CHOLESTEROL / HDL RATIO(Calculated)	4.27	0.00 - 4.00	

### INTERPRETATION :-

Desirable : Less than 200 mg/dl  
 Borderline High Risk : 200 to 239 mg/dl  
 High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

### TRIGLYCERIDES REFERENCE RANGE

> Normal - Less than 150 mg/dL,  
 > Borderline high - 150 to 199 mg/dL  
 > High - 200 to 499 mg/dL  
 > Very high - 500 mg/dL or above

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

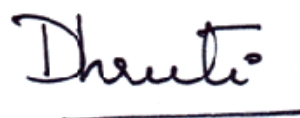
LDL Reference Range : Levels in terms of risk for coronary heart disease :

### Adult levels:

Optimal <100 mg/dL  
 Near Optimal/ above optimal 100 -129 mg/dL  
 Borderline high 130 - 159 mg/dL  
 High 160 - 189 mg/dL  
 Very High >=190 mg/dL

### Comments:

\*\*\* END OF REPORT \*\*\*



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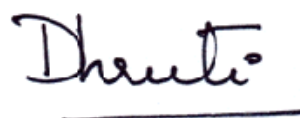
## REPORT

<b>Reference No.</b> :	191049998	<b>Reg. Date</b> :	11-Oct-2019 11:58	<b>Age/Sex</b> :	27 Years FEMALE
<b>Patient</b> :	MS. DEEPANJALI KANORIA	<b>Print Date</b> :	11-Oct-2019	<b>Delivery</b> :	
<b>Ref. Doctor</b> :	DEEPAK BAWA	<b>Hospital / NH</b> :	NA		

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
IRON, Serum(Ferrozine)	50.6	33.00 - 193.00	ug/dl
UIBC Serum(Ferrozine)	333.00	135.00 - 392.00	ug/dl
TIBC.(Calculated)	383.60	250.00 - 450.00	ug/dl

Comments:

\*\*\* END OF REPORT \*\*\*



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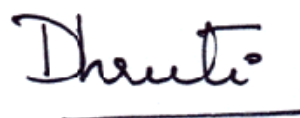
### L.F.T WITH G.G.T.P

<b>Reference No.</b> :	191049998	<b>Reg. Date</b> :	11-Oct-2019 11:56	<b>Age/Sex</b> :	27 Years FEMALE
<b>Patient</b> :	MS. DEEPANJALI KANORIA	<b>Print Date</b> :	11-Oct-2019	<b>Delivery</b> :	
<b>Ref. Doctor</b> :	DEEPAK BAWA	<b>Hospital / NH</b> :	NA		

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
BILIRUBIN (TOTAL), Serum(Diazo)	0.26	0.00 - 1.20	mg/dl
BILIRUBIN (DIRECT), Serum(Diazo)	0.14	0 - 0.30	mg/dl
BILIRUBIN (INDIRECT), Serum(Calculated)	0.12	0.00 - 0.70	mg/dl
TOTAL PROTEINS Serum(Biuret)	7.1	6.40 - 8.30	gms/dl
ALBUMIN, Serum(BCG)	4.2	3.50 - 5.20	gms/dl
GLOBULIN (Calculated)	2.90	2.00 - 3.50	gms/dl
A:G RATIO (Calculated)	1.45	1.00 - 2.00	
ALKALINE PHOSPHATASE, Serum(Colorimetry)	65.0	35.00 - 105.00	U/L
SGOT, Serum(IFCC)	29.6	1.00 - 32.00	U/I
SGPT, Serum(IFCC)	<b>48.1</b>	2.00 - 33.00	U/I
GGTP, Serum(Enz.Colorimetry)	26.9	5.00 - 36.00	U/L

Comments:

\*\*\* END OF REPORT \*\*\*



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## REPORT

Reference No.	: 191049998	Reg. Date	: 11-Oct-2019 11:58	Age/Sex	: 27 Years FEMALE
Patient	: MS. DEEPANJALI KANORIA	Print Date	: 11-Oct-2019	Delivery	:
Ref. Doctor	: DEEPAK BAWA	Hospital / NH	: NA		

Investigation	Result	Biological Reference Interval	Units
FERRITIN, SERUM (ECLIA)	55.69	13.00 - 150.00	ng/ml

### Summary and Explanation of the Test:

Ferritin is a compound composed of iron molecules bound to apoferritin, a protein shell. Stored iron represents about 25% of total iron in the body, and most of this iron is stored as ferritin. Ferritin is found in many body cells, but especially those in the liver, spleen, bone marrow, and in reticuloendothelial cells. Ferritin plays a significant role in the absorption, storage, and release of iron. As the storage form of iron, ferritin remains in the body tissues until it is needed for erythropoiesis. When needed, the iron molecules are released from the apoferritin shell and bind to transferrin, the circulating plasma protein that transports iron to the erythropoietic cells. Although dietary iron is poorly absorbed, the body conserves its iron stores carefully, reabsorbing most of the iron released from the breakdown of red blood cells. As a result, the body normally loses only 1 to 2 mg of iron per day, which is generally restored by the iron absorbed in the small intestine from dietary sources. Ferritin is found in serum in low concentrations and is directly proportional to the body's iron stores. Serum ferritin concentration, when analyzed with other factors such as serum iron, iron-binding capacity, and tissue iron stores, is valuable in the diagnosis of iron-deficiency anemias, anemias of chronic infection, and conditions such as thalassemia and hemochromatosis that are associated with iron overload. Measurement of serum ferritin is particularly valuable in distinguishing iron-deficiency anemias caused by low iron stores from those resulting from inadequate iron utilization.

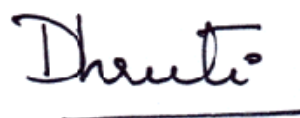
### Limitations:

Serum ferritin values are elevated in the presence of the following conditions and do not reflect actual body iron stores:

- inflammation
- significant tissue destruction
- liver disease
- malignancies such as acute leukemia and Hodgkin's disease
- therapy with iron supplements

### Comments:

\*\*\* END OF REPORT \*\*\*



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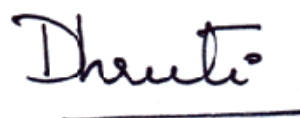


## KIDNEY FUNCTION TEST (KFT)

Reference No. :	191049998	Reg. Date :	11-Oct-2019 11:56	Age/Sex :	27 Years FEMALE
Patient :	MS. DEEPANJALI KANORIA	Print Date :	11-Oct-2019	Delivery :	
Ref. Doctor :	DEEPAK BAWA	Hospital / NH :	NA		

Investigation	Result	Biological Reference Interval	Units
UREA Serum(Urease)	12.59	12.00 - 45.00	mg/dl
UREA NITROGEN(Calculated)	<b>5.88</b>	6.00 - 20.00	mg/dl
CREATININE SERUM(Jaffe)	0.50	0.50 - 0.90	mg/dl
URIC ACID, Serum(Colorimetry)	4.4	2.40 - 5.70	mg/dl
CALCIUM, Serum(BAPTA)	9.31	8.60 - 10.00	mg/dl
PHOSPHATE, Serum(Phosphomolybdate)	<b>5.00</b>	2.50 - 4.80	mg/dl
SODIUM, Serum(ISE Indirect)	138.2	130.00 - 149.00	meq/L
POTASSIUM, Serum(ISE Indirect)	4.55	3.50 - 5.00	meq/L
CHLORIDE, Serum(ISE Indirect)	99.1	97.0 - 107.0	meq/L

Comments: \*\*\* END OF REPORT \*\*\*



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## REPORT

<b>Reference No.</b> :	191049998	<b>Reg. Date</b> :	11-Oct-2019 11:56	<b>Age/Sex</b> :	27 Years FEMALE
<b>Patient</b> :	MS. DEEPANJALI KANORIA	<b>Print Date</b> :	11-Oct-2019	<b>Delivery</b> :	
<b>Ref. Doctor</b> :	DEEPAK BAWA	<b>Hospital / NH</b> :	NA		

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
TRANSFERRIN.	323.68	200.00 - 360.00	mg/dl
Comments:			
TRANSFERRIN SATURATION	<b>13.19</b>	16.00 - 45.00	%
Comments:			

\*\*\* END OF REPORT \*\*\*



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## PROLACTIN

Reference No. :	191049998	Reg. Date :	11-Oct-2019 11:56	Age/Sex :	27 Years FEMALE
Patient :	MS. DEEPANJALI KANORIA	Print Date :	11-Oct-2019	Delivery :	
Ref. Doctor :	DEEPAK BAWA	Hospital / NH :	NA		

Investigation	Result	Biological Reference Interval	Units
PROLACTIN, Serum, (CLIA)	23.63		ng/ml
Category	Range (ng/mL)		
Females			
Nonpregnant	2.8-29.2		
Pregnant	9.7-208.5		
Postmenopausal	1.8-20.3		
Males	2.1-17.7		

### Summary and Explanation of the Test

Prolactin is a single-chain polypeptide hormone secreted by the anterior pituitary under the control of prolactin-inhibiting factors and prolactin-releasing factors. These inhibiting and releasing factors are secreted by the hypothalamus. Prolactin is also synthesized by the placenta and is present in amniotic fluid.

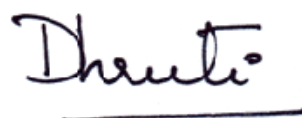
Prolactin initiates and maintains lactation in females. It also plays a role in regulating gonadal function in both males and females. In adults, basal circulating prolactin is present in concentrations up to 30 ng/mL. During pregnancy and postpartum lactation, serum prolactin can increase 10- to 20-fold. Exercise, stress, and sleep also cause transient increases in prolactin levels. Consistently elevated serum prolactin levels greater than 30 ng/mL (636 ?IU/mL) in the absence of pregnancy and postpartum lactation are indicative of hyperprolactinemia, which is the most common hypothalamic-pituitary dysfunction encountered in clinical endocrinology. Hyperprolactinemia often results in galactorrhea, amenorrhea, and infertility in females, and in impotence and hypogonadism in males. Renal failure, hypothyroidism, and prolactin secreting tumors are other causes of increases in prolactin levels in the blood.

### Limitations

Pregnancy, lactation, and the administration of oral contraceptives can increase prolactin concentrations. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.

Comments: LMP : 24/09/2019, BLOOD DRAWN ON 11/10/2019

\*\*\* END OF REPORT \*\*\*



Consultant Pathologist / Microbiologist

## THYROID PROFILE.

<b>Reference No.</b> :	191049998	<b>Reg. Date</b> :	11-Oct-2019 11:56	<b>Age/Sex</b> :	27 Years FEMALE
<b>Patient</b> :	MS. DEEPANJALI KANORIA	<b>Print Date</b> :	11-Oct-2019	<b>Delivery</b> :	
<b>Ref. Doctor</b> :	DEEPAK BAWA	<b>Hospital / NH</b> :	NA		

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
FT3, Serum,(CLIA)	5.56	3.10 - 6.80	pmol/L
FREE T4, Serum,(CLIA)	14.90	12.00 - 22.00	pmol/l
TSH, (ULTRASENSITIVE) Serum,(CLIA)	2.49	0.27 - 4.20	uIU/ml

### \* PHYSIOLOGICAL ALTERATIONS IN THYROID VALUES

FT3				
Adults	3.1 - 6.8			
Children & adolescence				
4-30 days	2.6 -8.3			
2-12 mths	2.4 -9.8			
2-6 years	2.9 -9.5			
7-11 years	2.5 -9.2			
12-19 years	3.1 -9.2			
Adults				
TSH	0.27 - 4.20 uIU/ml			
Children	TSH (Ranges uIU/ml)			
Midgestation Fetus	0.70 - 11.00			
LBW cord serum	1.30 - 20.00			
Term Infants	1.30 - 19.00			
3 days	1.10 - 17.00			
10 weeks	0.60 - 10.00			
14 months	0.40 - 7.00			
5 years	0.40 - 6.00			
Pregnancy	Units	First Trimester	Second Trimester	Third Trimester
Free T3	pmol/L	3.00 - 5.70	2.80 - 4.20	2.40 - 4.10
Free T4	pmol/L	11.10 - 24.10	8.20 - 24.70	8.20 - 24.70
TSH	uIU/mL	0.20 - 3.50	0.20 - 3.50	0.20 - 3.50

Comments:

\*\*\* END OF REPORT \*\*\*



Consultant Pathologist / Microbiologist

## VITAMIN B12.

Reference No.	: 191049998	Reg. Date	: 11-Oct-2019 11:54	Age/Sex	: 27 Years FEMALE
Patient	: MS. DEEPANJALI KANORIA	Print Date	: 11-Oct-2019	Delivery	:
Ref. Doctor	: DEEPAK BAWA	Hospital / NH	: NA		

Investigation	Result	Biological Reference Interval	Units
VITAMIN B12, Serum,(ECLIA)	357.80		pg/ml

Category Range (pg/mL)	Range (pg/mL)
Normal	197-771
Deficient	<197.00

### Summary and Explanation of the Test

Vitamin B12, or cyanocobalamin, is a complex corrinoid compound containing four pyrrole rings that surround a single cobalt atom. Humans obtain vitamin B12 exclusively from animal dietary sources, such as meat, eggs, and milk. Vitamin B12 requires intrinsic factor, a protein secreted by the parietal cells in the gastric mucosa, for absorption. Vitamin B12 and intrinsic factor form a complex that attaches to receptors in the ileal mucosa, where proteins known as trans-cobalamins transport the vitamin B12 from the mucosal cells to the blood and tissues. Most vitamin B12 is stored in the liver as well as in the bone marrow and other tissues. Vitamin B12 and folate are critical to normal DNA synthesis, which in turn affects erythrocyte maturation. Vitamin B12 is also necessary for myelin sheath formation and maintenance. The body uses its B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver so that very little is excreted.

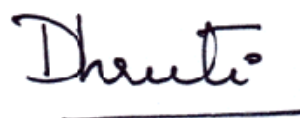
Clinical and laboratory findings for B12 deficiency include neurological abnormalities, decreased serum B12 levels, and increased excretion of methylmalonic acid. The impaired DNA synthesis associated with vitamin B12 deficiency causes macrocytic anemias. These anemias are characterized by abnormal maturation of erythrocyte precursors in the bone marrow, which results in the presence of megaloblasts and in decreased erythrocyte survival. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to lack of intrinsic factor. Low vitamin B12 intake, gastrectomy, diseases of the small intestine, malabsorption, and trans-cobalamin deficiency can also cause vitamin B12 deficiency.

### Limitations

\* kindly Correlate Clinically

### Comments:

\*\*\* END OF REPORT \*\*\*



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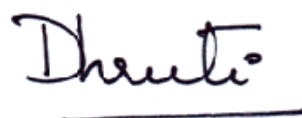
## VITAMIN D, 25 - HYDROXY

<b>Reference No.</b> :	191049998	<b>Reg. Date</b> :	11-Oct-2019 11:54	<b>Age/Sex</b> :	27 Years FEMALE
<b>Patient</b> :	MS. DEEPANJALI KANORIA	<b>Print Date</b> :	11-Oct-2019	<b>Delivery</b> :	
<b>Ref. Doctor</b> :	DEEPAK BAWA	<b>Hospital / NH</b> :	NA		

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
VITAMIN D, 25-HYDROXY, Serum,(CLIA)	74.6	75.00 - 250.00	nmol/L

Comments:

\*\*\* END OF REPORT \*\*\*



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MD (Micro)  
HOD Microbiology



## REPORT

<b>Reference No.</b> :	191049998	<b>Reg. Date</b> :	11-Oct-2019 11:56	<b>Age/Sex</b> :	27 Years FEMALE
<b>Patient</b> :	MS. DEEPANJALI KANORIA	<b>Print Date</b> :	11-Oct-2019	<b>Delivery</b> :	
<b>Ref. Doctor</b> :	DEEPAK BAWA	<b>Hospital / NH</b> :	NA		

### Investigation

DENGUE NS1 ANTIGEN,  
Serum(Immunochromatography)

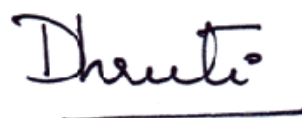
### Result

NEGATIVE

\*This is a screening test, kindly confirm by ELISA if clinically indicated.

Comments:

\*\*\* END OF REPORT \*\*\*



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