Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
BLOOD GROUP,Whole Blood	O	
RH FACTOR	**POSITIVE**	

Method: DIACLON ABO/D + Reverse Group ID Gel Card (Bio-Rad).
Both forward and reverse blood grouping is being performed according to the recommended standard laid down by International Council for Standardization in Hematology (ICSH) and NABL

**** End of HAEMATOLOGY Report ****

DR. MANIK AGARWAL
M.D. (PATHOLOGY)
(Authorised Signatory)

DR. SONAL JAIN
D.M. (Hematology, A.I.I.M.S.)
(Head Hematology)

Authentication : 09-04-2021 15:02
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Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
COMPLETE BLOOD COUNT		
E.S.R. (WESTERGREN AUTOMATED)		
E.S.R.WESTERGREN (AUTOMATED)	4 mm 1st Hr	0 - 22

**** End of HAEMATOLOGY Report ****

DR. MANAVI DANG
M.D. (PATHOLOGY)
(Associate Director)

DR. SONAL JAIN
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(Head Hematology)

Authentication : 09-04-2021 13:28
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Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	14.1 g/dL	13 - 17
TOTAL LEUCOCYTE COUNT	6880 Cells/cu.mm	4000 - 11000
RED BLOOD CELL COUNT	**4.48 mill/cu.mm**	4.5 - 5.5
PACKED CELL VOLUME	42.90 %	40 - 50
MCV (MEAN CORPUSCULAR VOLUME)	95.76 fL	80 - 100
MCH (MEAN CORPUSCULAR HB)	31.47 pg	26 - 32
MCHC (MEAN CORPUSCULAR HB CONC)	32.87 g/dL	32 - 37
RED CELL DISTRIBUTION WIDTH	12.00 %	11.5 - 15.5
PLATELET COUNT	310000 /cu.mm	150000 - 450000
DIFFERENTIAL LEUCOCYTE COUNT		
SEGMENTED NEUTROPHILS	57 %	40 - 80
LYMPHOCYTES	29 %	20 - 40
MONOCYTES	**11 %**	2 - 10
EOSINOPHILS	2 %	1 - 6
BASOPHILS	1 %	0 - 2
ABSOLUTE LEUCOCYTE COUNT		
NEUTROPHIL	3922 cells/mm3	1800-7700
LYMPHOCYTE	1995 cells/mm3	1000-4800
MONOCYTE	757 cells/mm3	0-800
EOSINOPHIL	138 cells/mm3	0-450
BASOPHIL	69 cells/mm3	0-200

BLOOD PICTURE

RBCs are predominantly normocytic normochromic. WBC series is essentially unremarkable. Platelets appear adequate on smear.

Sample Type: K2 EDTA Whole blood
Methodology: Automated cell counter, Sysmex XN-1000 based on Optical / Fluorescence / Flow Cytometry / SLS .

**** End of HAEMATOLOGY Report ****

Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval

DR. SHIVANGI CHAUHAN
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DR. SONAL JAIN
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Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
GLUCOSE RANDOM,Plasma [Hexokinase]	102.00 mg/dL	60 - 140
LIVER FUNCTION TEST		
BILIRUBIN (TOTAL),Serum [Diazo Method]	0.50 mg/dL	0.2 - 1.00
BILIRUBIN (DIRECT),Serum [Diazo Method]	0.12 mg/dL	0-0.30
BILIRUBIN (INDIRECT),Serum [Calculated]	0.38 mg/dL	0.1 - 0.8
S.G.O.T.Serum [Kinetic Method]	14.00 U/L	5 - 40
S.G.P.T. Serum [Kinetic Method]	12.00 U/L	5 - 41
ALKALINE PHOSPHATASE,Serum [Kinetic (PNP)]	54.00 U/L	40 - 129
G.G.T.P. Serum [Enzymatic Assay]	17.00 U/L	10 - 71
TOTAL PROTEIN,Serum [Biuret method]	7.30 g/dL	6 - 8.5
ALBUMIN,Serum [Colorimetric BCG]	4.80 g/dL	3.5 - 5
GLOBULIN,Serum [Calculated]	2.50 g/dL	
ALBUMIN/GLOBULIN,Serum [Calculated]	1.92	1.1 - 2.2
KIDNEY FUNCTION TEST		
UREA,Serum [Kinetic Method]	22.90 mg/dL	10 - 50
BUN (BLOOD UREA NITROGEN),Serum	10.69 mg/dL	4.7 - 23.4
CREATININE ,Serum [Kinetic Jaffe's method]	0.84 mg/dL	0.5-1.3
URIC ACID,Serum [Enzymatic Assay]	4.60 mg/dL	2 - 7
PHOSPHORUS,Serum [Molybdate UV]	3.40 mg/dL	2.5-4.5
SODIUM,Serum [Ion selective electrode]	135.00 mmol/L	132 - 150
POTASSIUM,Serum [Ion selective electrode]	4.50 mmol/L	3.5 - 5
CHLORIDE,Serum [Ion selective electrode]	100.00 mmol/L	98 - 107
IONIZED CALCIUM, Serum [BAPTA Method]	1.21 mmol/L	1.1-1.28
TOTAL CALCIUM, Serum [BAPTA Method]	9.68 mg/dL	8.8-10.2

**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****

Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval

DR. MUKTA SEHGAL
H.O.D. (BIOCHEMISTRY)
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DR. MANAVI DANG
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(Associate Director)

Authentication : 09-04-2021 12:43
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Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval

IMMUNO ASSAYS

GLYCOSYLATED HAEMOGLOBIN [HBA1C]

GLYCOSYLATED HAEMOGLOBIN [HBA1C] ,Whole Blood [HPLC]	5.70 %	4.4-6.5
*Mean Plasma Glucose	126 mg/dL	

ANALYZER: Tosoh Automated Glycohemoglobin Analyzer HLC-723G8 (G8)
METHODOLOGY: HPLC

- This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 - 12 weeks and is a better indicator of long-term glycemic control as compared with blood and urine glucose levels due to lesser day to day variation.
- Specifically, the A1C test measures what percentage of hemoglobin is coated with sugar (glycated). Higher the A1C level, the poorer is blood sugar control and higher is the risk of diabetes complications.
- Disorders associated with a decreased erythrocyte life-span, as well as individuals with recent and significant blood loss and chronic renal failure, exhibit low glycated Hb values.
- The test is performed by Gold standard technique of HPLC.
- Effectiveness of A1C may be limited in conditions that affect RBC turnover, such as hemolytic anemia, glucose-6-phosphate dehydrogenase deficiency, recent blood transfusions, drugs that stimulate erythropoiesis, end-stage kidney disease, and pregnancy.
- Hemoglobin variants may interfere with A1c results. Fructosamine level estimation is recommended in such cases.

As per American Diabetes Association (ADA)	
Reference Group	**HbA1c in %**
Nondiabetic adults > =18 years	<5.7
At risk (Prediabetes)	5.7 -6.4
Diagnosing Diabetes	>=6.5

Comment: The final report has been generated after reviewing the HPLC Chromatogram.

PROSTATIC SPECIFIC ANTIGEN

PROSTATE SPECIFIC ANTIGEN,Serum [ECLIA]	0.582 ng/mL	0 - 4.1

Summary and Explanation of the Test:-
PSA is a single-chain glycoprotein normally found in the cytoplasm of the epithelial cells lining the acini and ducts of the prostate gland. PSA is a neutral serine protease of 240 amino acids involved in the lysis of seminal coagulum. PSA is detected in the serum of males with normal, benign prostate hypertrophy(15-20%), Prostatitis (10-15%), Genitourinary (4-5%) and malignant prostate tissue. PSA levels have been found to be elevated after prostatic massage also. PSA is not detected in the serum of males without prostate tissue (because of radical prostatectomy or cystoprostatectomy) or in the serum of most females. The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices. * The reference ranges are **AGE SPECIFIC ADJUSTED.**

**** End of IMMUNO ASSAYS Report ****

Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210083692		
Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval

DR. MUKTA SEHGAL
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Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
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Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	**Result**	**Biological Reference Interval**

MICROBIOLOGY

SARS-COV-2 QUANTITATIVE IGG ANTIBODIES, SERUM (CLIA)

SARS-CoV-2 QUANTITATIVE IgG ANTIBODIES	<3.80 AU/ml
INTERPRETATION:	NEGATIVE

INTERPRETATION:

AU/mL	Results	INTERPRETATION
< 12.0	Negative	A negative result may indicate the absence of IgG antibodies or a very low level of IgG antibodies to the pathogen AND/OR vaccination against it (below detection limit of the assay). The test could score negative in infected patients during the incubation period and in the early stages of infection AND/OR vaccination against SARS-CoV-2. A repeat testing should be done in such patients after minimum 2 weeks to conclude serological status.
≥12.0 to < 15.0	Equivocal	A second sample should be collected and tested one to two weeks later.
≥ 15.0	Positive	A positive result generally indicates exposure of the subject to the SARS-CoV-2 AND/OR seroconversion post-vaccination.

1. The LIAISON® SARS-CoV-2 S1/S2 IgG uses indirect chemiluminescence immunoassay (CLIA) technology for the QUANTITATIVE DETERMINATION OF ANTI-S1 AND ANTI-S2 SPECIFIC IgG ANTIBODIES TO SARS-COV-2 IN HUMAN SERUM OR PLASMA SAMPLES. This is an USFDA-EUA and CE approved assay.

2. IgG ANTIBODY TEST RESULTS SHOULD ONLY BE INTERPRETED FOR SURVEILLANCE AND NOT AS A SOLE PARAMETER FOR DIAGNOSIS OF SARS-CoV-2 INFECTION.

3. The Spike (S) protein comprises of two functional subunits responsible for binding to the host cell receptor (S1 subunit) and fusion of the viral and cellular membranes (S2 subunit).

4. THE ASSAY IS INTENDED AS AN AID IN THE STUDY OF THE IMMUNE STATUS OF INDIVIDUALS BY PROVIDING AN INDICATION OF THE PRESENCE OF ANTI S1 AND ANTI S2 IGG NEUTRALIZING ANTIBODIES AGAINST SARS-COV-2, IN COVID-19 POSITIVE PATIENTS AND/OR POST-VACCINATION AGAINST SARS-COV-2. DUE TO THE RECENT DISCOVERY OF THE SARS-COV-2 AND THE LACK OF DATA ON PATIENTS, IT IS STILL NOT KNOWN WHETHER SUCH IMMUNE RESPONSE WILL BE LONG LASTING/ OR SUCH ANTIBODIES WILL CONFER IMMUNITY AGAINST RE-INFECTION BY THE VIRUS.

5. This assay is usually recommended after minimum of 2 weeks of exposure/infection/onset of symptoms or post vaccination.

6. Results from the LIAISON® SARS-CoV-2 S1/S2 IgG test should only be interpreted in conjunction with clinical findings, and the results from other laboratory tests, evaluations and immunization status.

7. REAL TIME RT-PCR IS THE GOLD STANDARD TEST FOR DIAGNOSIS OF COVID-19 VIRUS (SARS-COV-2).

METHODOLOGY: CHEMILUMINESCENCE IMMUNOASSAY (Indirect)

EQUIPMENT: LIAISON XL

Sample Collection Date	09-04-2021 11:18	**DDL Center**	Dr.Dangs Lab
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Name	MR. VIJAY JAIN	**Age / Sex**	64 Years / MALE

Test (Methodology)	**Result**	**Biological Reference Interval**

**** End of MICROBIOLOGY Report ****

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H.O.D. (BIOCHEMISTRY)
(Authorised Signatory)

DR. DEVJANI DE
M.D. (MICROBIOLOGY)
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PROF (DR) NAVIN DANG
M.D.
(Director)

Authentication : 09-04-2021 12:43
Printed on : 09-04-2021 16:04

CONDITIONS OF REPORTING

- In case of alarming or unexpected test results you are advised to contact the laboratory immediately for further discussions and action. Laboratory results are meant to be correlated with the patient's clinical history.
- The report will carry the name and age provided at the time of registration.
- Reporting of tests will be as per defined laboratory turn around time for each test. The same will be informed to the patient during first point of contact i.e. registration or phlebotomy as the case may be.
- Test results & reference ranges vary depending on the technology and methodology used.
- Rarely a second sample may be requested for an indeterminate result or any other pre-analytical / analytical reason.
- Reports can be received either as a hard copy or an email on your personal ID. Reports can also be delivered via courier. Payments can be made online on our website. Only reports with no pending payments are mailed, uploaded or dispatched.
- Reports can also be accessed via Dr. Dangs lab website or through the Dr. Dangs mobile application on IOS and android using the unique ID and password provided to you during registration or received by you via SMS.
- Home collection sample facility is provided with prior appointment. Request for same to be given on 999-999-2020, booked online on **www.drdangslab.com** or through the Dr. Dangs mobile application on IOS and android.
- A digital invoice for tests performed is available on our website and can be accessed by using the unique I.D. and password provided.
- To maintain confidentiality, certain reports may not be mailed at the discretion of the management.
- In case of any queries pertaining to your test results or to provide feedback/suggestions please call us on 01145004200 or mail us at **info@drdangslab.com.**
- 48 hour notice is required for the issuing of slides and blocks.
- Test results are not valid for medico legal purposes.
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and/or results of the tests.
- * For any change in timings, please visit our website.

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