



**Hindustan Wellness™**  
India's 1<sup>st</sup> Health Management Lab



Dear Customer,

I welcome you to our ever growing Hindustan Wellness family and to a host of health & wellness benefits that are now yours to avail.

As a quality oriented professional with over 30 years of experience in the healthcare industry, I understand how important quality diagnostic services are to you and your loved ones. That is why each one of us at Hindustan Wellness is dedicated to helping Hindustan become healthier. With our **state of the art NABL Accredited Lab** spread over 10,000 square feet area and highly trained and **experienced fleet of Blood Collection Officers**, we remain committed to delivering the highest quality services to you at the convenience of your home.

Thankyou for choosing Hindustan Wellness and being a part of India's fastest growing diagnostic laboratory. Please find enclosed your **medical report**.

You can also view the digitized report by downloading our app – **HINDUSTAN WELLNESS - Your Family Health Manager**. HINDUSTAN WELLNESS allows you to view and manage your reports and diet charts, share it with your family, set medicine reminders and keep track of your health.

The top priority for all of us at Hindustan Wellness is to provide you with the best possible customer experience. Your blood test is not a transaction for us, it is the first step towards building a **long term relationship with you and your family**. Thank you for choosing Hindustan Wellness as your health partner, we appreciate this relationship.

Please feel free to share your experience and health concerns with me. You can email me at [feedback@hindustanwellness.com](mailto:feedback@hindustanwellness.com)

I look forward to hearing from you.

Sincerely,

Dr. Krishna Kant Taneja  
Hindustan Wellness Pvt. Ltd.

Technology Partners



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# HINDUSTAN WELLNESS LABORATORY

- ISO 9001:2008 Certified Company.
- AIIMS & CMC Vellore EQAS compliant.
- 10,000 sq.ft. State of Art Pathology Lab.
- Bar Coded & Bi Directional Systems.
- End to End Technology driven processes.
- US FDA/CE approved, fully automatic equipments.
- North India's First **Centre Of Excellence for AI Enabled Haematology.**
- **State of Art Lab** - Department: Molecular Biology, Microbiology, Hematology, Biochemistry, Serology, Immunochemistry, Clinical Pathology, Cytopathology.



**NABL ACCREDITED**  
(Under Large Lab Category)  
10,000 Sq.ft State of Art Lab

**ICMR APPROVED**  
(For COVID19 Testing)

**CGHS EMPANELLED**  
(Central Govt. Health Scheme)

**EQAS BY**  
**AIIMS - NEW DELHI**  
**& CMC - VELLORE**





## TEAM OF EXPERTS



Experienced, qualified & ardent team of doctors & technologists.



Strong support to clinicians for clinical implications of a diagnostic results.



Faster turn around time.




250+ Trained Phlebotomists

**EXPERIENCE  
YOU CAN TRUST,  
SERVICE  
YOU CAN COUNT.**





Order ID	: 21043872816	
Name	: Ms. GUNJAN AGGARWAL	Collected On. : 03/05/2021 08:15:00
Gender / Age	: Female 40 Yrs	Reported : 03/05/2021 14:09:40
Sample	: EDTA Blood, Serum, Na Citrate plasma, Fluorid, Serum	Ref. By : SELF
Remark	:	

Investigation	Observed Value	Unit	Biological Ref Interval
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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST (Serum) (Serum)

#### EXTENDED KIDNEY PROFILE (Serum)

BLOOD UREA Urease-GLDH (Serum)	17.9	mg/dL	17.0 - 43.0
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#### Note:

Urea formation is influenced by many other factors like Liver function, Protein intake and Hydration status other than Glomerular filtration rate.

SERUM CREATININE Jaffe's Kinetic (Serum)	0.74	mg/dL	0.51 - 0.95
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SERUM URIC ACID Uricase-POD (Serum)	4.8	mg/dL	2.6 - 6.0
--	-----	-------	-----------

BLOOD UREA NITROGEN (BUN) * Calculated	8.4	mg/dl	6.0 - 20.0
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UREA / CREATININE RATIO * Calculated	24.20		0.25 - 42.00
---	-------	--	--------------

BUN / CREATININE RATIO * Calculated	11.40		4.00 - 15.50
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SODIUM* ISE Indirect (Serum)	144.3	mmol/L	136.0 - 146.0
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POTASSIUM* ISE Indirect (Serum)	4.20	mmol/L	3.50 - 5.10
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CHLORIDE* ISE Indirect (Serum)	103.0	mmol/L	101.0 - 109.0
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#### LIVER FUNCTION TEST (Serum) (Serum)

#### EXTENDED LIVER PROFILE (Serum)

BILIRUBIN TOTAL Diazo (Serum)	0.46	mg/dL	0.30 - 1.20
----------------------------------	------	-------	-------------



**DR. VARUN KUMAR**  
MBBS, DNB (PATH)

Page No: 1 of 8



**DR. KRISHNA KANT TANEJA**  
CONSULTANT BIOCHEMIST  
(Authorized Signatory)

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Gender / Age : Female 40 Yrs

Reported : 03/05/2021 14:09:40

Sample : EDTA Blood, Serum, Na Citrate plasma, Fluorid, Serum

Ref. By : SELF

Remark :

Investigation	Observed Value	Unit	Biological Ref Interval
---------------	----------------	------	-------------------------

CONJUGATED (D. Bilirubin)  
Diazo (Serum)

0.11

mg/dL

<0.20

UNCONJUGATED (I.D. Bilirubin) \*  
Calculated

0.35

mg/dl

0.00 - 1.00

SGOT  
IFCC (Serum)

26.00

U/L

<35.00

SGPT  
IFCC (Serum)

33.00

U/L

<35.00

GAMMA GT\*  
Kinetic (Serum)

23.0

U/L

<38.0

TOTAL PROTEIN  
Biuret (Serum)

7.37

gm/dL

6.60 - 8.30

ALBUMIN  
Spectrophotometry, BCG (Serum)

4.31

gm/dL

3.50 - 5.20

GLOBULIN \*  
Calculated

3.1

gm/dl

2.3 - 3.5

A/G RATIO \*  
Calculated

1.40

0.80 - 2.00

#### CBC WITH ESR (EDTA, Whole Blood)

##### HAEMATOLOGY

Haemoglobin (Hb)  
Colorimetry, Cyanide-free SLS

13.8

gm/dl

12.0 - 15.6

TOTAL LEUCOCYTE COUNT (TLC)  
Flowcytometry

06.21

/cumm

03.90 - 10.20

#### ROUTINE WBC DIFFERENTIAL

NEUTROPHIL \*  
Myeloperoxidase staining, Flowcytometry

44.9

%

42.0 - 77.0

LYMPHOCYTE \*  
Myeloperoxidase staining, Flowcytometry

39.5

%

20.0 - 44.0

EOSINOPHIL \*  
Myeloperoxidase staining, Flowcytometry

6.2

%

0.5 - 5.5

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Order ID : 21043872816



Name : Ms. GUNJAN AGGARWAL

Collected On. : 03/05/2021 08:15:00

Gender / Age : Female 40 Yrs

Reported : 03/05/2021 13:40:03

Sample : EDTA Blood, Serum, Na Citrate plasma, Fluorid, Serum

Ref. By : SELF

Remark :

Investigation	Observed Value	Unit	Biological Ref Interval
MONOCYTE* Myeloperoxidase staining, Flowcytometry	8.4	%	2.0 - 9.5
BASOPHIL* Nuclear Lobularity, Flowcytometry	0.70	%	0.00 - 1.75
Large Unstained Cells (LUC)* Myeloperoxidase staining, Flowcytometry	0.3	%	0.0 - 4.0
Nucleated RBC(NRBC) * Automated Cell Counter	0.0	%	0.0 - 2.0
Absolute Neutrophils Count (NEUT)* Automated Cell Counter	2.8	10 <sup>3</sup> /uL	1.9 - 8.0
Absolute Lymphocyte Count(LYMPH) * Automated Cell Counter	2.4	10 <sup>3</sup> /uL	0.9 - 5.2
Absolute Monocyte Count(MONO) * Automated Cell Counter	0.5	10 <sup>3</sup> /uL	0.2 - 1.0
Absolute Eosinophils Count (EOS)* Automated Cell Counter	0.4	10 <sup>3</sup> /uL	0.0 - 0.8
Absolute Basophils Count (BASO)* Automated Cell Counter	0.0	10 <sup>3</sup> /uL	0.0 - 0.2
LUC * Automated Cell Counter	0.0	10 <sup>3</sup> /uL	0.0 - 0.4
Nucleated RBC(NRBC) * Automated Cell Counter	0.0	10 <sup>9</sup> /L	0.0 - 0.2
Erythrocyte Count (RBC) Flowcytometry, Isovolumetric Sphering	4.83	10 <sup>6</sup> / uL	3.90 - 5.20
Hematocrit (HCT) Automated Cell Counter	39.8	%	35.5 - 45.5
Mean Cosrpuscular Volume (MCV) Flowcytometry	82.4	fl.	80.0 - 99.0
Mean Corpuscular Hb (MCH) Automated Cell Counter	28.6	Pg.	27.0 - 33.5
Mean Corpuscular Hb Conc.(MCHC) Automated Cell Counter	34.7	gm/dl	31.5 - 36.0




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Order ID	: 21043872816	
Name	: Ms. GUNJAN AGGARWAL	Collected On. : 03/05/2021 08:15:00
Gender / Age	: Female 40 Yrs	Reported : 03/05/2021 14:11:31
Sample	: EDTA Blood, Serum, Na Citrate plasma, Fluorid, Serum	Ref. By : SELF
Remark	:	

Investigation	Observed Value	Unit	Biological Ref Interval
Red Cell Distribution Width (RDW) * Flowcytometry	13.9	%	11.5 - 14.5
Mean Platelet Volume (MPV) * Flowcytometry	10.1	fl.	7.2 - 11.1
PLATELET COUNT Automated Cell Counter	374	10 <sup>3</sup> /uL	150 - 450
Platelet Distribution Width (PDW) * Automated Cell Counter	18.1	%	25.0 - 65.0
ESR (EDTA, Whole Blood)* Westegren's Method Note	19	mm/1st hr.	0 - 20

1. Test conducted on EDTA whole blood at 37°C.

#### Interpretation

A complete blood count (CBC) gives important information about the kinds and numbers of cells in the blood, especially red blood cells, white blood cells, and platelets. A CBC helps check any symptoms, such as weakness, fatigue or bruising, you may have. A CBC also helps diagnose conditions, such as anemia, infection, and many other disorders.

#### Hemoglobin (Hb)

The hemoglobin molecule fills up the red blood cells. It carries oxygen and gives the blood cell its red color. The hemoglobin test measures the amount of hemoglobin in blood and is a good measure of the blood's ability to carry oxygen throughout the body.

## BIOCHEMISTRY

### EXTENDED DIABETES PROFILE



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Order ID : 21043872816



Name : Ms. GUNJAN AGGARWAL

Collected On. : 03/05/2021 08:15:00

Gender / Age : Female 40 Yrs

Reported : 03/05/2021 14:31:59

Sample : EDTA Blood, Serum, Na Citrate plasma, Fluorid, Serum

Ref. By : SELF

Remark :

Investigation	Observed Value	Unit	Biological Ref Interval
---------------	----------------	------	-------------------------

BLOOD SUGAR FASTING (BSF)  
GOD-POD (Fluoride Plasma)

95.0

mg/dl

74.0 - 100.0

Interpretation:

As per [American Diabetes Association](#) (ADA) fasting is defined as no caloric intake for at least 8 hours

HbA1C-Glycated Haemoglobin  
HPLC (Whole Blood, EDTA)

5.50

%

Non Diabetic : 4.0 - 5.6  
Pre Diabetic : 5.7 - 6.4  
Diabetic : > 6.5

HbA1C Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	4.0 - 5.6
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	≥ 6.5 (confirm by repeating the test on a different day)
Therapeutic goals for glycemic control	Good Control : 6.0 - 7.0 Fair Control : 7.1- 8.0 Therapeutic action suggested : > 8.0

Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments



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MBBS, DNB (PATH)

Page No: 5 of 8




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CONSULTANT BIOCHEMIST  
(Authorized Signatory)

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Name	: Ms. GUNJAN AGGARWAL	Collected On. : 03/05/2021 08:15:00
Gender / Age	: Female 40 Yrs	Reported : 03/05/2021 16:36:09
Sample	: EDTA Blood, Serum, Na Citrate plasma, Fluorid, Serum	Ref. By : SELF
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HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Trends in HbA1c are a better indicator of diabetic control than a solitary test.

Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested

Abbreviation : HPLC : High-performance liquid chromatography  
Reference : ADA (American Diabetes Association) guidelines 2016

### SEROLOGY

CRP (C-Reactive Protein) *	1.12	mg/L	0.00 - 5.00
Spectrophotometry, Turbidimetric IA (Serum)			

#### **Interpretation:**

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases.
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

D - DIMER*	0.24	mg/L	< 0.5 (mg/L)
------------	------	------	--------------

  
**DR. VARUN KUMAR**  
MBBS, DNB (PATH)


  
**Dr. Pankaj Sharma**  
Sr. Microbiologist  
(Authorized Signatory)

  
**Dr. KRISHNA KANT TANEJA**  
CONSULTANT BIOCHEMIST  
(Authorized Signatory)

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(Whole Blood, Fluorescence Immunoassay)

**Interpretation :**

1. D-dimer is a fibrin degradation product, a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. The product increases in conditions inducing inappropriate fibrinolysis.

2. This assay can aid in the diagnosis of Deep Vein Thrombosis (DVT) & pulmonary embolism (PE). The test results should be correlated with Imaging studies (e.g. Colour Doppler). The negative predictive value (NPV) with a cut off of 0.5 µg/ml is 95 to 100% for DVT & PE.

3. Elevated D-dimer is seen in hypercoagulability, DVT (Deep Vein Thrombosis), DIC (Disseminated Intravascular Coagulation), recent surgery, trauma or infection.

**Limitations:**

**1.False Negative:** Anticoagulant therapy

**2.False Positive:** Elderly, Liver disease, Pregnancy, Eclampsia, Heart disease, Rheumatoid arthritis, Some cancers, High triglycerides, Hemolysis, Lipemia, Hyperbilirubinemia

OTHERS

**LDH(Serum)\***  
DGKCH Method  
**Interpretation :**

269.0 U/L <247.0

Lactate dehydrogenase, an NAD<sup>+</sup> oxidoreductase, catalyses the reversible oxidation of L-lactate to pyruvate using NAD<sup>+</sup> as a hydrogen acceptor. It is present in all cells of the body and is invariably found only in the cytoplasm of the cell. The total LDH measurable in serum consists of the activities of the 5 isoenzymes LDH-1 to LDH-5 which are differentiated on the basis of their subunit composition. Because the concentration of LDH in the tissues is 500 times higher than that in plasma, damage to even a small amount of tissue can lead to a significant increase in the activity of LDH in serum. High specific activities of the enzyme are found in the liver, cardiac muscle, skeletal muscle, kidneys and erythrocytes.

Myocardial infarction is usually associated with a 3-4 fold elevation of total LDH; similar increases in LDH can occur in myocarditis, cardiac dysrhythmias, electrical cardioversion and prosthetic valve replacement. After prosthetic valve replacement there is a close correlation between the LDH level and shortened erythrocyte survival time. Determination of LDH is therefore a reliable method for quantification of the extent of haemolysis. Elevations of LDH activity are observed in liver damage, but these elevations are not as great as the increases in aminotransferase activity. Elevations are especially high (10 times upper limit of normal) in toxic hepatitis with jaundice; slightly lower levels are observed in viral hepatitis and infectious mononucleosis. The LDH/AST ratio can be used to differentiate between prehepatic jaundice caused by haemolysis or dyserythropoiesis from hepatic jaundice. In Duchenne muscular dystrophy elevations of LDH activity are found years before the appearance of clinical symptoms, in the course of the disease the activity can increase approximately 5 fold.



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**Sr. Microbiologist**  
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**CONSULTANT BIOCHEMIST**  
**(Authorized Signatory)**

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Sample	:	EDTA Blood,Serum,Na Citrate plasma,Fluorid,Serum	Ref. By : SELF
Remark	:		

#### SPECIAL TEST

**Interleukin\$** 3.65 pg/mL <6.40

#### Interpretation :-

1. Interleukin-6(IL-6) is a pleiotropic cytokine with a wide range of functions.
2. IL-6 production is rapidly induced in the course of acute inflammatory reactions associated with injury trauma ,stress, infection, brain death, neoplasia ,and other situations.
3. IL-6 concentrations in trauma patients may predict later complications from additional surgical stress or indicate missed injuries or complications.
4. Sequential measurements of IL-6 in serum or plasma of patients admitted to the ICU showed to be useful in evaluating the severity of SIRS ( Systemic inflammatory response syndrome) ,sepsis and septic shock and to predict the outcome of these patients .
5. IL-6 is also useful as an early alarm marker for the detection of neonatal sepsis.
6. IL-6 also plays a role in chronic inflammation eg. Rheumatoid arthritis(RA)

**NOTE:** Sample collected in red top plain tube sst can give excessively high result.( REFERENCE-Pre-analytical effects of blood sampling and handling in quantitative immunoassays for rheumatoid arthritis by Crescendo Bioscience, Inc.,341 Oyster Point Blvd., South San Francisco, CA 94080, United States )

Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Ref: Access IL6 assay.  
Clin.chem - vol 48, 2002

\*\*\* End of Report \*\*\*

  
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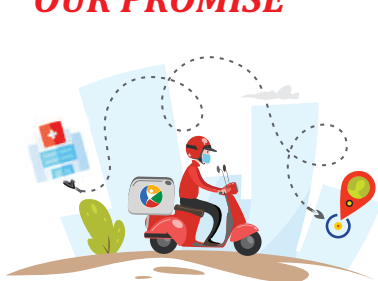
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► **Hindustan Wellness - Preventive Health Check-up Packages**

Package	Full Body Checkup	Master Wellness	Maxima Wellness
Tests	80+ Tests	90+ Tests	100+ Tests
Price	₹1499 Now at ₹999	₹2999 Now at ₹2150	₹4950 Now at ₹3450
<b>Anaemia</b>	%Hyper, %Hypo, %Macro, %Micro, HB, HCT, HDW, IRON, MCH, MCHC, MCV, MICRO%/HYPO%, MPV, RBC, RDW	%Hyper, %Hypo, %Macro, %Micro, HB, HCT, HDW, IRON, MCH, MCHC, MCV, MICRO%/HYPO%, MPV, RBC, RDW	%Hyper, %Hypo, %Macro, %Micro, HB, HCT, HDW, IRON, MCH, MCHC, MCV, MICRO%/HYPO%, MPV, RBC, RDW
<b>Bones</b>	Alkaline Phosphate, Calcium Phosphorus	Alkaline Phosphate, Calcium Phosphorus, Vitamin D	Alkaline Phosphate, Calcium Phosphorus, Vitamin D, CRP, ESR, RA Factor
<b>CBC</b>	BASO#, Basophil, CHCM, Corpuscular Haemoglobin Eosinophil, HB, HCT, HDW, LUC, Lymphocyte, MCH MCHC, MCV, Monocyte, MPV, Neutrophil, NRBC PCT, PDW, Platelet Count, RBC, RDW, TLC, NEUT# LYMPH#, MONO#, EOS#, LUC#, NRBC#	BASO#, Basophil, CHCM, Corpuscular Haemoglobin Eosinophil, HB, HCT, HDW, LUC, Lymphocyte, MCH MCHC, MCV, Monocyte, MPV, Neutrophil, NRBC PCT, PDW, Platelet Count, RBC, RDW, TLC, NEUT# LYMPH#, MONO#, EOS#, LUC#, NRBC#	BASO#, Basophil, CHCM, Corpuscular Haemoglobin Eosinophil, HB, HCT, HDW, LUC, Lymphocyte, MCH MCHC, MCV, Monocyte, MPV, Neutrophil, NRBC PCT, PDW, Platelet Count, RBC, RDW, TLC, NEUT# LYMPH#, MONO#, EOS#, LUC#, NRBC#
<b>Diabetes</b>	Blood Glucose, Urine Glucose	Avg Sugar, Blood Glucose, HbA1C Urine Glucose	Avg Sugar, Blood Glucose, HbA1C Urine Glucose
<b>Electrolyte</b>	Chloride, Potassium, Sodium	Chloride, Potassium, Sodium	Chloride, Potassium, Sodium
<b>Heart</b>	HDL, LDL, LDL/HDL Ratio, Total Cholesterol, Total Cholesterol/ HDL Cholesterol Ratio, Triglycerides, VLDL	AIP, HDL, LDH, LDL, LDL/HDL Ratio Total Cholesterol, Total Cholesterol/ HDL Cholesterol Ratio, Triglycerides, VLDL	AIP, HDL, LDH, LDL, LDL/HDL Ratio Total Cholesterol, Total Cholesterol/ HDL Cholesterol Ratio, Triglycerides, VLDL, CK
<b>Kidney</b>	Blood Urea Nitrogen, BUN Creatinine Ratio Creatinine, Urea, Urea/ Creatinine Ratio, Uric Acid	Blood Urea Nitrogen, BUN Creatinine Ratio Creatinine, Urea, Urea/ Creatinine Ratio, Uric Acid	Blood Urea Nitrogen, BUN Creatinine Ratio Creatinine, Urea, Urea/ Creatinine Ratio, Uric Acid, e-GFR with Creatinine
<b>Liver</b>	A:G Ratio, Albumin, Alkaline Phosphate Bilirubin Direct- Conjugated, Bilirubin Direct- Unconjugated Bilirubin Total, Globulin, SGOT, SGPT, Total Proteins	A:G Ratio, Albumin, Alkaline Phosphate Bilirubin Direct- Conjugated, Bilirubin Direct- Unconjugated Bilirubin Total, Globulin, SGOT, SGPT, Total Proteins	A:G Ratio, Albumin, Alkaline Phosphate Bilirubin Direct- Conjugated, Bilirubin Direct- Unconjugated Bilirubin Total, Globulin, SGOT, SGPT, Total Proteins
<b>Thyroid</b>	NIL	T3, T4, TSH	T3, T4, TSH
<b>Urine</b>	Albumin, Bacteria, Bilirubin, Blood, Casts Colour, Crystals, Epithelial, Glucose, Nitrite Phosphorus, Pus Cells, Quantity, RBC, Specific Gravity, Transparency, UBG	Albumin, Bacteria, Bilirubin, Blood, Casts Colour, Crystals, Epithelial, Glucose, Nitrite Phosphorus, Pus Cells, Quantity, RBC, Specific Gravity, Transparency, UBG	Albumin, Bacteria, Bilirubin, Blood, Casts Colour, Crystals, Epithelial, Glucose, Nitrite Phosphorus, Pus Cells, Quantity, RBC, Specific Gravity, Transparency, UBG
<b>Vitamin</b>	NIL	Vitamin D	Vitamin D
<b>Hormone</b>	NIL	NIL	PSA or/ & LH, FSH

► **Get Covid19 Rt-PCR, Antibody or Antigen Test at Government Approved Rates.**

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**Sample Pickup**



**24 घंटे में**  
**Medical Report**

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## 1. HOW DOES HINDUSTAN WELLNESS DELIVER EXCELLENCE IN DIAGNOSTIC SERVICES?

Hindustan Wellness has always been committed to providing Superior Quality diagnostic services. We follow the most stringent and internationally accepted quality assurance systems to provide quality to the doctors and customers. Some of the highlights how we deliver quality are:

1. NABL ACCREDITED Lab covering over 10,000 sq. ft. State of Art Pathology Lab.
2. Bar Coded & Bi Directional Systems.
3. US FDA/CE approved, fully automatic equipments.
4. Highly experienced team of doctors from India's most prestigious medical colleges.
5. Strong medical and technology partnerships with Beckman Coulter- USA, Biorad- USA, Siemens- Germany, BD- USA etc.

## 2. WHY IS HINDUSTAN WELLNESS TRUSTED BY DOCTORS?

In the last 8 years, we have touched over 15 LAKH+ Lives, performed over 3 CRORE+ investigations and are on a mission to make Hindustan Healthier.

Our relentless commitment to quality has helped us garner the trust of doctors. Delivering precision and accuracy in every single test has earned us the reputation. We work together with doctors to be able to provide precise diagnosis to our customers and make a difference to their lives.

Hindustan Wellness is also a trusted Wellness Partner of Fortune 800+ companies.

## 3. HOW IS HINDUSTAN WELLNESS ABLE TO PROVIDE SUCH AFFORDABLE RATES?

Hindustan Wellness is able to provide services at very affordable cost due to our business model. We pass the discount of franchise and middlemen directly to our end customer.

Since all samples are processed in our own lab, where tests are conducted in fully automated environment, hence the both quality and efficiency is much higher. Due to this Hindustan Wellness is also able to pass on this efficiency benefit to our customers.

## 4. HOW DO I CHECK MY REPORTS AND WILL I GET HARDCOPY OF THIS REPORT?

Hindustan Wellness cares deeply about the environment and acts responsibly to avoid any negative environmental impact. Hindustan Wellness has a strict paperless policy. We do not send paper to customers and aim to reduce incoming paper to our offices to as close to zero as possible. We are the first company in healthcare sector to say no to paper.

A customer may instead view their Hindustan Wellness reports on:

1. 'HINDUSTAN WELLNESS' App (Available on Google Playstore & iTunes)
2. Your Registered Email Id
3. On Whatsapp