







and the

Reference No. 142001502 **Reg. Date** : 30-Jan-2020 01: **Age/Sex** : 55 Years FEMALE

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

Patient ; MRS. ANJU SAHNI Print Date ; 30-Jan-2020 Delivery ;

Ref. Doctor : TARUN JAIN Hospital / NH : NA

Investigation	Result	Biological Reference Interval	<u>Units</u>
HEMOGLOBIN, Blood(SLS Hemoglobin)	10.1	12.00 - 15.00	g/dl
PACKED CELL VOLUME, Blood(Impedence)	31.30	36 - 46	%
TLC, Blood (Flow cytometry)	7670.00	4000 - 11000	/cumm
D.L.C., Blood (Flow Cytometry) POLYMORPHS	61.0	44.00 - 68.00	%
LYMPHOCYTES	28.00	25.00 - 44.00	%
EOSINOPHILS	4.0	0.00 - 4.00	%
MONOCYTES	7.00	0.00 - 7.00	%
ABSOLUTE NEUTROPHIL COUNT(Blood, Calculated). ABSOLUTE EOSINOPHIL COUNT BLOOD,	4678.70 306.80	2000 - 7000 20 - 500	/Cu mm /Cu mm
(Calculated) PLATELET COUNT, Blood (Impedence)	387.00	150 - 410	1000/Cumm
E.S.R, Blood(Capillary Photometry)	18.00	0.00 - 20.00	1st hour
R B C COUNT, Blood (Impedence)	3.80	3.8 - 4.8	10^12/L
MCV, Blood(Calculated)	82.37	83 - 101	fl
MCH, Blood(Calculated)	26.58	27.00 - 32.60	Pg
MCHC, Blood(Calculated)	32.27	31.50 - 34.50	gm/dl
RDW, Blood (Calculated)	14.6	11.6 - 14.0	%

COMMENTS ON PERIPHERAL SMEAR:

(Microscopy, Leishman stain)

The red blood cells show hypochromia anisocytosis & microcytosis.

The white cells are normal. The platelets are adequate.

*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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Consultant Pathologist / Microbiologist



Dr. Angeli Misra MD(Path)Lab, Director HOD, Histopathology

Dr. Asha Bhatnagar MBBS, Lab Director, Quality Incharge Dr. Sagar Tapas MD (Path)HOD, Biochemistry & Immunoassay **Dr. Meenu Beri** MD (Path) HOD, Haematology, Cytopathology & Clinical Path **Dr. Dhruti Manek** MBBS, MD (Path)









REPORT

Reference No.

142001502

Reg. Date

: 30-Jan-2020

Age/Sex

55 Years

FEMALE

Patient

: MRS. ANJU SAHNI

Print Date

: 30-Jan-2020

Delivery

Ref. Doctor

Investigation

: TARUN JAIN

Hospital / NH

: NA

Result

Biological Reference Interval

Units

FASTING GLUCOSE, Plasma(Hexokinase)

105.3

60 - 100

mg/dl

Comments:

*** END OF REPORT ***

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New Delhi - 110 016

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Dr. Dhruti Manek MBBS, MD (Path)







ACCREDITED LABORATORY



HbA1c

Reference No. 142001502

Reg. Date

: 30-Jan-2020 01:

Age/Sex : 55 Years

FEMALE

Patient

· MRS. ANJU SAHNI

Print Date

: 30-Jan-2020

: NA

Delivery

Ref. Doctor

· TARUN JAIN

Hospital / NH

Investigation Result

ixcs

<u>Units</u>

GLYCOSYLATED HEMOGLOBIN (HbA1c) Immunoturbidimetry

REFERENCE RANGE:

4.00 - 5.60 % Norma

5.70 - 6.40 % Prediabetes (The values should be co-related with Glucose levels)

6.10 - 7.00 % 7.10 - 8.00 % HbA1C indicates very good control in diabetes 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 ***

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Consultant Pathologist / Microbiologist



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ACCREDITED LABORATORY



CORTISOL

Reference No.

142001502

Reg. Date

30-Jan-2020

Age/Sex

FEMALE

Patient

· MRS. ANJU SAHNI

Print Date

· 30-Jan-2020

Delivery

Ref. Doctor

Investigation

TARUN JAIN

Hospital / NH

: NA

Result **Biological Reference**

Interval

Units

CORTISOL (AM), Serum, (CLIA) (Sample collected at 7-9 am)

10.92

4.30 - 22.40

ug/dl

Summary and Explanation of the Test:

glucocorticoid hormone synthesized and secreted by the adrenal cortex.Cortisol is primary regulating carbohydrate, protein, lipid metabolism, maintaining normal blood and inhibiting and pressure, inflammatory reactions.Cortisol is synthesized secreted by the of and cortex the adrenal aland under adrenocorticotropic hormone (ACTH). ACTH is secreted in a circadian pattern by the anterior lobe the pituitary gland response to corticotropin releasing hormone (CRH) secretion by the hypothalamus.Circulating cortisol levels follow pattern in healthy individuals. Levels are highest in the mornina after waking and lowest in the Disorders evening. of hypothalamic-pituitaryadrenal axis override this diurnal pattern. Decreased cortisol levels induced either are hν primary Addison,s adrenal insufficiency. disease primary adrenal insufficiency secondary is caused hν due to metabolic errors or destruction of the adrenal cortex. Secondary adrenal insufficiency is caused by pituitary destruction resulting in loss of or failure. ACTH stimulation of the adrenal gland. Cushing,s syndrome is caused by increased levels of cortisol due to primary or either secondary adrenal hyperfunction.4 Causes of primary adrenal hyperfunction are adrenal tumors and nodular adrenal 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 anomalous values may be observed.

Comments:

*** END OF REPORT ***









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Consultant Pathologist / Microbiologist





REPORT

Reference No. 1

142001502

Reg. Date

: 30-Jan-2020 00:

Age/Sex

55 Years

FEMALE

Patient

· MRS. ANJU SAHNI

Print Date

: 04-Feb-2020

: NA

Delivery

Ref. Doctor

TARUN JAIN

Hospital / NH

elively

Investigation

Result

Biological Reference

Interval

<u>Units</u>

CANDIDA ALBICANS ANTIBODY IgA

11.63

Negative < 9.0

NTU

Borderline 9.0 - 11.0 Positive >11.00

CLINICAL SIGNIFICANCE

Systemic candidasis

Systemic candidiasis is often characterized by markedly elevated levels of IgG, IgA, and IgM recognizing Candida. However, interpretation of Candida antibody levels is complicated by detection of antibodies in 20-30% of healthy individuals, and blunted antibody responses in immuno- compromised patients at risk for systemic candidiasis. Candida antibody results should be considered within the context of clinical findings and results from other relevant laboratory tests, such as Candida antigen detection and/or culture.

Comments:

CANDIDA ALBICANS ANTIBODY IaG

7.74

Negative <9.0

NTU

Borderline 9.0 - 11.0 Positive >11.00

CLINICAL SIGNIFICANCE

Systemic candidiasis is often characterized by markedly elevated levels of IgG, IgA, and IgM recognizing Candida. However, interpretation of Candida antibody levels is complicated by detection of antibodies in 20-30% of healthy individuals, and blunted antibody responses in immuno- compromised patients at risk for systemic candidiasis. Candida antibody results should be considered within the context of clinical findings and results from other relevant laboratory tests, such as Candida antigen detection and/or culture.

Comments:

CANDIDA ALBICANS ANTIBODY IgM

3.24

Negative < 9.0

NTU

Borderline 9.0 - 11.0 Positive >11.00

CLINICAL SIGNIFICANCE

Systemic candidiasis is often characterized by markedly elevated levels of IgG, IgA, and IgM recognizing Candida. However, interpretation of Candida antibody levels is complicated by detection of antibodies in 20-30% of healthy individuals, and blunted antibody responses in immuno- compromised patients at risk for systemic candidiasis. Candida antibody results should be considered within the context of clinical findings and results from other relevant laboratory tests, such as Candida antigen detection and/or culture.

Comments:

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LIPID PROFILE

Reference No. 142001502 **Reg. Date** : 30-Jan-2020 01: **Age/Sex** : 55 Years FEMALE

Patient : MRS. ANJU SAHNI Print Date : 30-Jan-2020 Delivery :

Ref. Doctor : TARUN JAIN Hospital / NH : NA

Investigation	Result	Biological Reference Interval	<u>Units</u>
CHOLESTROL, SERUM (Enz. Colorimetry)	203.2	80.00 - 200.00	mg/dl
HDL CHOLESTEROL (Enz.Colorimetry)	68.90	40.00 - 70.00	mg/dl
TRIGLYCERIDES, SERUM (Enz.Colorimetry)	120.26	40.00 - 150.00	mg/dl
VLDL CHOLESTEROL (Calculated)	24.05	24.00 - 45.00	mg/dl
LDL CHOLESTEROL (Enz.Colorimetry)	110.25	30.00 - 100.00	mg/dl
LDL / HDL RATIO (Calculated)	1.60	0.00 - 3.00	
CHOLESTEROL / HDL RATIO(Calculated)	2.95	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 REFERECE 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:

Comments:

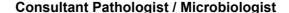
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REPORT

: 30-Jan-2020 Reference No. 142001502 Reg. Date Age/Sex 55 Years **FEMALE**

: MRS. ANJU SAHNI **Patient** Delivery **Print Date** : 30-Jan-2020

Ref. Doctor : TARUN JAIN Hospital / NH : NA

Investigation	Result	Biological Reference Interval	<u>Units</u>
IRON, Serum(Ferrozine)	45.6	33.00 - 193.00	ug/dl
UIBC Serum(Ferrozine)	445.3	135.00 - 392.00	ug/dl
TIBC.(Calculated)	490.90	250.00 - 450.00	ug/dl
Comments			

*** END OF REPORT ***







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

Reference No. 142001502 Reg. Date · 30-Jan-2020 Age/Sex 55 Years **FEMALE**

: MRS. ANJU SAHNI **Patient** Delivery **Print Date** : 30-Jan-2020

Ref. Doctor : TARUN JAIN Hospital / NH : NA

Investigation	Result	<u>Biological Reference</u> <u>Interval</u>	<u>Units</u>
BILIRUBIN (TOTAL), Serum(Diazo)	0.2	0.00 - 1.20	mg/dl
BILIRUBIN (DIRECT), Serum(Diazo)	0.11	0 - 0.30	mg/dl
BILIRUBIN (INDIRECT), Serum(Calculated)	0.09	0.00 - 0.70	mg/dl
TOTAL PROTEINS Serum(Biuret)	6.7	6.40 - 8.30	gms/dl
ALBUMIN, Serum(BCG)	4.2	3.50 - 5.20	gms/dl
GLOBULIN (Calculated)	2.50	2.00 - 3.50	gms/dl
A:G RATIO (Calculated)	1.68	1.00 - 2.00	
ALKALINE PHOSPHATASE Sorum(Colorimotry)	113.7	35.00 - 105.00	U/L
PHOSPHATASE, Serum (Colorimetry) SGOT, Serum (IFCC)	19.8	1.00 - 32.00	U/I
SGPT, Serum(IFCC)	21.7	2.00 - 33.00	U/I
GGTP, Serum(Enz.Colorimetry)	38.7	5.00 - 36.00	U/L
Comments:			

*** END OF REPORT ***









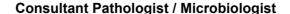


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REPORT

Reference No.

142001502

Reg. Date

30-Jan-2020

Age/Sex

FEMALE

Patient

· MRS. ANJU SAHNI

- malignancies such as acute leukemia and Hodgkin, s disease

Print Date

· 30-Jan-2020

Delivery

Interval

Ref. Doctor

TARUN JAIN

Hospital / NH

: NA

Biological Reference

55 Years

Units

FERRITIN, Serum, (CLIA)

Investigation

6.6

Result

11.00 - 306.8

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.

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

- significant tissue destruction

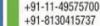
- liver disease

- therapy with iron supplements

Comments:

*** END OF REPORT ***







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Dr. Dhruti Manek MBBS, MD (Path)









KIDNEY FUNCTION TEST (KFT)

: 30-Jan-2020 Reference No. 142001502 Reg. Date Age/Sex 55 Years **FEMALE**

: MRS. ANJU SAHNI **Patient** Delivery **Print Date** : 30-Jan-2020

Ref. Doctor : TARUN JAIN Hospital / NH : NA

Investigation	<u>Result</u>	<u>Biological Reference</u> Interval	<u>Units</u>
UREA Serum(Urease)	23.99	12.00 - 45.00	mg/dl
UREA NITROGEN(Calculated)	11.21	6.00 - 20.00	mg/dl
CREATININE SERUM(Jaffe)	0.65	0.50 - 0.90	mg/dl
URIC ACID, Serum(Colorimetry)	6.2	2.40 - 5.70	mg/dl
CALCIUM, Serum(BAPTA)	8.83	8.60 - 10.00	mg/dl
PHOSPHATE, Serum(Phosphomolybdate)	3.9	2.50 - 4.80	mg/dl
SODIUM, Serum(ISE Indirect)	139.4	130.00 - 149.00	meq/L
POTASSIUM, Serum(ISE Indirect)	4.35	3.50 - 5.00	meq/L
CHLORIDE, Serum(ISE Indirect)	105.90	97.0 - 107.0	meq/L
Comments:			

*** END OF REPORT ***











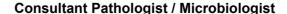


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REPORT

Reference No. 142001502

001502 **Reg. Date**

: 30-Jan-2020 00:

Age/Sex : 55 Years

FEMALE

Patient

: MRS. ANJU SAHNI

Print Date

: 30-Jan-2020

Delivery

Ref. Doctor

Investigation

TRANSFEERRIN.

: TARUN JAIN

Hospital / NH

Result

412.74

: NA

Biological Reference Units

<u>Interval</u>

200.00 - 360.00

mg/dl

Comments:

*** END OF REPORT ***

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THYROID PROFILE

Reference No. 142001502 **Reg. Date** : 30-Jan-2020 01: **Age/Sex** : 55 Years FEMALE

Patient : MRS. ANJU SAHNI Print Date : 30-Jan-2020 Delivery :

Ref. Doctor : TARUN JAIN Hospital / NH : NA

<u>Investigation</u>	<u>Result</u>	Biological Reference	<u>Units</u>
		<u>Interval</u>	
FT3 Serum, (CLIA)	4.56	3.80 - 6.00	pmol/L
FREE T4, Serum,(CLIA)	9.4	7.00 - 15.96	pmol/l
TSH, Serum,(CLIA)	5.50	0.45 - 5.33	uIU/ml

*Pregnancy

Units First Trimester Second Timester Third Trimester

Free T4 pmol/L 6.00 - 16.28 5.19 - 13.86 5.77 - 15.79

* PHYSIOLOGICAL ALTERATIONS IN THYROID VALUES

* REFERENCE RANGE :-

Pregnancy

TSH

Units First Trimester Second Timester Third Trimester μ IU/mL 0.05 - 3.70 0.31 - 4.35 0.41 - 5.18

*Referenge range has been changed due to change in testing platform.

Comments:

*** END OF REPORT ***

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Consultant Pathologist / Microbiologist



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VITAMIN B12.

Reference No. 142001502

12001502

· 30-Jan-2020 01:

Age/Sex : 55 Years

FEMALE

Patient

· MRS. ANJU SAHNI

Print Date

Reg. Date

· 30-Jan-2020

: NA

Delivery

Ref. Doctor

TARUN JAIN

Hospital / NH

Jelivel y

Investigation

Result

Biological Reference

<u>Units</u>

VITAMIN B12, Serum, (ECLIA)

247.50

<u>Interval</u>

pg/ml

Category Range (pg/mL)

Range (pg/mL) 197-771

Normal 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.

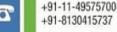
Limitations

* kindly Correlate Clinically

Comments:

*** END OF REPORT ***







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VITAMIN D. 25 - HYDROXY

Reference No.

VITAMIN D, 25-HYDROXY, Serum, (CLIA)

142001502

Reg. Date

· 30-Jan-2020

Age/Sex

FEMALE

Patient

: MRS. ANJU SAHNI

Print Date

: 30-Jan-2020

Delivery

Ref. Doctor

Investigation

: TARUN JAIN

Hospital / NH

Result

73.4

: NA

Biological Reference Units

55 Years

Interval

75.00 - 250.00

nmol/L

Comments:

*** END OF REPORT ***

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Dr. Asha Bhatnagar MBBS, Lab Director, Quality Incharge

Dr. Sagar Tapas MD (Path)HOD, Biochemistry & Immunoassay

Dr. Meenu Beri MD (Path) HOD, Haematology, Cytopathology & Clinical Path

Dr. Dhruti Manek MBBS, MD (Path)





REPORT

: 30-Jan-2020 55 Years Reference No. 142001502 Reg. Date Age/Sex **FEMALE**

: MRS. ANJU SAHNI **Patient** Delivery **Print Date** : 30-Jan-2020

Ref. Doctor : TARUN JAIN Hospital / NH : NA

Investigation	Result	Biological Reference Interval	<u>Units</u>
IgG SERUM (Immunoturbidimetric)	10.7	7.00 - 16.00	g/L
Comments: IgM SERUM (Immunoturbidimetric)	1.41	0.40 - 2.30	g/L
Comments: IgA SERUM (Immunoturbidimetric)	1.20	0.70 - 4.00	g/L
Comments			

*** END OF REPORT ***









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laE

Reference No. 142001502 Reg. Date

: 30-Jan-2020

Age/Sex 55 Years **FEMALE**

Patient

· MRS. ANJU SAHNI

Print Date

· 30-Jan-2020

: NA

Delivery

Ref. Doctor

TARUN JAIN

Hospital / NH

Investigation

Units

Biological Reference Interval

IgE SERUM, (ECLIA)

208.0

Result

0.00 - 100.00

IU/mL

COMMENTS

Immunoglobulin E (IgE): It most significant parameter for allergic information. The level of IgE is low during the first year of life and it gradually increases with age and reaches adult levels after 10 years. IgE is a major mediator of allergic response, therefore its measurement can provide useful information for differential diagnosis of atopic and non-atopic disease.

- Increased Levels of IgE seen in: 1). Atopic/Non-atopic disorders 2). Hyper IgE syndrome
- 3). Parasitic infections

- 4). Pulmonary Aspergillosis
- 5). Immunodeficiency states
- 6). Autoimmune diseases.

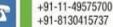
Uses:

- To evaluate children with strong family history of allergies and adults having allergic respiratory disease, helps establish the diagnosis and define the allergens.
- To confirm sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease.
- To evaluate sensitivity to insect venom allergens clinically.
- To confirm the presence of IgE antibodies to certain occupational allergens.

Comments:

*** END OF REPORT ***







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Consultant Pathologist / Microbiologist



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