Sample Collection Date	22-04-2021 15:42	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210102599		
Name	MR. KAPIL KHURANA	**Age / Sex**	50 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
D-DIMER (QUANTITATIVE)		
D-Dimer, Citrate plasma [Immunoturbidmetric Assay]	0.22 mg FEU/L	< 0.5

D-Dimer is a sensitive marker for the activation of coagulation. When D-Dimer values below the cut off are obtained, deep venous thrombosis (DVT) of the lower limb and pulmonary embolism (PE) can be excluded with high sensitivity.

In disseminated intravascular coagulation (DIC)/consumptive coagulopathy, fibrin degradation products are a sensitive marker. Monitoring the fibrin-specific degradation products can be used to

- confirm or refute a tentative diagnosis
- estimate the potential risk for patients with existing DIC
- monitor an initiated therapy

Apart from DVT, PE, and DIC, D-Dimer may reflect other causes associated with fibrin formation such as trauma, pregnancy complications, malignant disease or vascular abnormalities. Elevated D-Dimer levels therefore have to be interpreted in the context of possible underlying diseases and clinical symptoms.

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

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M.D. (PATHOLOGY)
(Associate Director)

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

Authentication : 22-04-2021 16:43
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HAEMATOLOGY

Test (Methodology)	Result	Biological Reference Interval
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	14.6 g/dL	13 - 17
TOTAL LEUCOCYTE COUNT	4460 Cells/cu.mm	4000 - 11000
RED BLOOD CELL COUNT	4.79 mill/cu.mm	4.5 - 5.5
PACKED CELL VOLUME	44.90 %	40 - 50
MCV (MEAN CORPUSCULAR VOLUME)	93.74 fL	80 - 100
MCH (MEAN CORPUSCULAR HB)	30.48 pg	26 - 32
MCHC (MEAN CORPUSCULAR HB CONC)	32.52 g/dL	32 - 37
RED CELL DISTRIBUTION WIDTH	11.90 %	11.5 - 15.5
PLATELET COUNT	174000 /cu.mm	150000 - 450000
E.S.R. (WESTERGREN AUTOMATED)		
E.S.R.WESTERGREN (AUTOMATED)	9 mm 1st Hr	0 - 22
DIFFERENTIAL LEUCOCYTE COUNT		
SEGMENTED NEUTROPHILS	70 %	40 - 80
LYMPHOCYTES	21 %	20 - 40
MONOCYTES	8 %	2 - 10
EOSINOPHILS	1 %	1 - 6
BASOPHILS	0 %	0 - 2
ABSOLUTE LEUCOCYTE COUNT		
NEUTROPHIL	3122 cells/mm3	1800-7700
LYMPHOCYTE	**937 cells/mm3**	1000-4800
MONOCYTE	357 cells/mm3	0-800
EOSINOPHIL	45 cells/mm3	0-450

BLOOD PICTURE

RBC are predominantly normocytic normochromic.No abnormal cells of the WBC series seen.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 ****

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Test (Methodology)	Result	Biological Reference Interval

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Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
® **INTERLEUKIN-6 (IL-6) LEVELS, EDTA Plasma** [ECLIA]	**12.73 pg/mL**	< 7.0

SUMMARY AND EXPLANATION OF THE TEST:

Interleukin-6 (IL-6) is a cytokine (protein) produced by various cells in the body. It helps regulate immune responses, which makes it potentially useful as a marker of immune system activation. IL-6 can be elevated with inflammation, sepsis, infections, autoimmune disorders, cardiovascular diseases and some cancers. The test measures the amount of IL-6 in the blood. Elevated levels have been associated in some cases with an increased risk of disease development or worsening prognosis.

NOTE: Interleukin-6 (IL-6) is a nonspecific marker associated with an inflammatory response and is not **diagnostic** for any specific disease or disease process. Elevated concentrations of IL-6 must be interpreted within the clinical context of the patient.

Normal concentrations of IL-6 do not exclude the possibility of an ongoing inflammatory process.

Lower detection limit: 1.5 pg/mL

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

® MARKED RESULT IS RECHECKED AND VERIFIED

DR. MUKTA SEHGAL
H.O.D. (BIOCHEMISTRY)
(Authorised Signatory)

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M.D. (PATHOLOGY)
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Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
L.D.H.,Serum [U.V.Assay]	190.00 IU/L	135 - 225
LIVER FUNCTION TEST		
BILIRUBIN (TOTAL),Serum [Diazo Method]	0.50 mg/dL	0.2 - 1.00
BILIRUBIN (DIRECT),Serum [Diazo Method]	0.13 mg/dL	0-0.30
BILIRUBIN (INDIRECT),Serum [Calculated]	0.37 mg/dL	0.1 - 0.8
S.G.O.T.Serum [Kinetic Method]	20.00 U/L	5 - 40
S.G.P.T. Serum [Kinetic Method]	13.00 U/L	5 - 41
ALKALINE PHOSPHATASE,Serum [Kinetic (PNP)]	60.00 U/L	40 - 129
G.G.T.P. Serum [Enzymatic Assay]	14.00 U/L	10 - 71
TOTAL PROTEIN,Serum [Biuret method]	6.60 g/dL	6 - 8.5
ALBUMIN,Serum [Colorimetric BCG]	4.30 g/dL	3.5 - 5
GLOBULIN,Serum [Calculated]	2.30 g/dL	
ALBUMIN/GLOBULIN,Serum [Calculated]	1.87	1.1 - 2.2
KIDNEY FUNCTION TEST		
UREA,Serum [Kinetic Method]	20.10 mg/dL	10 - 50
BUN (BLOOD UREA NITROGEN),Serum	9.39 mg/dL	4.7 - 23.4
CREATININE ,Serum [Kinetic Jaffe's method]	0.97 mg/dL	0.5-1.3
URIC ACID,Serum [Enzymatic Assay]	5.60 mg/dL	2 - 7
PHOSPHORUS,Serum [Molybdate UV]	2.70 mg/dL	2.5-4.5
SODIUM,Serum [Ion selective electrode]	135.00 mmol/L	132 - 150
POTASSIUM,Serum [Ion selective electrode]	3.90 mmol/L	3.5 - 5
CHLORIDE,Serum [Ion selective electrode]	99.00 mmol/L	98 - 107
IONIZED CALCIUM, Serum [BAPTA Method]	1.15 mmol/L	1.1-1.25
TOTAL CALCIUM, Serum [BAPTA Method]	9.20 mg/dL	8.6-10

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

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Test (Methodology)	Result	Biological Reference Interval

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Test (Methodology)	Result	Biological Reference Interval

IMMUNO ASSAYS

FERRITIN LEVEL, Serum [ECLIA] 186.40 ng/mL

- Ferritin test is used to assess body's current store of iron and to evaluate the severity of anemia or iron overload.
- Ferritin is also an acute phase reactant.
- The concentration of serum ferritin corresponds with that of tissue ferritin and correlates with body iron stores in the absence of inflammation.
- This assay is clinically useful in distinguishing between Iron deficiency anemia (low level) and anemia of chronic disease (normal or high level).
- It is elevated in inflammation and infections, in iron overload states and also in some malignancies.
- A low serum ferritin reflects depleted iron stores but not necessarily the severity of depletion, as it progresses.
- Serum ferritin is of limited usefulness in diagnosing iron deficiency during pregnancy, as concentration falls during late pregnancy, even when bone marrow iron is present.
- Reference ranges updated. Please correlate results clinically.

Biological reference Interval:

Adults:

Males:	20 - 250 ng/mL
Females:	10 - 120 ng/mL

Children:

Newborn:	25 - 200 ng/mL
1 Month:	200 - 600 ng/mL
2 - 5 Months:	50 - 200 ng/mL
6 Months - 15 yr:	07 - 140 ng/mL

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

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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

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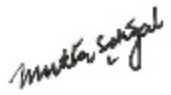
**** End of MICROBIOLOGY Report ****



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(Director)

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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.

@drdangslab

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MC-2577