



HERITAGE HEALTH INSURANCE TPA PVT. LTD.

CLAIM HISTORY SHEET

(P)

Front Desk

Name of Insured Drumkhanal-P

Executive Name Pelika

Policy No. :

Hospital : Krishna Maternity

Checklist Verification :

Signature B

Claim Entry

Executive Name :

CCN No. : 762300064

10/11/22

Sign

Policy Details

Main Claim / Partial Claim / Pre & Post

Doctor Name

Medical Officer Remarks

Diagnosis :

Deletions

Claim Admissible

Yes

No

Date

Signature

Medical Department

Claim Processing

Executive Name :

Remarks

Sign

Date

Claim Approval

Executive Name :

Remarks

Sign

Date

Claim Settlement Details

Amount Claimed

Amount Settled

Cheq. No. :

Date :

Issued To :

Special Remarks :

Date :

Authorised Signatory

Name

DECLARATION OF THE INSURED

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I now make any false or untrue statement or suppression of material fact with respect to questions asked in Section A of this form, my right to claim reimbursement shall be forfeited. I also warrant & authorize TPA Insurance Company to seek necessary medical information/documents from any hospital / Medical Provider who has attended to the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the treatment of the claimant & that I will not be making any supplementary claim for cost of the treatment not included in this bill.

Date



Place

Signature of the insured

D. P. Arumugam

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the Insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) M. No./Contract No.	Enter the social insurance number of the insured number of social health insurance scheme	As allotted by the organization
c) Company TRAC No.	Enter the TRAC No.	Unique number as allotted by PCA and printed in IFM documents
d) Name	Enter the full name of the person insured	Surname, First name, Middle name
e) Address	Enter the full postal address	Include street, City and Pin Code
SECTION B - DETAILS OF INSURANCE HISTORY		
f) Covered by any other health/Health Insurance?	Indicate whether currently covered by another health/Health Insurance	Tick Yes or No
g) Date of Commencement of first insurance without break	Enter the date of commencement of first insurance	DD/MM/YYYY format
h) Company Name	Enter the full name of the insurance company	Name of the organization in full
i) Policy No.	Enter the policy number	As allotted by the insurance company
j) Sum Insured	Enter the total sum insured under the policy	IN rupees
k) Have you been hospitalized in the last 12 months (period of the contract)?	Indicate whether hospitalized in the last 12 months	Tick Yes or No
l) Date	Enter the date of hospitalization	DD/MM/YYYY format
m) Diagnosis	Enter the diagnosis code	ICD-10
n) Prescribed covered by any other health/Health Insurance?	Indicate whether presently covered by another health/Health Insurance	Tick Yes or No
o) Company Name	Enter the full name of the insurance company	Name of the organization in full
SECTION C - DETAILS OF INJURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter date of birth of patient	DD/MM/YYYY format
e) Relationship to primary insured	Indicate relationship of patient with policyholder	Tick the right option; if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option; if others, please specify
g) Address	Enter the full postal address	Include street, City and Pin Code
h) Phone No.	Enter the phone number of patient	Include STD code with landline number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury / Date of onset of symptoms / Date of Delivery	Enter the relevant date	DD/MM/YYYY format
e) Date of admission	Enter date of admission	DD/MM/YYYY format
f) Time	Enter time of admission	DD/MM/YYYY format
g) Date of discharge	Enter date of discharge	DD/MM/YYYY format
h) Time	Enter time of discharge	DD/MM/YYYY format
i) Injury grade / Cause	Indicate cause of injury	Tick the right option
j) Injury type	Indicate whether injury is fracture / non-fracture	Tick Yes or No
k) Reported to Police	Indicate whether police report was filed	Tick Yes or No
l) M.O Report & Police FIR attached	Indicate whether M.O report and Police FIR attached	Tick Yes or No
m) System of Medicine	Enter the system of medicine followed in treating the patient	Tick Yes
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	IN rupees (IN not more than IN 100,000)
b) Claim for Outpatient Hospitalization	Indicate whether claim is for outpatient hospitalization	Tick Yes or No
c) Details of Long term treatment / Outpatient	Enter the amount claimed as long term treatment benefit	IN rupees (IN not more than IN 100,000)
d) Claim Documents Submitted/Attach ICD	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BANK ACCOUNT		
Indicate whether the insured with the account is a resident		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) IFSC	Enter the IFSC code of the bank	As allotted by the Reserve Bank of India
b) Account Number	Enter the bank account number	As allotted by the bank
c) Bank Name and Branch	Enter the name of the bank and branch	Name of the bank in full
d) Branch/IFSC code	Enter the code of the branch/IFSC code	Name of the individual organization in full
e) IFSC Code	Enter the IFSC code of the bank branch	IFSC code of the bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (DD/MM/YYYY format), place (city and pin code)		

नीचिली अनुसूची/ Policy Schedule- National Mediclaim Policy

नीचिली नंबर/ Policy Number:
640600502110000130

व्यवसाय स्रोत/Business Source: 746120

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 640600

कार्यालय पता /Office Address: THIRUNELVELI
DIVISION 37 C, 5 N High Road,
Thirunelveli Junction, Thirunelveli, Tamil
Nadu, - 627001.

राज्य कोड/State Code: 33, Tamil Nadu

वीएसटीआन/GSTIN: 33AAACN987E1ZA

संपर्क संख्या/Contact Number: 462 238406

मोबाइल नंबर/Mobile Number: 0

बिक्रय चैनल विवरण/Sales Channel Details:

बिक्रय चैनल कोड /Sales Channel Code:

9000170075

नाम /Name: Shri K Jayasigh संपर्क संख्या/

Contact Number: 7373973597

को-ब्रोकर कोड / Co Broker Code:

Product UIN No: NICHLP21558VD02021

इससेवा सेवा टोल फ्री नंबर/Customer Care Toll-Free

Number:1800 345 0336

Email:customer.support@hic.co.in

ग्राहक का नाम /Customer Name: MRS ARUMUHAMAL P

ग्राहक आईडी /Customer ID

9516510908

पैन /PAN

पता /Address: W/O V.S.PALANIA PILLAI, NO-9, VASOKKAMINDA
VINAYAGAR KOIL ST., THIRUNELVELI DIST., THIRUNELVELI,
TAMIL NADU, पिन/Post City: THIRUNELVELI पिन/Post Office: THIRUNELVELI,
राज्य/State: TAMIL NADU, पिन/PIN: 627006
मोबाइल: 9443152532

आधार /AADHAR

फोन /Phone: 9443152532

E-मेल /E-Mail

नीचिली प्रभावी होने का समय: यह नीचिली Policy Effective from 00:00 hours, on 25/11/2021 की समय रात्रि तक प्रभावी/Policy Effective to midnight of 24/11/2022

प्रीमियम Premium	₹ 40,824.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	नहीं नहीं /NA
Less:Initial Discount	₹ 0.00		
Total Premium	₹ 40,824.00		
सीजीएसटी/CGST	₹ 3,674.00		
एसजीएसटी/सूटबिलेएसटी/SGST/UTGST	₹ 3,674.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8600161115094760 दिनांक/Dt. 25/09/2021
वाट्सजीएसटी/IGST	₹ 0.00		
लॉस जीएसटी / टिक्स / Less:GST, TDS	₹ 0.00		
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	640600812110005582 दिनांक/Dt. 18/11/2021
कुल राशि /Total Amount	₹ 48,172.00	पिछली नीचिली संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	64060050171000017 दिनांक/Dt. 24/11/2018 6406004815850000048 दिनांक/Dt. 24/11/2017 6406004815850000042 दिनांक/Dt. 24/11/2016 64060050181000014 दिनांक/Dt. 24/11/2019 64060050191000015 दिनांक/Dt. 24/11/2020 64060050201000019 दिनांक/Dt. 24/11/2021

(रुपय Rupees Forty Eight Thousand One Hundred Seventy Two केवल/Only.)

*सरकारी सब्सिडी Government Subsidy: ₹ 0.00

बीमित व्यक्ति का विवरण/Details of Insured Persons

क्र.सं./ S.No	बीमित व्यक्ति का नाम/ Name of the Insured Person	प्रसव तिथि/ Date of Birth	संबंध / Relation	व्यवसाय / Occupation	लिंग / Gender	बीमा राशि (₹) / Sum Insured (₹) CB Amount (₹)	पहले से मौजूद रोग / Pre-existing Diseases/Exclusions
1.	ARUMUHAMAL P	25/10/1952	Self	All - Occupation	F	5,00,000.00 1,95,000.00	NA

वैकल्पिक कोपेमेंट विवरण /Optional Copayment details :-

कोपेमेंट /Co payment %:NA

नामांकित व्यक्ति /Nominee Details

नामांकित व्यक्ति का नाम /Name of the Nominee
V.S.PALANIYA PILLAI

बीमित व्यक्ति के साथ संबंध /Relationship with Insured
Husband

Frequency of Premium Payment: Annual

पृष्ठ/

टीपीए का नाम/ TPA Details:HERITAGE HEALTH TPA PVT LTD - COIMBATORE, No 227 A, DPF Road, Pepparaickanpalayam,
Coimbatore, Tamil Nadu - 641037 Contact No : 422 - 4337117 Email : hrtpaaccounts@herjpn.in

* Copy *

प्रमाण-पत्र / Certificate- National Mediclaim Policy

पॉलिसी नंबर / Policy Number:
640600502110000130

व्यापक स्रोत / Business Source: 746120

आपका जारीकर्ता/Issuing Office

कार्यालय कोड /Office Code: 640600

कार्यालय पता /Office Address: THIRUNELVELI

DIVISION 37 C, S N High Road, Thirunelveli

Junction, Thirunelveli, Tamil Nadu, - 627001

राज्य कोड /State Code: 33, Tamil Nadu

सेल कोड /GSTIN: 33AAACN9967E12A

सम्पर्क नंबर /Contact Number: 462-2238456

मोबाइल नंबर /Mobile Number: 0

बिक्री चैनल विवरण / Sales Channel Details

बिक्री चैनल कोड / Sales Channel Code:

9000170075

नाम / Name: Shri K Jeyasanth

सम्पर्क नंबर /Contact Number: 7373973587

सह ब्रोकर कोड / Co Broker Code:

Product UIN No: NICHLIP21558V062221

कस्टमर केयर टॉल फ्री नंबर /Customer Care Toll Free
Number: 1800 345 8335

ईमेल /email: customer.support@nic.co.in

मिलने वाली प्रतियों में दिया गया /गया, को विशेष उल्लिखित कार्यवाही को परामर्शदाताओं को विवरण अधिकृत किया जा रहा है उसके द्वारा निर्धारित किए जा रहे। यह अनुसूची, संपन्न पॉलिसी, क्लॉस, एंडोर्समेंट और पॉलिसी शर्तों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध हैं, को एक अनुबंध के रूप में एक साथ मिला जाए तथा कोई भी शर्त जो अधिकृत मिलने की या विवरण और पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही शर्त रहने करेगा चले नहीं भी उल्लिखित हो। यह आश्वासन दिया जाता है कि पॉलिसी के अंतर्गत के मामलों में, यह दस्तावेज़ स्पष्ट-आप में ही निम्न वाली जायेगी। **IN WITNESS WHEREOF** the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 18/November2021. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that **IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**.

ऑडियटर/ऑडिटर का विवरण/Ombudsman Details: Office of the Insurance
Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teyampet,
Chennai- 600 018.

Tel: 044 - 24333668 / 24335284

Email: bms@opal.chennai@ciolns.co.in

सह ब्रोकर
Stamp
Duty:
(₹ 0.25)

कुले केवल इन्सुरेंस कंपनी लिमिटेड
For and on behalf of National
Insurance Company Limited
अधिकृत हस्ताक्षर/Authorized Signatory

समाप्त-नए /Completed- National Mediclaim Policy-

पॉलिसी नंबर /Policy Number:

840600502110000130

प्रत्यक्ष स्रोत /Business Source: 746120

व्यक्तिगत कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 840600

कार्यालय पता /Office Address: THIRUNELVELI
DIVISION 27 C, S N High Road, Thirunelveli
Junction, Thirunelveli, Tamil Nadu - 627001.

राज्य कोड/State Code: 33 - Tamil Nadu

जीएसटीन/GSTIN: 33AAACN997F12A

संपर्क नंबर/Contact Number: 482 2338458

मोबाइल नंबर/Mobile Number: 0

बिक्री चैनल/Details Sales Channel Details

बिक्री चैनल कोड /Sales Channel Code

9000170075

नाम/ Name: Shri K. Jayasenth

संपर्क नंबर/Contact Number: 7372973597

सह दस्तावेज /Co Broker Code

Product LIn No: NICHILIP21558V062021

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free
Number: 1800 345 8338

ईमेल/customer.support@nic.co.in

ग्राहक का नाम/Customer Name: MRS ARUMUHAMAL P

ग्राहक आईडी/Customer ID:

9518810908

पैन/PAN:

पता/Address: W/O V S PALANIA PILLAI, NO-9, VASUKKAMINDA
VINAYAGAR KOIL ST, TIRUNELVELI DIST: TIRUNELVELI,
TAMIL NADU, नगर/City: TIRUNELVELI, जिला/District: तमिल
राज्य/TAMIL NADU, पिन/PIN: 627006, सेल/Cell: 9443152832

फोन/Phone:

ई-मेल/ E-Mail:

वैधता: 00:00hours, on 25/11/2021 से प्रभावी 24/11/2022 को तक एवं तब तक/Policy Effective from: 00:00hours, on 25/11/2021 to midnight of
24/11/2022

प्रीमियम प्रमाण पत्र Premium Certificate

(आयकर (इंजीनियर) अधिनियम, 1986 के तहत 80 डी के कटौती के प्रयोजन के लिए)

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

यह प्रमाणित किया जाता है कि MRS ARUMUHAMAL P ने रुपये ₹ 48,172 Forty Eight Thousand One Hundred Seventy Two Only केवल प्रमाणित किया गया 000433 दिनांक 17/11/2021

के लिए 25/11/2021 से 24/11/2022 की अवधि के लिए पॉलिसी संख्या 840600502110000130 के तहत से नेशनल में चली बीमा हेतु प्रीमियम का भुगतान किया है।

प्रीमियम /Premium ₹ 40,824.00 बीसीएचटी /CGST ₹ 3,874.00 एससीएचटी /SGST ₹ 3,874.00, आईसीएसटी/IGST ₹ 0.00, एचटी बीमा के द्वारा भुगतान प्राप्त /Payment received

vide receipt no.840600502110000062 दिनांक 18/11/2021.

This is to certify that MRS ARUMUHAMAL P has paid ₹ 48,172.00 (Rupees Forty Eight Thousand One Hundred Seventy Two Only) towards premium for Hospitalisation Insurance vide Policy no.840600502110000130 for the period from 25/11/2021 to 24/11/2022 by Instrument number 000433 dated 17/11/2021. Premium ₹ 40,824.00, CGST ₹ 3,874.00, SGST ₹ 3,874.00, IGST ₹ 0.00. Payment received vide receipt no.840600502110000062 dated 18/11/2021.

मुझे वेबसाइट पर रजिस्ट्रार के रूप में लिखें

For National Insurance Company Limited

निर्दिष्ट रूप से अधिकृत अधिकारी

Duly Constituted Authority

தன் இலாபம் TAX INVOICE

பதிப்பு 4.4 Invoice-Serial No: 30560H1P00000130

பதிப்பு 1.0 Invoice Date: 13/11/2021

பதிப்பு 4.4 Details of Supplier

நாடு நேஷனல் இன்சூரன்ஸ் கம்பனி லிமிடெட்
THIRUNELVELI DIVISION 37 C, S N High Road, Thirunelveli Junction, Thirunelveli, Tamil Nadu, -627001
நாடு/State: 33, Tamil Nadu
பதிப்பு/பதிப்பு: 33AACN0887012A

பதிப்பு 4.4 Details Of Receiver : MRS ARUMUGHAMAL P

நாடு/Address: W/O V.S.PALANIPILLAI, NO.6, VASIKKAMINDA VINAYAGAR KOIL ST., THIRUNELVELI DIST., THIRUNELVELI, TAMIL NADU
நாடு/City: THIRUNELVELI
நாடு/District: THIRUNELVELI
நாடு/State: TAMIL NADU
நாடு/PIN: 627005

பதிப்பு 4.4 Place Of

Supply Place: Tamil Nadu
நாடு/State Code: 33
பதிப்பு/பதிப்பு: 33A8TPA701BE12X

பதிப்பு/SAC Code	பதிப்பு/Description of Service	பதிப்பு/Total(₹)	பதிப்பு/Discount	பதிப்பு/பதிப்பு/ Taxable Value(₹)	பதிப்பு/பதிப்பு/CGST		பதிப்பு/பதிப்பு/SGST/UTGST		பதிப்பு/பதிப்பு/IGST		பதிப்பு/பதிப்பு/ Flood Cess Amount(₹)
					பதிப்பு/Rate	பதிப்பு/Amount(₹)	பதிப்பு/Rate	பதிப்பு/Amount(₹)	பதிப்பு/Rate	பதிப்பு/Amount(₹)	
997133	Accident and health insurance services	40,824	0%	40,824	9%	3,674	9%	3,674	0%	0	0
TOTAL		40,824		40,824		3,674		3,674		0	0

பதிப்பு/பதிப்பு/பதிப்பு (Total Invoice Value (In figures)) : ₹ 45,172

பதிப்பு/பதிப்பு/பதிப்பு (Total Invoice Value (In words)) : ரூபாய்/ Rupees Forty Eight Thousand One Hundred Seventy Two ரூபாய்/Only.

பதிப்பு/பதிப்பு/பதிப்பு Amount of Tax Subject to Reverse Charge : No

E & O E

பதிப்பு/பதிப்பு/பதிப்பு
For and on behalf of National Insurance Company Limited.

பதிப்பு/பதிப்பு/பதிப்பு Authorized Signatory





இந்திய அரசாங்கம்
Unique Identification Authority of India

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No 1092/12780/05742

To
ஆறுமுகமன்
Arumugam
W/O Palaniyandi

TIRUNELVELI TOWN
Tirunelveli
Tirunelveli Town Tirunelveli Tirunelveli
Tamil Nadu 627005
9443152532

Ref: 257 / 125 / 47672 / 48000 / P



SE1317/09854FT



உங்கள் ஆதார் எண் / Your Aadhaar No. :
7855 1639 0596

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்
Government of India

ஆறுமுகமன்
Arumugam
பிந்தை நான் / OOB - 22/07/2012
Overseas / Female



7855 1639 0596

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



Unique Identification Authority of India



தகவல்

- ஆதார் அடையாளத்திற்கான சான்று குடியுரிமைக்கு அல்ல
- அடையாள சான்றை இணையதளம் மூலம் உறுதிப்படுத்திக் கொள்ளவும்

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்
- வருங்காலத்தில் அரசு மற்றும் அரசு சாரா சேவைகளை பயன்படுத்திக் கொள்ள ஆதார் உதவிகரமாக இருக்கும்
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



இந்திய அரசாங்கம் / Unique Identification Authority of India

முகவரி: க.பெ. முனிசிபல்
மன்றம், 8, வடக்கே வீணா
வீதியில் கோவில் தெரு
திருநெல்வேலி டவுன்
திருநெல்வேலி திருநெல்வேலி
டவுன், தமிழ் நாடு, இந்தியா

Address: W/O Palaniyandi, 8,
VADKA MEEHDA VVAYAGAR
KOVEL STREET, TIRUNELVELI
TOWN, Tirunelveli, Tirunelveli
Town, Tamil Nadu 627005

7855 1639 0596



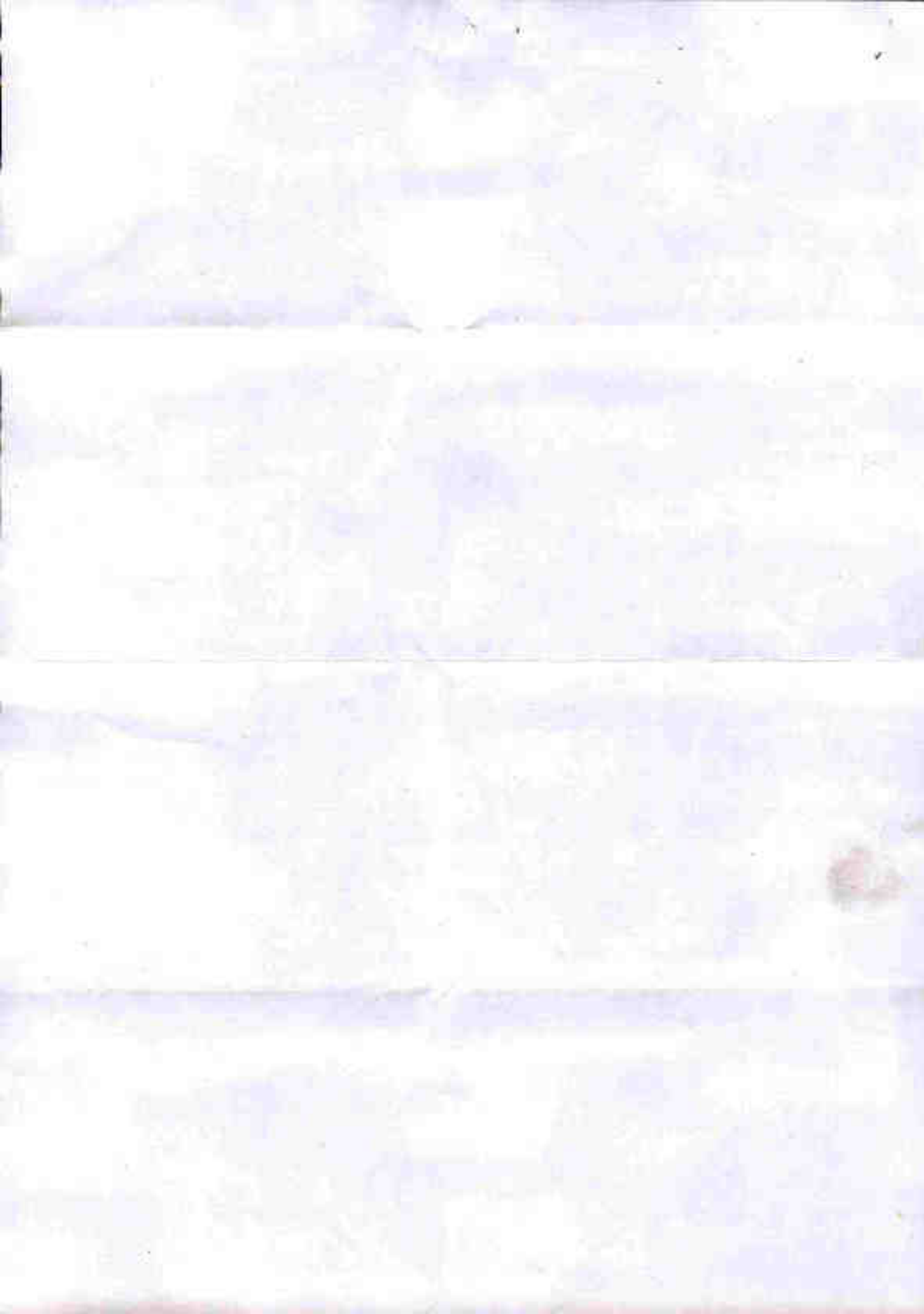
1800 268 1347



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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ARUMHAMAL

ARUMUGAM PILLAI AYYASAMI
PILLAI

23/10/1952

Permanent Address Number

ABTPA7018E

Arumugam Pillai

Signature

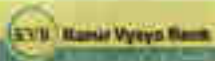


0-07333-0

इस कार्ड के खोलने पर कोई भी दण्डनीय प्रतिक्रिया नहीं होगी।
अन्यथा यह सेवा प्रभावित होगी।
आपकी जानकारी के लिए,
आपकी जानकारी के लिए,
आपकी जानकारी के लिए,
आपकी जानकारी के लिए,

If this card is lost / someone's lost card is found,
Please inform / inform to
Income Tax Officer, Section-11, KNDL,
Indo-Pak Expressway, Chandigarh,
Near Haryana/Chandigarh Expressway,
Near Haryana/Chandigarh Expressway,

Tel: 91-172-2727272, Fax: 91-172-2727272



THE KARUB VUSYA BANK LIMITED Է՞մբի Դոմ Բանկ ԼԴՈՒԷ

IRUNZU, VILL. TOWN, 106, 107 FLOOR PREYAM PLAZA, WEST CALE STREET DAWON H. SOHN RUL TRUNG LAMU TOWN, (IRUNZU VILL. TOWN) 107000

ISSN: 1548-8659

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Rupees रुपये

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OVERVIEW

01201 DATE
JUN 1991

Cancelled

~~P. Arumuthamal~~
ARUMUTHAMAL P
Rajm 10/1/2019

1100046011 6270530031: 01927311 10



KRISHNA MATERNITY HOME & PEDIATRIC CENTRE PVT LTD
(ISO - 9001 - 2015 ORGANISATION)
No.20/5, North High Ground Road, Palayamkottai, TIRUNELVELI-627002
PHONE: +91-0462-2581276, 2583276, 2580559, 2576685, 2576686
Web site: www.krishnahospitals.org E-Mail: krishnaiso2005@yahoo.com



Name	: Mrs. ARUMHAMAL . P	UHID	: KH032741
Age/Sex	: 70 Years / Female	IP No	: IP0000016121
Address	: No 9 , Vasika Meenda Vinayagar Kovil Street , Town,, Tirunelveli, Tamil Nadu, India. -	Adm.dt & Time	: 23-10-2022 12:15 PM
Primary Consultant	: Dr. Selva Sekaran MD., DM (GASTRO)	Dis.Dt & Time	: 31-10-2022
Ref Dr	:	Ward	: FIRST FLOOR OLD

DISCHARGE SUMMARY

CONSULTANTS:

... Selvasekaran, MD., DM (Gastro)
Dr. Sangamithra, MD., DM (Chest physician)

ADMISSION DIAGNOSIS :

CLD / HEMATEMESIS / HEPATOCELLULAR CA.

FINAL DIAGNOSIS :

DCLD / PHT / ACTIVITY / COAGULOPATHY / HCC / UGI BLEED
HEPATIC ENCEPHALOPATHY - RECOVERED
DM / HYPOTHYROIDISM / CHOLELITHIASIS

HISTORY :

69yrs old female admitted with c/o hematemesis +, semiconscious, drowsy, disoriented, irritable.
K/C/O CLD / Multiple hepato cellular CA since 1year. H/o TALE procedure done on 23.3.2022.
H/o Hypothyroidism on treatment. No H/o oliguria, loose stools, fever, cough, cold.

CLINICAL EXAMINATION :

Pulse Rate : 114/min
Respiratory Rate : 24/min
Respiratory System : BAE+, creps +
CVS: S1S2 +
Blood sugar : 81 mg/dl
BP : 70/50 mmHg
CNS : NFND
Per Abdomen : Distension +

TREATMENT :

Patient was admitted in ICU and treated with IVF, IV antibiotics
Chest physician opinion was obtained
Oxygen / nebulisation given
Inj.Piptaz 4.5gm IV twice daily x 9 days

Inj.Noradrenaline 2amps in 100ml NS 10ml / infusion
Inj.Lornit 5amps in 500ml NS over 8hrs
Inj.Vit K 10mg IM once daily
Inj.Metrogy1 100ml IV thrice daily x 6 days
Inj.Pan 40mg IV twice daily
Inj.3% Nacl 100ml IV twice daily
Syp.Duphalac 15ml thrice daily
Tab.Rifagut (400) 1-1-1
Tab.Eltroxin 50mcg 1-0-0
Tab.Pulmoclear 1-0-1
Heparmerz sachets 0-0-1
Tab.Ursocol (300) 1-0-0
Syp.Sucrefil 10ml thrice daily
Syp.KCL 10ml thrice daily with 50ml water
Syp.Lupituss 10ml thrice daily
Looz enema twice daily

HEMATOLOGY :

On 24.10.2022 3units of FFP transfusion given
On 27.10.2022 4units of FFP transfusion given

INVESTIGATIONS :

All reports are enclosed

COURSE IN THE HOSPITAL AND DISCUSSION

70yrs old female presented hematemesis +, semiconscious, drowsy, disoriented, irritable; On examination patient had pedal edema, distress. Her blood investigations showed elevated serum inflammatory markers. She was admitted in ICU and treated with IVF, IV antibiotics, Oxygen, Nebulisation. Patient shifted to ward after 4 days of ICU Stay. Symptoms subsided with treatment. Chest physician opinion was obtained. Patient is being discharged with the following advice.

DISCHARGE CONDITION :

GC Fair

DISCHARGE MEDICATION :

Tab.Ursocol (300) 1-0-0
Tab.Rifagut (400) 1-1-1
Tab.Eltroxin 50mcg 1-0-0
Tab.Pulmoclear 1-0-1
Heparmerz sachets 0-0-1
Syp.Sucrefil 10ml thrice daily
Syp.Lupituss 10ml thrice daily
Syp.Duphalac 0-0- 10ml x 1 week

REVIEW:

To review after 1 week

FOLLOW UP PHYSICIAN :

Dr. Selvasekaran, MD.,DM (Gastro)



KRISHNA MATERNITY HOME & PEDIATRIC CENTRE PRIVATE LIMITED

PLOT No. 4, NORTH HIGH GROUND ROAD,

PALAYAMKOTTAI - 627002

(ISO 9001- 2015 ORGANISATION)

Recognised by National Board of Examinations

No **4094**

Date 31.10.2022

CASH RECEIPT

Received Rs: 1,54,896/-

(Rupees One Lakh Fifty Four thousand only)
Sign here only for only

from _____

towards the consultation of his / her MRS. Arumutha P

during the period from 23.10.22 to 31.10.22 for Total Hospital B'd Amount.



Krishna Maternity Home & Pediatric Centre (P) Ltd
ISO 9001-2015 NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627002.
M.O. Signature

No. 4095

CASH RECEIPT

Date 21.12.2020

Received Rs. 14000/- (Rupees Fourteen thousand only)

from Mrs. Arumuthal. P.

for the treatment of Chest x-ray / opit fees

on



✓

M.O. Signature

KRISHNA MATERNITY HOME & PEDIATRIC CENTRE PRIVATE LIMITED



NABH ACCREDITED

Plot No. 4, North High Ground Road,

PALAYAMKOTTAI - 627 002.

TAMIL NADU.

(ISO 9001 : 2015 ORGANISATION)

Recognised by National ~~FINAL~~ FINAL examinations

Phone : 0462 - 2581276

2583276

2580559

2576845

2576885

2576885

Name Mrs. Arumhamal.P

BILL NO

KH032741

Date 31.10.2022

Age/ Sex 70Y/ F

No:9, Vasika Meenda Vinayagar Kovil Street,

Town

Tirunelveli.

Admission 23.10.2022

DISCHARGE 31.10.2022

Consultant - Dr. Selva Sekaran

S.NO	Description	Amount
1	ROOM RENT (Per day 2800x 5)	14000
2	Nursing Charges (Per day 750 x 9)	6750
3	Nebulizer (Per time 450x 18)	8100
4	Oxygen	10300
5	ICU ACCESSORIES (Per day 11600x 4)	46300
6	Chest physician Fees	500
7	Gastroenterologist Fees	14000
8	Blood bank	8400
9	X RAY	380
10	LAB	4260
11	MEDICINE	41906
	TOTAL	154896

For Krishna Maternity Home & Pediatric centre

Krishna Maternity Home & Pediatric Centre (P) Ltd
ISO 9001-2015, NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002.



KRISHNA MATERNITY HOME

PEDIATRIC CENTRE BLOOD BANK (Licence No: 404/28C dated)
No.19 First Floor, North High Ground Palayamkottai,
Tirunelveli-627002

Ref.No : 1396

Date : 27-10-2022

Received RS 4800 (Rupees Four Thousand Eight Hundred)
from Mrs.Arumbuhamal (Female/69)
towards the charge of Screening and Processing
Ref.By : Krishna Hospitals

Authorized Signature
27/10/2022
Place: No 19, North High Ground Road
Palayamkottai-627 002

1873

KRISHNA MATERNITY HOME

PEDIATRIC CENTRE BLOOD BANK (Licence No: 404/28C dated)

No.19 First Floor, North High Ground Palayamkottai,
Tirunelveli-627002

Ref.No : 1382

Date : 24-10-2022

Received RS 3600 (Rupees Three Thousand Six Hundred)
from Mrs.Arumuhamal (Female/70 Yrs)
towards the charge of Screening and Processing

Ref.By : Krishna Hospitals

R. Jeyaraj
Authorized Signature
ISO 9001:2015 Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002.

MEDISERV DIAGNOSTICS

KRISHNA MATERNITY HOME & PEDIATRIC CENTRE
PLOT No. 4, NORTH HIGH GROUND ROAD,
PALAYAMKOTTAI - 627 002.

No. 7425

Date: 29/12/23

CASH RECEIPT

Received Rs. 380/- (Rupees only)

from Annuhormal 691/F

towards the X-ray charges of his / her

as Part X - Chest AP

(Portable)
Signature

No. 4096

CASH RECEIPT

Date 31.10.22

Received Rs. 500/- (Rupees five hundred only)

from Mr Arumthaval P

for the treatment of Chest physician fees

on



M.O. Signature



MICROBIOLOGICAL LABORATORY

Microbiological Lab, Krishna Hospital, No 4, North High Ground

Road Palyamettai-627002
Ph: (0462) 2576096, (0462) 2576098

Page 1 of 2 Continue...



Cash Bill

Bill NO. : 0700554862

Key NO. : 6538

Date : 23/10/2022 13:18

Patient ID : 130015744

Sex : F Age : 70Y

Patient Name : ARUMHAMAL

Address : 9 VASUKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref: SELVA SEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	TestId	Test Name	Rate
1	90186	CBC - ESR - TVL	180.00
2	01207	UREA	60.00
3	01059	CREATININE	60.00
4	01145	GLUCOSE (RANDOM)	40.00
5	90028	LIVER FUNCTION TEST	550.00
6	90154	Prothrombin Time	205.00
7	90507	ELECTROLYTES (TVL)	450.00
8	06002	vacutainer-5	5.00



Received Rupees One Thousand
Five Hundred Sixty only.

Total Amount	1,560.00
Discount	0.00
Net Amount	1,560.00
Paid Amount	1,560.00
Balance Amount	0.00

Krishna Hospital & Medical Centre (P) Ltd.
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Palyamettai-627002



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Palayamkottai-627002
Ph: (0462) 2570885, (0462) 2570888



Page 2 of 2

Cash Bill

Bill NO. : 0700554862

Key NO. : 6538

Date : 23/10/2022 13:18

Patient ID : 130015744

Sex : F Age : 70Y

Patient Name : ARUMUHAMAL

Address : 9 VASIKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref: SELVA SEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	TestId	Test Name	Rate
-------	--------	-----------	------

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phone by scanning this QR CODE

Card Payment

Due Date : 23/10/2022 03:00PM

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Microbiological Lab, Krishna Hospitals, No 4, North High Ground

Road Polayamkottai-627002
Ph: (0462) 2570685, (0462) 2570686

Page 1 of 1



Cash Bill

Bill NO. : 0700554932

Key NO. : 0861



Date : 24/10/2022 19:27

Patient ID :

Sex : F Age : 70Y

Patient Name : ARUMUGAMMAL

Address :

Ref: SELVA BEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	TestId	Test Name	Rate
1	90228	ABG - (Arterial Blood Gas)	600.00



Received Rupees Zero only.

Total Amount	600.00
Discount	0.00
Net Amount	600.00
Paid Amount	0.00
Balance Amount	600.00

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Cash Payment

Due Date : 24/10/2022 09:00PM

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will not be dispatched in absence of bill.

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No 4, North High Ground Road.,
Polayamkottai-627002
Ph: (0462) 2570685, (0462) 2570686

For Microbiological Laboratory

Authorized Signature

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MICROBIOLOGICAL LABORATORY

Microbiological Lab, Krishna Hospital, No 4, North High Street

Road Palayamkottai-627002
Ph: (0462) 2576895, (0462) 2576896



Page 1 of 1

Cash Bill

Bill NO. : 0700554921

Key NO. : 8575

Date : 24/10/2022 12:58

Patient ID : 130015744

Sex : F Age : 70Y

Patient Name : ARUMUGAMMAL

Address : 9 VASIKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref: SELVA SEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	TestId	Test Name	Rate
1	02003	GROUP & Rh TYPE	75.00
2	06002	vaccutainer-5	5.00



Received Rupees Eighty only.

Total Amount	80.00
Discount	0.00
Net Amount	80.00
Paid Amount	80.00
Balance Amount	0.00

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Cash Payment

Due Date : 24/10/2022 03:00PM



Krishna Maternity & Paediatric Centre Pvt Ltd

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For Microbiological Laboratory

Authorized Signatory

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MICROBIOLOGICAL LABORATORY

Microbiological Lab, Krishna Hospital, No 4, North High Ground

Road Palayamkottai-627002

Ph: (0822) 2570055, (0462) 2876688



Page 1 of 1

Cash Bill

Bill NO. : 0700554944

Key NO. : 5534

Date : 25/10/2022 00:43

Patient ID : 130015744

Sex : F Age : 70Y

Patient Name : ARUMHAMAL P

Address : 9 VASIKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref: SELVA SEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	TestId	Test Name	Rate
1	90187	CBC-TVL	190.00
2	01185	SODIUM	110.00
3	01172	POTASSIUM	110.00
4	01059	CREATININE	60.00



Received Rupees Four Hundred
Seventy only.

Total Amount	470.00
Discount	0.00
Net Amount	470.00
Paid Amount	470.00
Balance Amount	0.00

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phone by scanning this QR CODE

Cash Payment

Due Date : 25/10/2022 03:00PM

Krishna Maternity Home & Pediatric Centre (P) Ltd.
ISO 9001:2015, NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627002.

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For Microbiological Laboratory

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Road Palayamkottai-627002
Ph: (0462) 2576635, (0462) 2579830



Page 1 of 2 : Continues...

Cash Bill

Bill NO. : 0700555201

Key NO. : 1762



Date : 27/10/2022 06:05

Patient ID : 070031152

Sex : F Age : 69Y

Patient Name : ARUMUHAMAL

Address : NELLAI

Ref: SELVA SEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	TestId	Test Name	Rate
1	90187	CBC-TVL	190.00
2	01207	UREA	60.00
3	01059	CREATININE	60.00
4	01145	GLUCOSE (RANDOM)	40.00
5	90029	LIVER FUNCTION TEST	550.00
6	90154	Prothrombin Time	205.00
7	01185	SODIUM	110.00
8	01172	POTASSIUM	110.00
9	06002	vacutainer-5	5.00



Received Rupees One Thousand
Three Hundred Thirty only.

Total Amount	1,330.00
Discount	0.00
Net Amount	1,330.00
Paid Amount	1,330.00
Balance Amount	0.00

Note : Always use your Bill NO for queries.
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Plant No 4, North High Ground Road
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Road Palayamkottai-627002
Ph: (0462) 2576685 / (0462) 2576688

Page 2 of 2



Cash Bill

Bill NO. : 0700555201

Key NO. : 1762



Date : 27/10/2022 06:05

Patient ID : 070031152

Sex : F Age : 69Y

Patient Name : ARUMUJAMAL

Address : NELLAI

Ref: SELVA SEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	Testid	Test Name	Rate
-------	--------	-----------	------

U can view the REPORT with your smart
phone by scanning this QR CODE

Card Payment

Due Date : 27/10/2022 08:00AM

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Produce your bill for report collection. Reports
will not be dispatched in absence of bill.

For Microbiological Laboratory



Toll free No. 1995 4351315

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MICROBIOLOGICAL LABORATORY

Microbiological Lab, Krishna Hospital, No-4 North High Ground

Road/Vasikamintha-627002
Ph: (0462) 2575005, (0462) 2576888

Page 1 of 1



Cash Bill

Bill NO. : 0700555436

Key NO. : 4960

Date : 29/10/2022 07:42

Patient ID : 130015744

Sex : F Age : 70Y

Patient Name : ARUMHAMAL P

Address : B VASIKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref: SELVA SEKARAN MD DM (GASTRO)

Company ID : KRISHNA HOSPITAL

Sl.No	TestId	Test Name	Rate
1	01185	SODIUM	110.00
2	01172	POTASSIUM	110.00



Received Rupees Two Hundred
Twenty only.

Total Amount	220.00
Discount	0.00
Net Amount	220.00
Paid Amount	220.00
Balance Amount	0.00

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Cash Payment

Due Date : 29/10/2022 09:01AM

Krishna Maternity & Pediatric Centre (P) Ltd
ISO 9001:2015, NABL Accredited
No-4 North High Ground Road,
Tirunelveli - 627 002

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will not be dispatched if bill is not valid.

For Microbiological Laboratory

Authorized Signatory

Toll Free No: 1800 4251318

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4260

Superward Pharmacy a Unit Of Roberts Drugs Ltd.
 Krishna Pharmacy, No.191, North High Ground Road, Palayamkottai.,
 Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AAC255710203 DU Number : THY / 2496 / 20 and 21 dt.07.02.17
 GST Invoice

Place Of Supply : TAMIL NADU & JT

Cashier ID : KHH

Bill No : 8015091

Dt : 23/10/2022 9:01 PM

Doctor : DR.SELVA SEKARAN

Patient : PRATHAPAN

Customer Name : PRATHAPAN

Product Name	HS Code	Batch	Expiry	Qty	MRP GST%	Amount
NS 500 ML (EUROHEAD)	30049099	4619	02/25	1	77.3 GST12	70.60
NS 500 ML (EUROHEAD)	30049099	82R/204036	04/25	2	79.3 GST12	141.63

Desc	GST	MRP	Tot.GST	Amount	Discount	Total GST	ROD	Total Amt
GST12	12.75	12.75	80.49	212.41	0.00	22.49	0.0000	237.90

Payment Details : Cash = 237.90

Sales Return against Bill and less than 30days only

GURU MEDICALS

4 NORTH HIGH GROUND ROAD,

KRISTINA NURSING HOME COMPLEX, PALAYAMKOTTAJ-627002.

Tel: Phone: 0462-2575175

GST: AABSRG6102P1G3, D.L.No: TNV30720-21

CASH-Bill

Name : ARUMHAMAL

Doctor : DR.SELVA SIKARAN M.D.D.M.

Date : 23/10/2022

Bill No: 036344

Time: 14:10

S.No.	Product Name	MRP	Pack	Batch	Exp	Qty	Rate	GST%	Amount
1.	REVOTAZ 4.5MG INJ	449.13	1S	22450093	2-24	2	401.19	12.0	802.38
2.	LOOZENEMA	394.00	273ML	13022165	6-24	2	373.24	5.0	746.48
3.	ABAZOL E IV	24.04	100ML	A3022029	7-25	2	22.00	12.0	44.00
4.	PANTHERAM 40MG INJ	49.00	1S	ND-11382	9-23	1	43.74	12.0	43.74
5.	LORNET INJ	432.00	10ML	PLA66A4200	2-23	3	385.72	12.0	1928.58

Tot Qty : 12

SGST Sal: 182.88

Tot Item : 5

CGST Sal: 187.88

GST Val: 375.76

R.Off: 0.00

Sub Total : 3509.18

GST Value : 375.76

Rs. Three Thousand Nine Hundred Forty Five Only

Grand Total 3945.00

PAGE NO: 1

MEDICINE ONCE SOLD CANNOT TAKEN BACK

3945.00

PLA66A4200

Palayamkotta-627 002

Superseed Pharmacy & Unit Of Regenis Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North high Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR66720220 Bill Number : TN-14-20 and 21-0012B dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KMHBR

BillNo : SC1122A

Dt : 23/10/2022 3:57 PM

Doctor : DR.SELVA SEKARAN

Patient : ARUMHAMAL

Customer Name : ARUMHAMAL

Product Name	Unit	Batch	Expiry	Qty	MRP GST%	Amount
ADULT DIAPER XL 10S	8009092	000	06/26	3	675 GST12	180.80

Desc	CGST	SGST	Amount :
GST12	10.81	21.70	180.80



Amount :	180.80
Discount :	0.00
Total GST :	21.70
RDD :	0.0000
Total Amt :	202.50

Payment Details : Cash = 202.50

Sales Return against Bill and less than 30days only



Supermed Pharmacy & Unit (H. Pagenix Drugs Ltd)
 Krishna Pharmacy, No. 193, North High Ground Road, Palayamkottai,
 Tirunelveli-627002, TIRUNELVELI.

GST Number : TCAAD0866720220 Bill Number : TM / 2496 / 20 and 21 dt.07.02.19
 (GST Invoice)

Place Of Supply : TAMIL NADU & CT
 Cashier ID : KPMI
 Doctor : DR. SELVA SIEKARAN
 Customer Name : P. ARJUNAN

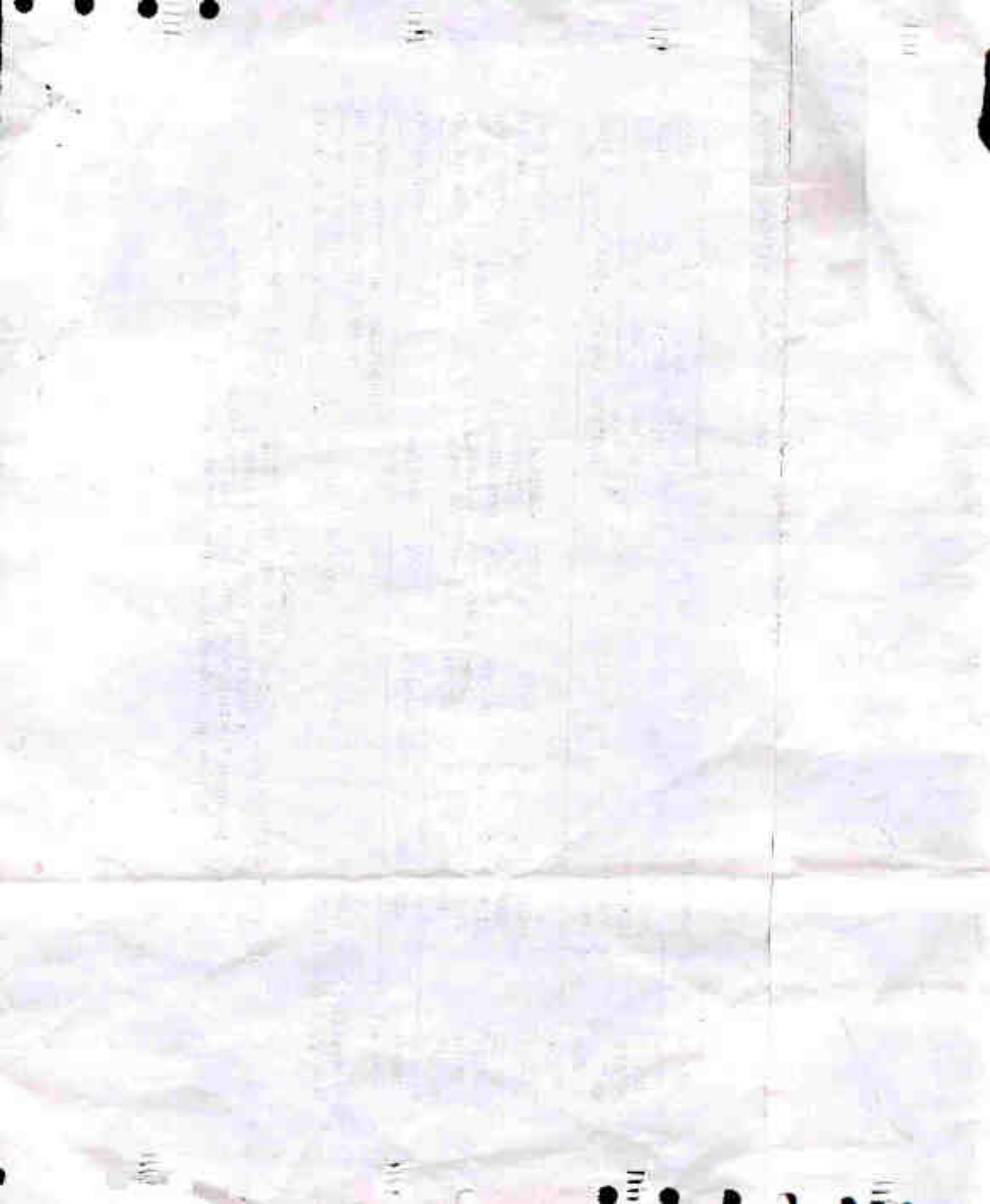
Bill No : SC15051

DT : 13/10/2022 12:30 PM
 Patient : P. ARJUNAN

Product Name	HSN Code	Batch	Expiry	Qty	MRP GST	Amount
OXYGEN MASK ADULT	90192090	10303	02/27	1	350 GST12	312.50
MS 500 ML (EUREHEAD)	30049099	8283304636	04/25	2	79.3 GST12	141.61
UNDERPAD (MATTY)	48189000	928116	09/24	2	67.3 GST18	113.73
FRE OPERATIVE KIT	62101000	06022	07/25	1	250 GST5	238.10
ENGY BATH	19011090	0125	07/24	1	215 GST18	182.70

Desc	CGST	SGST	Tot. GST	Amount
GST12	27.25	27.25	54.50	980.14
GST18	26.63	26.63	53.27	Discount : 0.00
GST5	5.95	5.95	11.90	Total GST : 119.67
				TD : 0.0000
				Total amt : 1107.80

Payment Details : Cash = 1107.80
 Sales Return against Bill and less than 30 days only



GURU MEDICALS

4 NORTH HIGHL GROUND ROAD,
KRISHNA MURTHY HOME COMPLEX, PALAYAMKOTTA-627002
Tel: Phone: 0462-2575175
GST: 33BAGG6162P2Z4 D.L.No: TNY0002621

CASH BILL

Name : P. ARUMUHAMAL

Disease : DR. SELVA SENGARAN M.D. (D.M.)

Bill No : 036601

Date : 27/06/2023

Time : 12:41

S.No.	Product Name	M.R.P.	Pack	Batch	Exp	Qty	Rate	GST%	Amount
1.	NEOCTIDE 100MG INJ	800.00	1ML	120635	4/23	5	800.00	5.0	4000.00
2.	AFICARD INJ	57.70	2ML	CGGA008	9/23	2	57.82	12.0	103.84
3.	LORENZIN	432.00	100ML	ZLAA0A2000	2/25	5	385.72	12.0	1928.58
4.	REVOTAZ 4.5MG INJ	449.17	1S	22550693	2/24	1	401.19	12.0	401.19
5.	ABAZOLE IV	74.64	100ML	A2022029	7/25	2	72.00	12.0	44.00
6.	ATTAKIN	10.00	1ML	Q52308	2/24	1	8.92	12.0	8.92
7.	PANTOPRAM 40MG INJ	49.00	1S	ND-21382	9/23	2	41.75	12.0	87.30
8.	CEPHALAC SYP	93.17	150ML	42112802	5/24	1	182.07	5.0	182.07
9.	REAGU 400MG TAB	366.00	10S	GKT00663A	5/24	2	32.08	12.0	65.36
10.	NS IV	32.00	100ML	2223942	6/25	2	35.51	12.0	75.02
11.	EX-SALINUT	294.00	1S	20126A8411	5/23	2	262.50	12.0	525.00
12.	HAPPER PLUS TAB	132.00	1S	HC6273115	8/25	1	91.08	12.0	91.08
13.	NEPHROG	536.00	1S	G220520900	4/27	1	478.58	12.0	478.58
14.	TROPINE INJ	4.10	100	KM038006	2/24	1	3.90	5.0	5.90
15.	FOULYS CATHETER 16	125.00	1S	021C11	2/28	1	111.00	12.0	111.00
16.	RUHAG	289.00	1S	G220350083	2/26	1	275.24	5.0	275.24
17.	GLUCOSE	80.00	1S	22530120	5/27	1	71.32	12.0	71.32
18.	CASSIOLINE JELLY	35.10	1S	UN0927	1/24	1	31.34	12.0	31.34

Tot Qty : 32
Tot Item : 18
SGST Sal : 352.88
CGST Sal : 352.88
GST Val : 705.76

R.Off : 0.40

Sub Total : 8483.84

GST Value : 705.76

Rs. Nine Thousand Four Hundred Ninety Only.

Grand Total 9190.00

PAGE NO: 1

MEDICINE ONLY. SALT CANNOT BE TAKEN BACK

150 North High Ground Road
Palayamkotta-627002
Phone: 0462-2575175

Supermed Pharmacy a Unit Of Regentia Drugs Ltd
Krishna Pharmacy,,No.19J, North High Ground Road, Palayamkottai.,
Tirunelveli-627002,TIRUNELVELI.

GST Number : 33AADCR66720220 BLNumber : TN / 2996 / 20 and 21 dt.07.02.19
GST Invoice Copy

Place Of Supply : TAMIL NADU & 33

CashierID : KPHM

BillNo : SC15049

Dt : 23/10/2022 11:58 AM

Doctor : DR.SELVA SEKARAN

Patient : P. ARUMUMMAL

Customer Name : P. ARUMUMMAL

Product Name	NSN Code	Batch	Expiry	Qty	MSP GST%	Amount
TRAY RS 50	30066010	255	10/26	1	50 GSTEXEMPT	50.00
RED SHEET PILLOW (DMEN)	30022019	15	10/26	1	160 GST5	152.38
PSE OPERATIVE KIT	62101000	0822	07/25	1	250 GST5	238.10
UNDERPAD (MATTY)	481189000	923.18	09/24	4	67.1 GST18	227.46
EASY BATH	19011090	00124	07/24	1	215 GST18	182.20
RIDCHER HANDRUB	38089400	0896	07/25	1	55 GST18	46.61
NS 500 ML (EUROHEAD)	30049099	825C204636	04/25	2	79.3 GST12	141.61

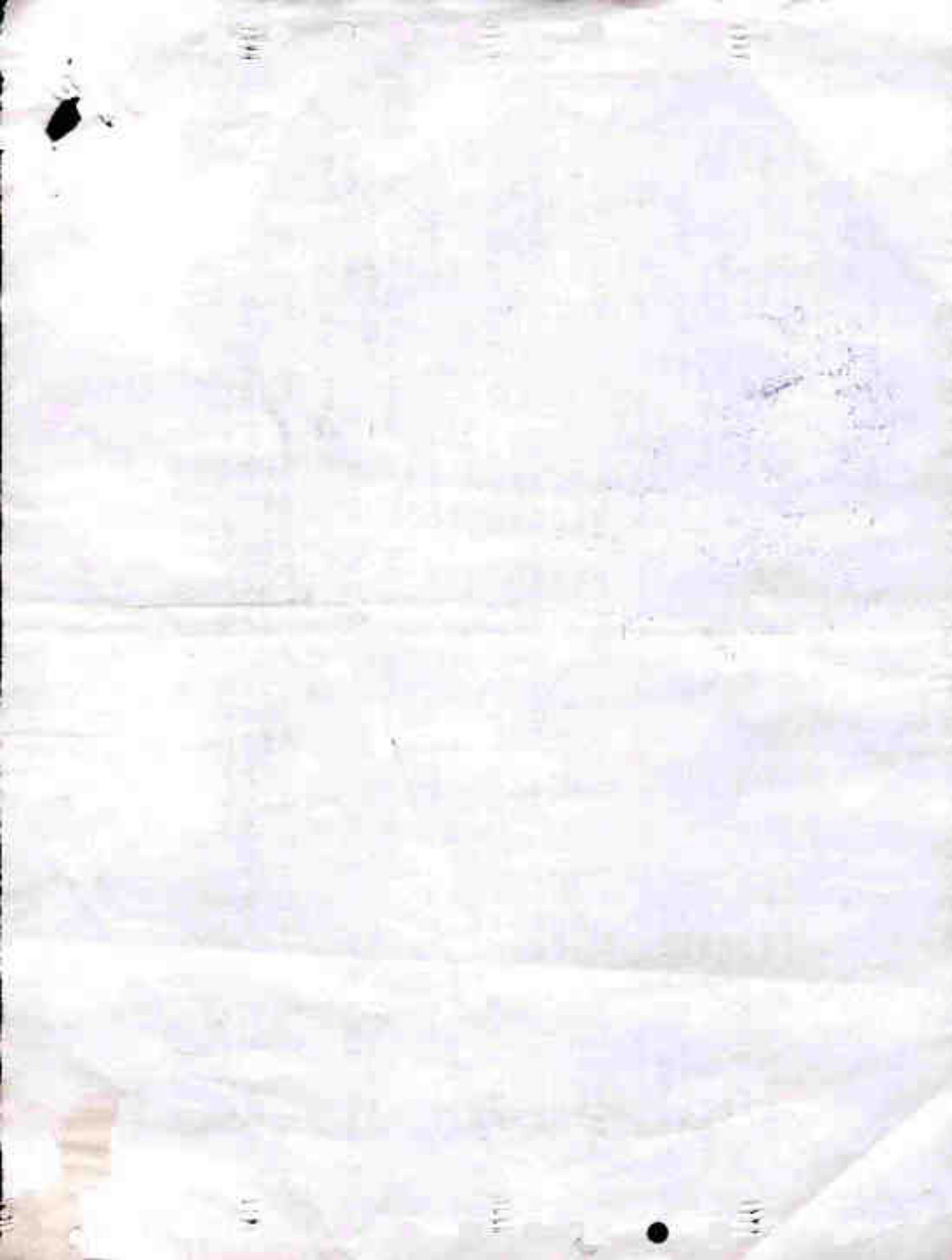
Desc	CGST	SGST	Tot.GST
GST12	8.50	8.50	16.99
GST18	41.06	41.06	82.13
GST5	9.76	9.76	19.52
GSTEXEMPT	0.00	0.00	0.00

Amount :	1038.36
Discount :	0.00
Total GST :	118.65
RDD :	0.0000
Total Amt :	1157.00

ISO 9001:2015 NABH Accredited
Plot No 4, North High Grounds Road,
Tirunelveli-627 002.

Payment Details : Cash = 1157.00

Sales Return against Bill and less than 30days only



CASH-BID

Name	SRINIVASAN
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2. NEAR THE HIGH GROUND ROAD.

KALISHA NURSING HOME, COMPLEX PAI-5YAMKOTTAI-627002

Tel: Phone: 0462-2575175

Case: 13-10007 Date Filed: 07/10/14 Page: 1 of 1
Case 1:13-cv-00002 Document 1-1 Filed 07/10/14 Page 1 of 1

Docine = DR SELVA SRIKARAN M.D.D.M.

Date: 23/10/2023

THE NO. 1 JOURNAL

June 1991

S.No.	Product Name	M R P	Pack	Batch	Exp	Qty	Rate	GST%	Amount
1	AFILARD 1MI	55.20	2MI	GIGA408	9-23	4	51.32	12.0	206.08
2	URINOMETER	572.00	1S	G153105	5-26	1	544.76	5.0	544.76
3	MEDIFLEXO 10CM	347.50	1S	G1220511001	1-27	2	309.82	12.0	619.64
4	DISPOSABLE SYRINGE 10ML	31.50	1S	2203322	2-27	4	27.68	12.0	55.36
5	DISPOSABLE SYRINGE 2ML	23.00	1S	2096861	3-27	4	11.81	12.0	23.22
6	DISPOSABLE SYRINGE 5ML	18.50	1S	2155975	3-27	2	14.73	12.0	29.40
7	DISPOSABLE SYRINGE 20ML	45.00	1S	2203514	2-27	2	40.18	12.0	80.36
8	MEDIMASK ELASTIC	10.00	1S	ME-4PLAY	4-25	2	9.32	5.0	17.62
9	RYLES TUBE 16	77.00	1S	G1220510853	4-27	1	68.74	12.0	68.74
10	PEDURO BAG	36.00	1S	G15197	3-26	2	34.29	5.0	68.58
***	SALES RETURN ***								
11	URO-BAG	280.00	1S	G1220380083	2-26	1	273.24	5.0	273.24

Tot Qty :	23	SGST Sal :	74.61			Sub Total :	1468.58
Tot Item :	10	CGST Sal :	74.61				
		GST Val :	149.22	R.Off :	0.20	GST Value :	149.22

Rs. One Thousand Six Hundred Eighteen Only

PAGE NO. 2

SEEDING SINCE SEEDS CANNOT TAKE BACK

Grand Total	1618.00
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Virginia Workers' Compensation Act
 ISO 9001-2015, NADH Accredited
 (P) 703-676-1100, 1100
 1100

GURU MEDICALS

(INDIRI HIGH GROUND ROAD)

KRISHNA NURSING HOME COMPLEX, PALAYAMKOTTAI-627002.

Tel: Phone: 0462-2573173

GST: 33B50P68182P123 - U.I.No.: 15y30070-21

CASH Bill

Name : PARUMHAMAL

Doctor : DR.SELVA SEKARAN M.D.IYAR

Date : 24/10/2022

Bill No : 036448

Time : 08:41

S.No.	Product Name	MRP	Pack	Batch	Exp	Qty	Rate	GST%	Amount
1.	REVOLAZ 4.5MU INJ	449.13	18	22550093	2/24	1	401.19	12.0	401.19
2.	ARTICARD INJ	37.20	20ML	GJGAA08	9/23	4	51.52	12.0	206.08
3.	VIT K INJ	10.00	1ML	032208	2/24	1	8.92	12.0	8.92
4.	ABAZOL E IV	24.64	100ML	A7012029	7/25	3	22.00	12.0	66.00
5.	PANTOFRAM 40MG INJ	49.00	18	SD-21382	9/23	3	43.75	12.0	87.50
6.	FLU ELITROIDS	28.00	18	022027	1/24	10	25.00	12.0	250.00
7.	MEDICAP	10.00	18	MB70471-2	8/24	6	9.52	5.0	57.14
8.	NS IV	42.00	100ML	2222842	6/25	1	37.51	12.0	112.51
9.	DISPOSABLE SYRINGE 20ML	45.00	18	2203518	1/27	2	40.18	12.0	80.36
10.	DISPOSABLE SYRINGE 10ML	31.00	18	2203527	2/27	4	27.68	12.0	110.72
11.	DISPOSABLE SYRINGE 2ML	13.00	18	2096863	3/27	2	11.61	12.0	23.22
12.	DISPOSABLE SYRINGE 5ML	16.20	18	2155475	3/27	4	14.73	12.0	58.92
13.	IV SAFENET	294.00	18	202688411	5/25	1	262.50	12.0	262.50
14.	PAPER PLASTER	102.00	18	RO9221110	8/27	1	91.08	12.0	91.68

Tot Qty :	44	SGST Sal :	106.96			Sub Total :	1816.10
Tot Item :	14	CGST Sal :	106.96				
		GST Val :	213.92	4.00%	-0.08	GST Value :	213.92
Rs. Two Thousand Thirty Nine						Grand Total	2030.00

PAGE NO: 1

MEDICINE ONCE SOLD CANNOT TAKE BACK

Plot No 4, North High Ground Road,

Palayamkottai-627 002.

GURU MEDICALS

KUNDU HIGHGROUND ROAD

KUSSENA NURSING HOME COMPLEX, PALAYANDOTTAL-627002,

Tel: Phone: 0462-2575177

GST: 03BHPG0142P1Z3, D.L.No: TNV/267/2021

CASH BILL

Name : ARUMUGANMAL

Doctor :

Date : 24/10/2022

Bill No : 036476

Time : 12:57

S.No.	Product Name	M R P	Pack	Batch	Exp	Qty	Rate	GST%	Amount
1	NS-EPH IV	152.00	100ML	2281042010	3/24	2	135.71	12.0	271.42

Tot Qty : 2

SGST Sal : 16.29

Sub Total : 271.42

Tot Item : 1

CGST Sal : 16.29

GST Value : 32.58

GST Val : 32.58

Rs. Three Hundred Four Only

Grand Total 304.00

PAGE 1/2

MEDICINE ONCE SOLD CANNOT BE TAKEN BACK

100 Meters, BASU & SONS
Plot No 4, Kundu High Ground Road,
Palayandottal-627002.

Supernad Pharmacy a Unit Of Legendix Drugs Ltd
 Krishna Pharmacy, No.193, North High Ground Road, Palayamkottai,
 Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCP66720220 DL Number : THY / 2496 / 20 and 21 dt.07.02.19
 GST Invoice

Place Of Supply : TAMIL NADU : 33

CashierID : KPM

BillNo : 001060

Dt : 24/10/2022 9:55 PM

Doctor : DR.S.RATILMD BCH

Patient : ARUNKANNAL

Customer Name : ARUNKANNAL

Product Name	HSN Code	Batch	Expiry	Qty	MRP GST%	Amount
NEBULIZER MASK ADULT	30049099	0363	02/27	1	425 GST12	379.45

Desc	CGST	SGST	Total GST	Amount :	
GST12	22.77	22.77	45.54	Discount :	0.00
				Total GST :	45.54
				IGST :	0.0000
				Total Amt :	425.00

Legendix Drugs Ltd
 ISO 9001:2015 Certified
 Plot No 4, North High Ground Road,
 Palayamkottai-627 002.

Payment Details : Credit Card - 425.00

Sales Return against Bill and less than 30days only

Supermed Pharmacy a Unit Of Rognix Drugs Ltd.
 Krishna Pharmacy, No.191, North High Ground Road, Palayamkottai.,
 Tirunelveli-627002, TIRUNELVELI.

GST Number : 33WADCR6672DC22G DLNumber : 144 / 2496 / 20 and 21 dt:07-02-19

GST Invoice Copy

Place Of Supply : TAMIL NADU & 33

CashierID : 99999

BillNo : CC1057

DT : 24/10/2002 8:01 AM

Doctor : DR.SELVA SESHANNA

Patient : ANURAGKUMAR

Customer Name : ANURAGKUMAR

Product Name	HSN Code	Batch	Expiry	Qty	MRP	GST%	Amount
MS 500 ML (EUCROMED)	30049099	0292204636	04/25	3	79.3	05T12	212.41
FACE MASK VPH IN COVER	62171020	3PLY	08/24	6	5	05T5	28.37
UNDERPAD (MATTY)	48189000	922L1B	09/24	6	67.1	05T18	341.19
EASY BATH	19011090	0123	07/24	2	215	05T18	364.41
DEXTRUSE 25% 100ML	30049099	1090	03/25	2	21.06	05T12	37.44

Desc	CGST	SGST	Tot.GST
05T12	15.00	15.00	30.01
05T18	63.50	63.50	127.01
05T5	0.71	0.71	1.43

Supermed Pharmacy & Medical Centre Pvt. Ltd.
 ISO 9001:2015 CERTIFIED
 Plot No 4, North High Ground Road
 Palayamkottai-627 002

Amount :	994.22
Diskant :	0.00
Total GST :	158.44
Tax :	0.0000
Total Amt :	1142.66

Payment Details : CreditCard = 1142.66

Sales Return against Bill and less than 30Days only

GURU MEDICALS

CASH BILL

7500, HIGH GROUND ROAD,

KIRISSA NURSING HOME COMPLEX PALAYAMKOTTAI-627002

Tel: 0452-2578178

GST: 36BSPGG660P2Z, UEN: 15Y0072621

Name : ARY MUHAMMAD

Doctor : DR. SELVA SANKARAN SELLAM

BILL No : 105548

Date : 25.10.2022

Time : 10:11

S.No	Product Name	M.R.P	Pack	Batch	Exp.	Qty	Rate	GST%	Amount
1	LEONITE INI	432.00	10ML	71366NA2067	2/23	8	385.72	12.0	492.58
2	ATRAZOLE IV	22.00	100ML	A2027029	7/23	1	22.00	12.0	22.00
3	PANTOPRAZOLONE INI	48.00	15	N43721387	9/23	2	43.75	12.0	87.50
4	DOUGEN RESP	20.00	350	1A20112	5/24	5	18.41	12.0	92.06
5	VALIANT	10.00	150	032208	2/24	1	8.92	12.0	8.92
6	REVOLAZ (AMICLINE)	149.33	15	22550093	3/24	2	101.19	12.0	101.38
7	VALIANT	57.70	250	0063A018	9/23	4	51.52	12.0	206.08
8	ASIX 250	132.00	400	2102079	4/23	2	10.96	12.0	71.92
9	NAPKIN PAPER	80.00	25	001	1/24	1	42.38	18.0	42.38
10	KANAK EXAMINATION GLOVES	1200.00	100S	22117740	3/26	40	10.71	12.0	428.55
11	DISPOSABLE SYRINGE 10ML	31.00	15	2201557	2/27	2	27.68	12.0	35.36
12	DISPOSABLE SYRINGE 2ML	13.00	15	2090863	5/27	2	13.61	12.0	23.22
13	DISPOSABLE SYRINGE 5ML	16.50	15	2155975	3/27	2	14.75	12.0	29.46
14	CELLULITEBDS	28.00	15	072022	1/24	6	25.00	12.0	150.00
15	NSIV	42.00	100ML	2222943	6/23	4	37.51	12.0	150.04
16	DISPOSABLE 20 NEEDLE	4.00	15	1322249	1/26	10	3.57	12.0	35.72

Tot Qty : 89
Tot Item : 16
SGST Val : 240.30
CGST Val : 240.30
GST Val : 480.60

Sub Total : 4084.20

GST Value : 480.60

Rs Four Thousand Five Hundred Seventy Seven Only

Grand Total 4577.00

PAGE NO: 1

MEDICINE USE ONLY (CANNOT BE TAKEN BACK)

5876

GURL MEDICALS

CASH Bill

4, NOR FLEIGH GROUND ROAD,

KRISTINA NURSING HOME COMPLEX, PALAYAMKOTTA-627002.

Tel: Phone : 0462-2575173

GST : AHSMDG44P1Z3 : DL No : TNV0972022

Name : PARUMUTHA

Doctor : DR. SELVA SANKARAN M.D., D.M.

Bill No : 006537

Date : 25-10-2022

Time : 07:42

S.No.	Product Name	M.R.P	Pack	Batch	Exp	Qty	Rate	GST%	Amount
1	IN/CANULA ROSE 20G	21.00	15	22C315-0345	3/27	1	185.40	12.0	188.40
2	EASYPLEX	51.00	15	1-01-004-002	5/25	1	45.54	12.0	48.54

Tot Qty : 2 SGST Sal : 14.03
 Tot Item : 2 CGST Sal : 14.03
 GST Val : 28.06

Sub Total : 233.94

GST Value : 28.06

Grand Total 262.00

Rs. Two Hundred Sixty Two Only

PAGE NO: 1

MEDICINE ONCE SOLD CANNOT TAKEN BACK

Sugamida Pharmacy a Unit Of Regencia Drugs Ltd
 Krishna Pharmacy, No.195, North High Ground Road, Palayamkottai.,
 Tirunelveli-627002, TIRUNELVELI.

GST Number : 33W60CH56720225 D Number : TNY / 2496 / 20 and 21 dt.07.02.19
 GST Invoice

Place Of Supply : TAMIL NADU 633

Cashier ID : 10441

Bill No : 001061

Dt : 25/10/2022 10:29 AM

Doctor : DR.SELVA SANKARAN

Patient : ASHLEKHA

Customer Name : ASHLEKHA

Product Name	HSN Code	Batch	Expiry	Qty	MRP GST	Amount
UNDERPAD(MATTY)	48189000	923118	09/24	6	67.1 GST18	341.19
EASY BATH	19011090	0123	07/24	1	215 GST18	182.20
NS 300 ML (EUCHEAD)	30049097	0280204636	04/25	2	79.3 GST12	141.54
FACE MASK VPH IN COVER	62171020	3PLY	08/24	1	11 GST5	4.76
DIACHEL HANDRUB	33069400	0896	07/25	1	55 GST18	46.61
DEXTROSE 25% 100ML	30049099	1040	03/25	1	21.09 GST12	18.82

Desc	CGST	SGST	Tot. GST
GST12	9.63	9.63	19.25
GST18	51.30	51.30	102.60
GST5	0.12	0.12	0.24

Amount :	735.19
Discount :	0.00
Total GST :	122.09
Net :	0.0000
Total Amt :	857.28

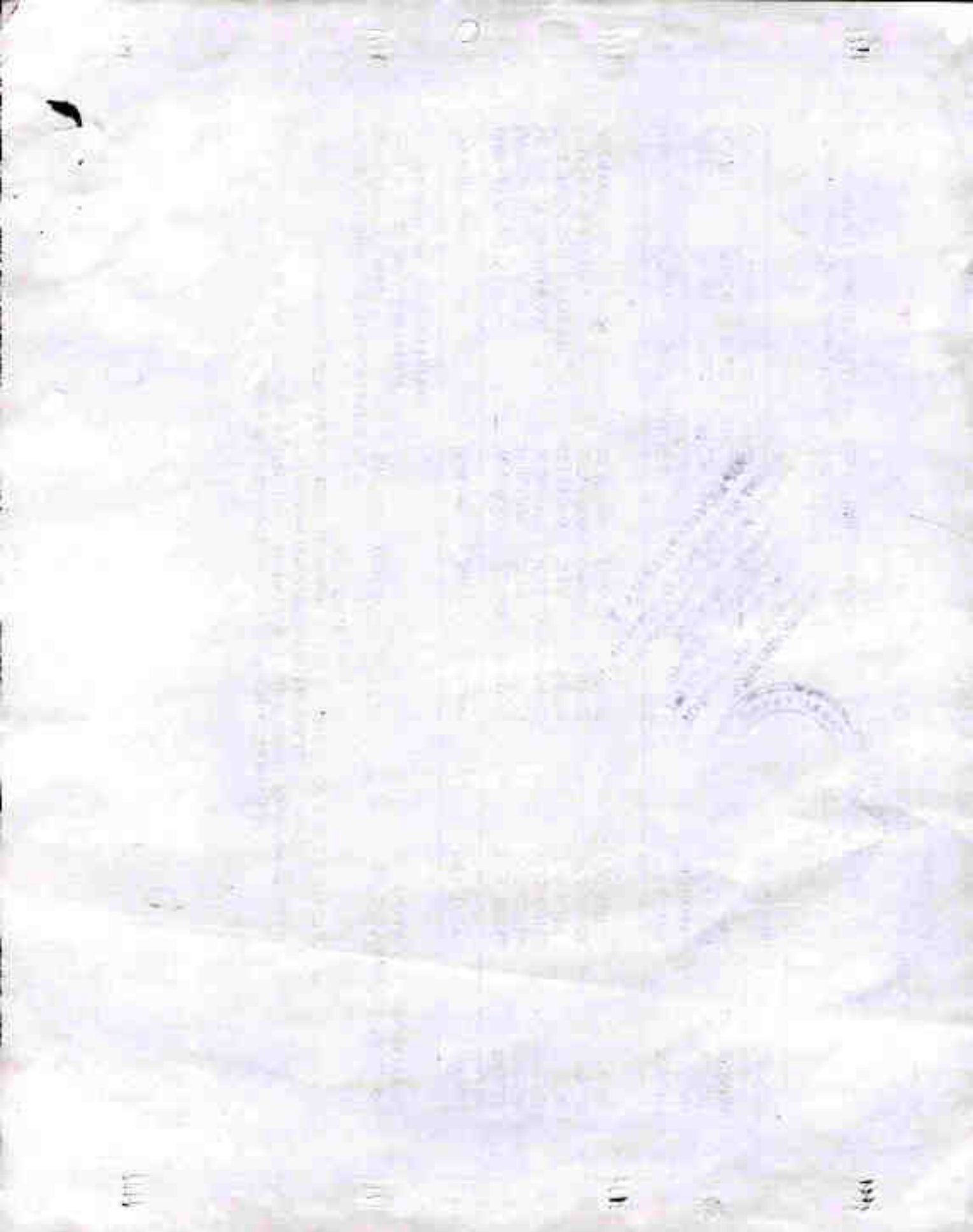
Payment Details : CreditCard = 857.28

Sales Return against Bill and less than 30 days only

SUGAMIDA PHARMACY
 A UNIT OF REGENCIA DRUGS LTD
 KRISHNA PHARMACY NEW KOSKINA HOUSHAL
 ESCAMEER SRS BLOCK
 NORTH HIGH GROUND ROAD
 TIRUNELVELI, TAMIL NADU - 627 002
 10-60128 Tnt4-21 40128
 33A0000020225



Krishna Mata Trichy Home & Pediatric Centre (P) Ltd
 ISO 9001:2015 NABH Accredited
 Plot No 4, North High Ground Road,
 Palayamkottai-627 002.



Supermed Pharmacy a Unit Of Regenix Drugs Ltd
 Krishna Pharmacy, No.179, North High Ground Road, Palayamkottai,,
 Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADR6672D/23 DLNumber : TN / 2496 / 20 and 21 dt.07.02.19
 GST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KPM

BillNo : CC1073

Dt : 26/10/2022 10:29 AM

Doctor : DR.SELVASERAREN MD

Patient : APLMUGARRAL

Customer Name : ARUMUDAMPAL

ProductName	HECode	Batch	Expiry	Qty	MRP GST%	Amount
UNDERPAD (MATTY)	48189000	101114	06/25	4	47.1 GST18	341.19
EASY BATH	19011100	91235	07/24	1	215 GST18	182.20
MS 500 ML (EUROHEAD)	30099000	428000	04/25	2	79.3 GST12	141.41

Desc	CGST	SGST	Amount
GST12	6.50	6.50	665.00
GST18	47.11	47.11	0.00
			111.20
			0.0000
			Total Amt : 776.20

Payment Details : CreditCard = 776.20
 Sales Return against Bill and less than 30days only

GURU MEDICALS

10/1 NORTH GROUND ROAD,

KRISHNA NURSING HOME COMPLEX, PALAYAMKOTTAI-627002.

Tel: Phone: 0462-2525175

GST: 40BSP06167123, DL No: TNS30729-21

CASH BILL

Name : KRISHNA NURSING HOME

Director : DR.SELVA SANKARAN N.D.D.M

Bill No : 006787

Date : 26/10/2022

Time : 12:24

S.No.	Product Name	M.R.P.	Pack	Batch	Exp.	Qty	Rate	GST%	Amount
1	ARTICARD 750	57.70	2ML	GIGAA008	9/23	4	51.52	12.0	306.08
2	SPLITAZ 0.55MG/ML	493.00	15	220A521	12/23	2	410.18	12.0	880.36
3	PANTHERAN 100MG (80)	49.00	15	N13-21382	9/23	2	43.75	12.0	87.50
4	ABAZOLE IV	24.00	100ML	A7022029	7/23	3	22.00	12.0	66.00
5	DISPOSABLE NEEDLE 22	4.00	15	1322251	11/26	3	3.37	12.0	10.72
6	LIQUIN RESP	20.82	2ML	6A30281	4/24	3	18.41	12.0	55.24
7	DISPOSABLE SYRINGE 10ML	31.00	15	2203527	9/27	3	27.68	12.0	83.04
8	DISPOSABLE SYRINGE 2ML	16.50	15	3155073	3/27	3	14.73	12.0	44.20
9	DISPOSABLE SYRINGE 2ML	13.00	15	3096863	3/27	3	11.61	12.0	34.82
10	NS IV	12.01	100ML	7722042	6/25	3	9.73	12.0	112.53
11	KANAM EXAMINATION GLOVES	120.00	100%	213142605L	8/26	10	10.71	12.0	107.12
12	NAPKIN PAPER	20.00	15	001	4/24	1	53.08	08.8	55.08
13	MEDICAL MASK 51.85TH	10.00	15	MF-4P/AY	8/23	6	9.50	9.0	57.14

Tot Qty :	46	SGST Sal :	107.63			Sub Total :	1799.85
Tot Item :	13	CGST Sal :	107.63				
		GST Val :	215.26	ROFF	-0.11	GST Value :	215.26
Rs. Two Thousand Fifteen Only						Grand Total	2015.00

PAGE NO: 1

MEDICINE ONCE SOLD CANNOT BE TAKEN BACK

Krishna Nursing Home & Pediatric Centre (P) Ltd.
ISO 9001:2015, NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002.

GURU MEDICALS

4, NORTH HIGH, GROUND ROAD,

KRISHNA NURSING HOME COMPLEX, PALAYAMKOTTAI-627002

Tel: Phone: 0462-2538173

GST: 36BKP0681P123, B.L.No: 1N/10728-21

CASH BILL

Name: ARUMUJAMA

District: DR.SELVA SIVARAN M.D.M

Date: 20/10/2022

Bill No: 036846

Time: 15:22

S.No.	Product Name	M.R.P.	Pack	Batch	Exp	Qty	Rate	GST%	Amount
1.	SUCRALUL SUS	160.00	200ML	K0604	3/23	1	148.22	12.0	148.22
2.	IBUPARFEN 400MG TAB	179.00	105	GK10113A	6/24	10	33.84	12.0	338.40

Tot Qty	2	11	SGST Sal	29.19
Tot Item	2		CGST Sal	29.19
			GST Val	58.38

Sub Total 486.62

GST Value 58.38

Grand Total 545.00

Rs. Five Hundred Forty Five Only

TOTAL

K.L.DUCINA OFFICE SOLELY, CANNOT TAKE BACK

Krishna Medical & Home 3 Pedistline Centre (P) Ltd.

ISO 9001-2015 NABH Accredited

Plot No 4, North High Ground Road

Palayamkottai-627 002.

Supermed Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North high Ground Road, Palayaskottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33ARDCR6672022G DLNumber : TN-14-20 and 21-00128 dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KMERB

BillNo : SC11407

Dt : 27/10/2022 6:49 PM

Doctor : DR.SELVA SEKARAN

Patient : ARUMUHAMAL

Customer Name : ARUMUHAMAL

Product Name	HSN Code	Batch	Expiry	Qty	MRP GST%	Amount
MEFLOX 20G	90183930	9905	04/27	1	258 GST12	230.36
EASY FIX (L)	30059040	0523	04/25	1	47 GST12	43.75

Desc	CGST	SGST	Tot.GST	Amount :	Amount
GST12	16.45	16.45	32.89	Discount :	0.00
				Total GST :	32.89
				ROD :	0.0000
				Total Amt :	307.00

Payment Details : Cash = 307.00

Sales Return against Bill and less than 30days only



Dr. Selva Sekaran
NABH Accredited
Palayaskottai

5280

Supermed Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North High Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR66720270 DLNumber : TN-14-20 and 21-00128 dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KMERB

BillNo : CC2485

Dt : 27/10/2022 8:42 PM

Doctor : DR.S.RAJU,MD DCH

Patient : ARUMUHANMAL

Customer Name : ARUMUHANMAL

ProductName	HSNCode	Batch	Expiry	Qty	MRP GST%	Amount
REVQTAZ INJ	30041090	1493	04/24	1	497.7 GST12	444.38
BARPAN INJ	30049099	MD-22045	12/23	1	55 GST12	49.11
FLAGYL I.V	30049099	0084	02/25	1	22.4 GST12	40.00
BB DISCARDIT 10ML SYRINGE	90183100	3516	02/27	2	31 GST12	55.36
DISPOVAN NEEDLE 22G	90183990	2346	02/27	4	2 GST12	7.14
DUOLIN LB RESP	30049091	21357	02/24	0	15.3 GST12	81.96

Desc	COST	SST	Tot	Amount :
GST12	40.68	40.68	81.35	Discount : 0.00
				Total GST : 81.35
				ROB : 0.0000

Total Amt : 739.30

Payment Details : Credit Card
Sales Return against Bill and less than 30 days only





U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE INSPECTOR GENERAL
WASHINGTON, D.C. 20535
202-541-5000

11/11/11

Supernad Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North high Ground Road, Palayankottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : ISADICN66720220 D.D. Number : IN-14-20 and 21-00128 dt.04.04.19
GST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KPHERO

BillNo : SC11399

Dt : 27/10/2022 5:26 PM

Doctor : DR.S.RAJU.MD BCH

Patient : ARUMHAMAL

Customer Name : ARUMHAMAL

ProductName	HSNCode	Batch	Expiry	Qty	MRP GST%	Amount
REVOTAZ INJ	30041090	01/23	04/24	1	497.7 GST12	444.38
DARPAN INJ	30049090	01/23	12/23	1	55 GST12	49.11
FLAGYL I.V	30049090	01/23	02/25	1	22.4 GST12	20.00

Desc	COST	GST	Amount :	513.49
GST12	30.81	30.81	Discount :	0.00
			Total GST :	61.62
			ROD :	0.0000
			Total Amt :	575.10

Payment Details : Cash = 575.10

Sales Return against Bill and less than 30days only.

Sales Return against 11 and less than 30days only

Supernad Pharmacy a Unit Of Regenix Drugs Ltd
No. 20/5 Room No 1, Ground Floor,, North High Ground Road,,
Palayamkottai, Tirunelveli.,TIRUNELVELI.

GST Number : JCAADCR6672UGZG DLNumber : TN-14-20-00166 and TN-14-21-00166
GST Invoice

Place Of Supply : TAMIL NADU & IS

CashierID : KPNPHEM

BillNo : SC17350

Dt : 27/10/2022 4:29 PM

Doctor : DR.SELVA SEIGARAN

Patient : ARUMHAMAL

Customer Name : ARUMHAMAL

ProductName	HECCode	Batch	Expiry	Qty	MRP GST%	Amount
POTILOR 200ML	30031000	329	06/24	1	67.96 GST12	60.68
LUPITUSS 100ML	30049099	PLEL2225	10/23	1	137.2 GST12	122.50

Desc	CGST	SGST	Tot.GST
GST12	10.99	10.99	21.98

Krishna Maternity Home & Pediatric Centre (P) Ltd
ISO 9001:2015 NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002.

Amount :	183.18
Discount :	0.00
Total GST :	21.98
ROD :	0.0000

Total Amt : 205.16

Supermed Pharmacy a Unit Of Regenix Drugs Ltd
No. 20/5 Road No 1, Ground Floor,, North High Ground Road,,
Palayamkottai, Tirunelveli,,TIRUNELVELI.

GST Number : 33WDCR6672022G DLNumber : TN-14-20-00166 and TN-14-21-00166

GST Invoice

Place Of Supply : TAMIL NADU & IS

Cashier ID : KRNOPNEW

BillNo : SC17380

Dt : 27/10/2022 04:47 PM

Doctor : DR.SELVA SEKARAN

Patient : ARUMHAMMA

Customer Name : ARUMHAMMA

ProductName	HSNCode	Qty	MRP GST%	Amount
DUPHALAC 150 ML	300220	1	191.17 GST5	182.07

Desc	CGST	SGST	Tot.GST	Amount
DUPHALAC 150 ML	4.55	4.55	9.10	182.07
GST5				0.00
				9.10
				0.0000
				191.17

Krishna Maternity Home & District Centre (P) Ltd
ISO 9001:2015 NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002.

SUPERMED PHARMACY
A UNIT OF REGENIX DRUGS LTD
KARNATAKA NEW KOLKATA HOUSING
ENGINEER SPS
NORTH HIGH
PALAYAMKOTTAI
NO 20/5 - 20
GST 33WDCR6672022G



Supermed Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North high Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR6872D226 DLNumber : TN-14-20 and 21-00128 dt.04.04.19
GST Invoice

Place Of Supply : TAMIL NADU & JJ

CashierID : KMHERR

BillNo : SC11425

Dt : 28/10/2022 4:17 AM

Doctor : DR.S.RAJU.MD DCH

Patient : ALMUGAAMMAL

Customer Name : ALMUGAAMMAL

ProductName	HSNCode	Batch	Expiry	Bty	MRF GST%	Amount
BED SHEET AND PILLOW (1 X 1)	30021290	126	06/26	✓	260 GST%	247.62
ADULT DIAPER XL 108	30049099	0HC	12/24	✓	675 GST12	120.54
GLOVES DISPOSABLE (SOFTHA) 100	40151900	214015122L	07/27	✓	575 GST12	61.61
UNDERPAD-HSN182	19011090	09LUC	07/25	✓	67.1 GST18	56.86
EASY BATH	19011090	0123	07/24	✓	215 GST18	364.41

Desc CGST SGST Tot.GST

GST12 10.93 10.93 21.86

GST18 37.91 37.91 75.82

GST5 6.19 6.19 12.38

Krishna Maternity Home & Pediatric Centre (P) Ltd.

ISO 9001:2015 NABH Accredited

Plot No.4, North High Ground Road

Palayamkottai-627002.

Payment Details : Cash = 961.10

Sales Return against Bill and less than 30days only

Amount : 851.04

Discount : 0.00

Total GST : 110.07

ADD : 0.0000

Total Amt : 961.10

Supermed Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North high Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR6672B220 Bill Number : TN-14-20 and 21-00128 dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KKHERR

BillNo : CC2492

Dt : 28/10/2022 7:01 AM

Doctor : DR.S.RAJU.MD DCH

Patient : ARUMUGAMMAL

Customer Name : ARUMUGAMMAL

ProductName	HSMCode	Batch	Expiry	Qty	MRP GST%	Amount
HOSPIWOL IV	30049099	2045	08/24	1	464 GST12	432.14
GLOVES DISPOSABLE (SOFTHA) 100	40151900	21401512	07/27	100	575 GST12	513.39
UNDERPAD-HSN18%	19011090	1L04	07/25	2	671 GST18	113.73
EASY PATH	19011090	0123	07/25	2	215 GST18	364.41

Desc	CGST	SGST	Tot.GST
GST12	56.73	56.73	113.46
GST18	43.03	43.03	86.06

Amount :	1423.67
Discount :	0.00
Total GST :	199.53
ROD :	0.0000

Total Amt : 1623.20

Krishna Maternity Home & Pediatric Centre (P)
ISO 9001:2015 Certified
Payment Details : 100% Cash/Debit/Credit Card
Sales Return : 30 days only
Palayamkottai-627 002.





Supermed Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North high Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR66725226 DL Number : TN-14-20 and 21-00128 dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU & JJ

CashierID : KMHER9

BillNo : GC11441

Dt : 28/10/2022 12:01 PM

Doctor : DR.SELVA SERRAN

Patient : ARUMHAMAL

Customer Name : ARUMHAMAL

Product Name	HSN Code	Batch	Expiry	Qty	MRP GST%	Amount
TISSUE PAPER 90S	48189000	3000	06/26	1	72 GST18	61.02
REVOTAZ INJ	30041090	1493	04/24	1	497.7 GST12	444.38
BD DISCARDIT 10ML SYRINGE	90183100	3516	02/27	1	31 GST12	27.68
BD DISCARDIT 20ML SYRINGE	90183100	2518	01/27	1	45 GST12	40.10
BD DISCARDIT 2ML SYRINGE	90183100	2964	05/27	1	13 GST12	11.61
BD DISCARDIT 5ML SYRINGE	90183100	6868	03/27	1	16.5 GST12	14.73
FLAGYL 1.V	30049099	0094	02/25	1	22.4 GST12	20.00
BARPAN INJ	30049099	0094	12/23	1	55 GST12	49.11

Desc	CGST	SGST	Tot.	Amount :
GST12	36.46	36.46		668.71
GST18	5.49	5.49		Discount : 0.00
				Total GST : 83.90
				ROD : 0.0000

Total Amt : 752.60

Payment Details : Cash = 752.60

Sales Return against Bill and less than 30days only

Palayamkottai-627002.

Supermed Pharmacy - Unit Of Regenis Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North High Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

BST Number : J3AADC6672B22D BlNumber : TN-14-20 and 21-00129 dt.04.04.19
BST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KNNERD

BillNo : SC11475

Dt : 28/10/2022 9:09 PM

Doctor : DR.S. RAJU, MD DCH

Patient : ARUMUGAMMAL

Customer Name : ARUMUGAMMAL

ProductName	HSNCode	Batch	Expiry	Qty	MRP GST%	Amount
REVOTAZ INJ	30041090	1493	04/29	1	497.7 GST12	444.38
BARPAN INJ	30049099	RU-22045	12/23	1	55 GST12	49.11
BD DISCARDIT 10ML SYRINGE	90183100	3516	02/27	2	31 GST12	55.36
BD DISCARDIT 2ML SYRINGE	90183100	2964	05/27	2	13 GST12	23.21
BD DISCARDIT 5ML SYRINGE	90183100	6868	03/27	2	16.5 GST12	29.46
BUDECONT 0.5MG RESPULES	30049099	0057	06/24	2	26.46 GST12	118.13
UNDERPAD-SEN18%	19011090	1LUA	07/25	2	671 GST18	113.73

Desc	CGST	SGST	Tot.GST	Amount :	833.38
BST12	43.18	43.18	86.36	Discount :	0.00
BST18	10.24	10.24	20.48	Total GST :	106.83
				RDD :	0.0000
				Total Amt :	940.20

Payment Details : Cash = 940.20
Sales Return against Bill and less than 30days only
Palayamkottai-927 002

SUPERMED PHARMACY
UNIT OF REGENIS DRUGS LTD
NEW KRISHNA HOUSING
EMERGENCY SMS BLDC
NORTH HIGH GROUND
PALAYAMKOTTAI, TAMIL NADU
TIN-627002
GST : J3AADC6672B22D



DL No : TN-14-20-00186
TN-14-21-00186

CASH BILL

GSTIN : 00R6E72012H

SUPERMED
PHARMACY

(A Unit of REGENIX DRUGS LTD.)

Krishna Maternity Hospital, No. 205, Room 1, North High Ground Road,
Palayamkottai, Tirunelveli - 627 002. Phone : 04622585380

BILL No 854

Date 29/10/22

Name A. Ramesh Kumar

S.No	Particulars	Qty	Ra	P.
	Hepnerm			
	granules	3	789/-	
	Asosol 300 mg	6	240/-	
	Palayamkottai 627 002		999/-	
	Signature			

Supermed Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North high Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR6672D22G UINumber : TN-14-20 and 21-0012B dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU & JJ

CashierID : KINHERB

BillNo : SC11508

Dt : 29/10/2022 11:41 AM

Doctor : DR.SELVA SEKARAN

Patient : ARIMUHAMAL

Customer Name : ARIMUHAMAL

ProductName	HSNCode	Batch	Expiry	Qty	MRP GST%	Amount
REVOTAZ 100	30041090	1493	04/24	1	497.7 GST12	444.38
BARPAN 100	30049099	MB-22045	12/23	1	55 GST12	49.11
BD DISCARDIT 20ML SYRINGE	90183100	3518	01/27	1	45 GST12	40.18
BD DISCARDIT 10ML SYRINGE	90183100	3518	01/27	1	31 GST12	27.68

Desc	CGST	SGST	Total
GST12	33.68	33.68	67.36

Amount :	361.35
Discount :	0.00
Total GST :	67.36
RDD :	0.0000
Total Amt :	628.70

Krishna Maternity & Paediatric Centre

ISO 9001:2015 & NABL Accredited

Payment Details : Cash = 428.70

Sales Return against Bill and less than 30days only
Palayamkottai-627002

SUPERMED PHARMACY
A UNIT OF REGENIX DRUGS LTD
KRISHNA IN NEW KRISHNA HO
ENGINEER SWS BLOCK
20/5 NORTH HIGH GROUND ROAD
PALAYAMKOTTAI TIRUNELVELI-627002
TN-14-20-0012B dt.04.04.19
GST : 33AADCR6672D22G



Supermed Pharmacy a Unit Of Regenix Drugs Ltd
20/5, Room no. 4, Krishna Maternity Home, North High Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR6672DZ2G Bill Number : TN-14-20 and ZI-00128 dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU - 33

CashierID : KMDHED

Bill No : SCL1620

Dt : 31/10/2022 7:48 AM

Doctor : DR.G. RAJASEKAR M.D

Patient : ARUMUGA AMMAL

Customer Name : ARUMUGA AMMAL

Product Name	HSN Code	Batch	Expiry	Qty	MRP GST%	Amount
REVOLAZ INJ	30041050	1493	04/24	1	497.7 GST12	444.38
HARFAM INJ	30049099	MB-22045	12/23	1	55 GST12	49.11
DD DISCARDIT 10ML SYRINGE	90183100	3516	02/27	1	31 GST12	27.68
DD DISCARDIT 2ML SYRINGE	90183100	2964	05/27	1	13 GST12	11.61
DD DISCARDIT 5ML SYRINGE	90183100	3587	05/27	1	16.5 GST12	14.73
UNDERPAD-HAR192	19011090	SLDA	05/25	1	671 GST18	170.59

Desc	CGST	SGST	Tot.GST
GST12	32.85	32.85	65.70
GST18	15.35	15.35	30.70

Krishna Maternity Home - Centre (P) Ltd

ISO 9001:2015 NABL Accredited

Plot No 4, North High Ground Road,

Payment Details : 6433-889250

Sales Return against Bill and less than 30days only

SUPERMED PHARMACY
A UNIT OF KEGZEX DRUGS
KRISHNA & NEW KRISHNA
ENGINEER SRS BLOCK
205, NORTH HIGH GROUND ROAD
PALAYAMKOTTAI, TIRUNELVELI - 627 002
BL NO Tota - 20 - 80128 Tota - 21 - 49128
GST : 33AADCR6672DZ2G

Amount : 718.10
Discount : 0.00
Total GST : 96.41
RSD : 0.000
Total Amt : 814.51



Supermed Pharmacy - Unit Of Regent Drugs Ltd
20/5, Room no. 4, Krishna Maternity House, North high Ground Road, Palayamkottai,
Tirunelveli-627002, TIRUNELVELI.

GST Number : 33AADCR66720220 DL Number : TN-14-20 and 21-00128 dt.04.04.19

GST Invoice

Place Of Supply : TAMIL NADU & 33

CashierID : KMHRR

BillNo : SC11567

Dt : 30/10/2022 7:56 AM

Doctor : DR.SELVA SEKARAN

Patient : ARUMUHAMAL

Customer Name : ARUMUHAMAL

Product Name	HSN Code	Batch	Expiry	Qty	MRP GST%	Amount
REVOTAZ INJ	30041090	1493	04/24	1	497.7 GST12	444.38
BARPAN INJ	30049099	MD-22045	12/23	1	55 GST12	49.11
BD DISCARDIT 10ML SYRINGE	90183100	3516	02/27	2	31 GST12	95.36
BD DISCARDIT 2ML SYRINGE	90183100	2964	05/27	2	13 GST12	23.21
BD DISCARDIT 5ML SYRINGE	90183100	6868	03/27	2	16.5 GST12	29.46

Desc	COST	SGST	Tot.GST
GST12	36.09	36.09	72.18

Amount :	601.32
Discount :	0.00
Total GST :	72.18
RDD :	0.0000
Total Amt :	673.70

Payment Details : Cash = 673.70

Sales Return against Bill and less than 30days only



101

101



Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

905
31/10/22

MRS. Arumugam

Inj. piptab — ①
4.5g

Inj par 40mg — ①

20ml syringe — ①

10ml syringe — ①

Dr. S. Sivaselvan.

2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.

Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELL.

905

Mrs. Arumammal

Pink Venflon — (U)

Adult
Easy fix — (U)

Dr. Selvasekaran

Krishna Maternity Home & Pediatric Centre
2560066
SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2000

Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

MRS. Aramuthammal

985
27/10/22

Inj - piplaz - 45 — (1)

Inj - par — (1)

Inj metocogyl — (1)

Dr. Selvaselvan

Krishna Maternity Home & Pediatric Centre Ltd.
ISO 9001:2015 Accredited
SUPERMED PHARMACY
Palayamkottai, Tirunelveli - 627 002

Arishma Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

903
27/10/22


~~Mr. Arumugam~~
Mrs. Arumugam

Syp. hel 10ml

————— ①

Syp. Lapituss

————— ①


NORTH INDIA MEDICAL COLLEGE
ISO 9001:2015, NABL Accredited
101/1, North High Ground Road,
Palayamkottai-627 001.

Dr. Selvasethan M.D.

Ø 2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.

Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

0485. Arumugammal

28/10/22
905

Inj. Para Infusion (1)

gloves - (1)

chest mat - (2)

Easy bath - (2)

Krishna Maternity & Pediatric Centre (P) Ltd.
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Palayamkottai-627 002.

DR. Senu Sekaran, Si

2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.



Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

905 Mrs. Arumhamal
29/10/22

Tab. — (1)
Inj. piptaz — (1)
Inj. par. — (1)
20ml, 10ml Syringe — (1)
Hepameng sachet — (3)
I. orsocoal — (5)
300
1-0-0

Krishna Maternity Home & Pediatric Centre (P) Ltd.
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Plot No. 3, North High Ground Road,
Palayamkottai-627 002.

Dr. Selvarajasekaran

P 2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.



Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELLI.

905

25/10/21

Muc. Arumukhamal

Inj piptaz 4.5gm ——— ①

Inj Pan 40mg ——— ①

Syngie 10ml - 5ml - 2ml ——— ②

D. Cefixime 1mg ——— ⑤

Neb Budicord ——— ⑤
~~Dexamethasone~~
Kishna Maternity Home & Pediatric Centre (P) Ltd.
150/82/201, High Ground Road,
P.O. No. 4, High Ground Road,
Palayamkottai-627 002.

Dr. Selvasathyan M.P.

☎ 2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.

Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

905

28/10/22

Mrs. Arumhammal

Inj. piptary — (1)

Inj. par — (1)

Inj. metogyl — (1)

T. ~~Elisava~~ ~~50mg~~ — (10)

~~Doxycycline~~ ~~100mg~~ — (10)

Syringe 20ml, 10ml 15ml
2ml — (1)

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Palayamkottai-627 002.

Dr. Selvasekarani

Q 2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.

Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

905
28/10/12

Mrs. Arumhammal

7. pulmoclear — (10)

Krishna Maternity Home & Pediatric Centre (P) Ltd.
ISO 9001:2015 HACCP Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002

Dr. Selvasakaran

☎ 2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.

Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELI.

Mrs. Azumhamal.

905
29/10/22.
Cetirizine 10mg.

Dr. Selva Sakaran.

P 2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.

Krishna Maternity Home & Pediatric Centre
PALAYAMKOTTAI, TIRUNELVELL.

905 MRS. Arunahamal

30/10/22 s/day vig e → ①

10/day vig e → ①

2ij. piptax 4.5gm → ①

2ij. Pantacid 40mg → ①

Tab. Ritagut 400mg → ⑩

Black needle → ④

Disposable gloves Box → ①

100 ml NA → ④

Pink needle → ④

Dr. Subhas Chandra Ti

☎ 2560066

SUPERMED PHARMACY

Palayamkottai, Tirunelveli - 2.

APCW
29/10/24

Dr. Arumhammal 834/M

Inj: Lasix — (1)

Inj: Beriphylline — (1)

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Palayamkottai-627 002.

Dr. Selva sekaran M.D.

☎ : 2575175



GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

AIW
23/10/22

Mrs Arumugamval 69 y/f

IVF NS — 3

Dr. *Scharekalan*
Krishna Maternity & Child Care Centre (P) Ltd.
ISO 9001-2015, NABL Accredited
Plot No. 4, North High Ground Road,
Palayamkottai - 627 002.



☎ : 2575175

GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

mrs. Arumugam - 10y / male

Ins. Nintoz 4.5gm - (2)

Loz Onera - (2)

Ins. metrogyl - (2)

Ins. Pan Long - (1)

~~Ins. 2~~

Ins. Lorvic - (5)

Krishna Maternity Home & Pediatric Centre (P) Ltd.,
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Palayamkottai-627 002.

Dr. Selva Sekaran .



☎ : 2575175

GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

Mrs. Arumuchamr -1

Arumuchama L.

Diapper xL size — (4)

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Plot No 4, North High Ground Road,
Palayamkottai-627 002



☎ : 2575175

GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

R
23/10/22

MRS. Arumthendral
694/F

O₂ MASK (Adult) — ①
IVF NG 500ml — ②
chest mate — ②
Gown — ①
EC Path — ①

Krishna Maternity Home & Pediatric Centre (P) Ltd.
ISO 9001-2015, NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai - 627 002
Phone : 0462 - 2583276 / 2581275 (Extn.) Res: 0462 - 2580559

Dr. Selva sekaran

Consultation :

12 p.m. to 4 p.m. & 7 p.m. to 9 p.m.

Krishna Maternity Home & Pediatric Centre
Plot No. 4, North High Ground Road, Palayamkottai - 627 002
Phone : 0462 - 2583276 / 2581275 (Extn.) Res: 0462 - 2580559



R

Mrs. Annamagan

23/10/2

Triset - ①

Dental Jhr - ①

Nephthm (B) - ②

easy fix - ②

25) - ②

10 hp - ② 5 hp - ① 2 hp - ⑤

Edm's Jhr - 10

smute water

Krishna Maternity Home & Pediatric Centre (P) Ltd.
 ISO 9001-2015, NABH Accredited
 Plot No 4, North High Ground Road,
 Palayamkottai-627 002

Dr. Selva Selvaran msc.

Consultation:

Krishna Maternity Home & Pediatric Centre
 Plot No. 4, North High Ground Road, Palayamkottai - 627 002
 Phone : 0462 - 2583278 / 2581278 (Extn.) Res: 0462 - 2580559



10 a.m. to 1 p.m. & 7 p.m. to 9 p.m.

23/10/22 . Ammahamal
6945/m

Tray

Bed sheet - ①

pillow cover - ①

gown - ①

chessmat - ④

easy bath - ①

handrup - ①

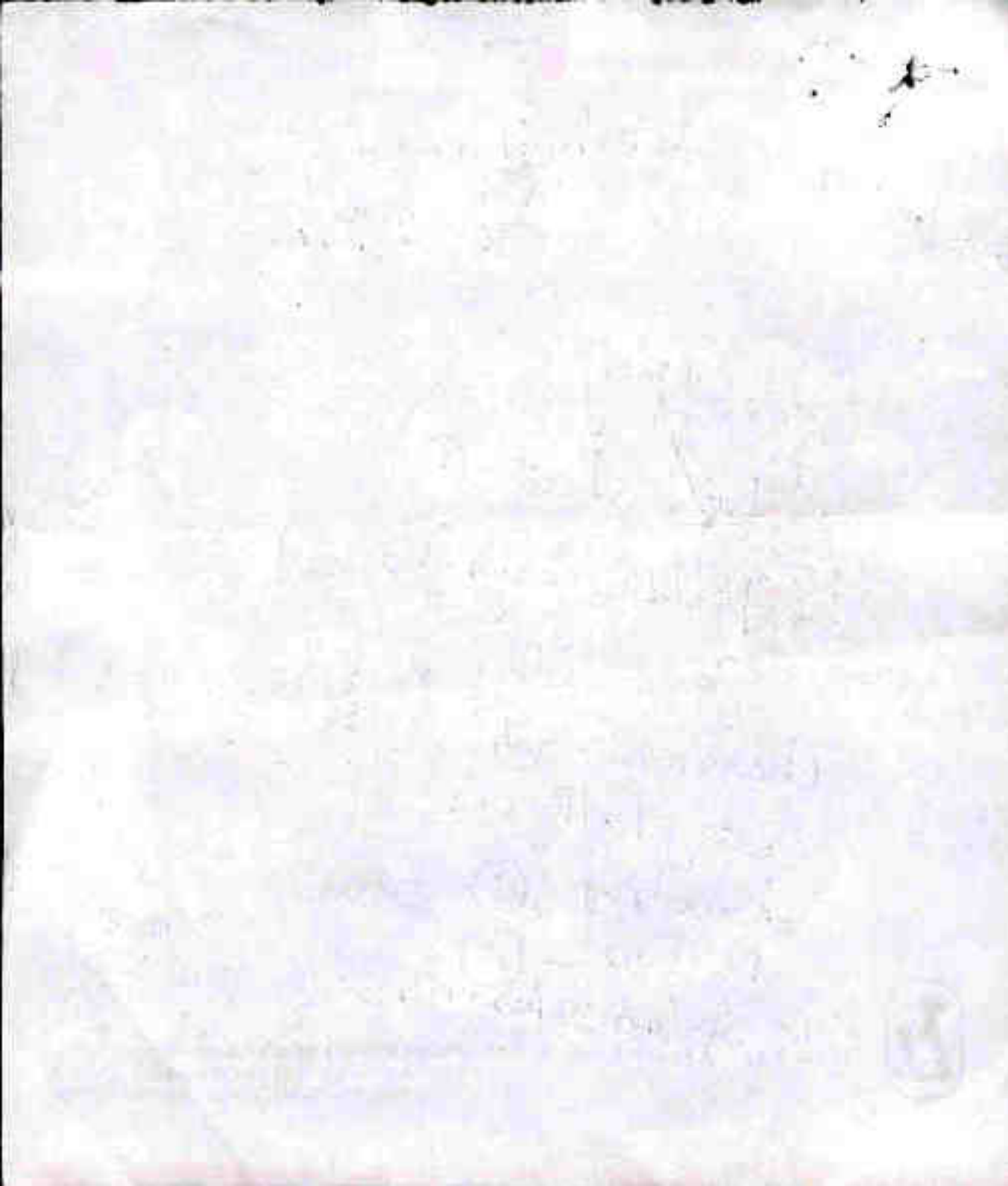
NS500 - ②



Dr. Selva Selvan MD
12 p.m. to 4 p.m. & 7 p.m. to 9 p.m.

Krishna Maternity Home & Pediatric Centre (P) Ltd.
ISO 9001:2015 / 14401 Accredited
Plot No. 4, North High Ground Road,
Palayamkottai - 627 002.
Phone: 0462-2583276 / 2581275 (Extn.) Fax: 0462-2583569

Krishna Maternity Home & Pediatric Centre
Plot No. 4, North High Ground Road, Palayamkottai - 627 002.
Phone: 0462-2583276 / 2581275 (Extn.) Fax: 0462-2583569



23/10/22

Mr. Arumugam
P. Arumugam

Nor adrenaline — ④

Uro meter — ①

Medi flow 10 ~~mm~~ cm — ②

2ml , 5 ml , 10 ml — ②

20 ml syringe — ②

Face mask — ⑤

Ryle's Tube 16 size — ①

Pediatric uro ~~meter~~ bag — ②

Krishna Maternity & Pediatric Centre (P) Ltd.,
ISO 9001:2015, NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai - 627 002

Dr. Selva Sekaran .



Q : 2575175

GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.



Dr. Selva Sathyanathan M.D.

Krishna Nursing Home
ISO 9001-2015:2015 Accredited
Plot No. 4, North High Ground Road
Palayamkottai-627 002

3% Kael - (2)

24/10/22
A.W.

Mrs. "Mungam" Jayi male.

Mr. Anumugammal 704 / Female.

Alu
24/10/22

500ml NS — (3)

Mask — (6)

chest net — (6)

Easy Bath — (2)

Krishna Nursing Home & Hospital, Ltd.
ISO 9001:2015, NABL Accredited
20/10/22 North High Ground Road,
Palayamkottai.

Dr. Selva Selvaran.

Q: 2575175



GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

AM
20/10/24

Mrs. Arumugam Jayal

Web Page About — ①

Krishna Water & Home & Pediatric Centre (P) Ltd.
ISO 9001:2015 NABH Accredited
Plot No 4, North High Ground Road
Palayamkottai-627 602

Dr. Sreedharan MD



☎ : 2575175

GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

Mrs. Arumugamnal Fogif

ALW
25/10/22

Pink venflon — ①

Adult Easy fix — ①

Dr. Selvarajan
ISO 9001:2015 Certified
Palsyamkottai-627 002.



☎ : 2575175

GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palsyamkottai.

ASCO
25/01/24

Mrs. Arumhammal 8343/fe

Inj: Lornit — (5) Chest leads — (6)
Inj: Metro — (1) 100ml NS — (4)
Inj: Pan — (2) black needle — (10)
Aleb. Diuolin — (5)
Inj: vit - K — (1)
Inj: piptaz — (2)
Inj: Noradrenalin — (4)
Inj: Laxis — (2)
Tissue paper — (1)
Ex. gloves — (40)
Syn, 2ml, 5ml, 10ml — (2)

Krishna Nursing Home & Training Centre (P) Ltd.
450-500s, 2025 NAAC Accredited
Post No. 100, High Ground Road
Palayamkottai-627 002.



☎ : 2575175

GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

AIIC
25.10.24

Mrs. Arathi Ammal R33/female

Chest met — ⑥
Esay bath — ①
Ns 500ml — ②
Face mask — ①
Hand rub — ①
251-D — ①

Krishna Maternity & Pediatric Centre (P) Ltd.
ISO 9001:2015, NABH Accredited
Plot No 4, North High Ground Road
Palayamkottai-627 002

Dr. Selva Sekaran MD

☎ : 2575175



GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

► Prumitharal

691F

21g noradrenaline - 100ml

21g diphenhydramine - 2

21g paracetamol - 2

21g morphine - 30

plastic needle - 3

Duclon tab - 3

ant 15ml, 100ml syringe - 3

100ml NS - 30

Dig Pasable rubber glove - 10

paper napkin 10

magie - 6

Krishna Maternity Home & Pediatric Centre (P) Ltd.
ISO 9001:2015 & BH Accredited
150 Ground Floor, North High Ground Road,
Pattanamkottai-627 002.



GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Pattanamkottai.

Mobile: 98421 2575175

Pranugam mal

toluf

Corr mac - (b)
Easy bawh - (c)
ELF No - (a) B

Krishna Maternity Home & Clinic Centre (P) Ltd.,
ISO 9001:2015, NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002

Dr selvarajan (Frax)



GURU MEDICALS

North Highground Road, Krishna Nursing Home Compound,
Palayamkottai.

☎ : 2575175

R

26/10/22

Alw

Mrs. H. R. Muthuhamal 69y female

Syp. Sucralfate (P).

Tab. Rifampin (P).

Krishna Maternity Home & Pediatric Centre (P) Ltd.
ISO 9001:2015, NABH Accredited
Plot No 4, North High Ground Road,
Palayamkottai-627 002

Dr. Selva Selvaran.



10 a.m. to 1 p.m. & 7 p.m. to 9 p.m.

Consultation

Krishna Maternity Home & Pediatric Centre

Plot No. 4, North High Ground Road, Palayamkottai - 627 002

Phone: 0462-2583276 / 2581276 (Extn.) Res: 0462-2580559

the ship's name is the

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R
23/10/22

P. Arumhamal
MRS. Arumhamal
694/F

Inj. ctreotide	-	⑤
Inj. Nor adrenaline	-	①
Inj. Lornit	-	⑤
Inj. Piptaz	4.5 gm	- ③ ①
Inj. Metrogyl	100ml	- ①
Inj. vit K	10 mg	- ①
Inj. Pan	40 mg	- ②
Inj syrup. lactulose		- ①
T. Rifagut	400 mg	- ②
IVF. NS	100ml	- ②
IV set		- ② ②
plaster		- ①
dial flow		- ①



12 p.m. to 4 p.m. & 7 p.m. to 9 p.m.

Consultation:

Krishna Maternity Home & Pediatric Centre (P) Ltd.
Plot No. 4, North High Ground Road, Palayamkottai - 627 002.
Phone: 0462 - 2583276 / 2561276 (Extn.) Res: 0462 - 2585559

4 Atropis - ①
Catheter 1682 - ①

wro bag - ①
strule gelus - ①

hynogain Zell - ①

Dr. Seivangelcam my

8.

- 1) Tab: Ursocof 300 (7) 1 - 0 - 0
- 2) Tab: Rifagut 400 (14) 1 - 0 - 1
- 3) Tab: Eltroxin 50mcg (7) 1 - 0 - 0
- 4) Tab: Pulmoclear (14) 1 - 0 - 1
- 5) Hepamedz Succin (7) 0 - 0 - 1
- 6) Syr: Sucrafil (1) 10ml - 10ml - 10ml
- 7) Syr: Lupitus (1) 10ml - 10ml - 10ml
- 8) Syr: Daphalac (1) 0 - 0 - 10ml

x 1 week.

By
31/10/22

To review after 1 week



Krishna Maternity Home & Pediatric Centre

Plot No. 20/5, North High Ground Road,

Palayamkottai, Tirunelveli - 627 002.

ISO 9001 - 2008, NABH ACCREDITED

Contact: SMS BLOCK: 0482-2580559, 2578885

OLD BLOCK: 0482-2681276, 2583276

SUPERMED PHARMACY

Palayamkottai

Measurement report

22/10/24 19:37

Serial number : 28750

Instrument ID : LAB

Operator ID

MICRO BIOLOGICAL LABORATORY

Pat. ID	072710240049		
Sample type	Blood		
First name			
Temperature	37.0 °C		
FIO ₂	0.21		
Suffix			
pH	7.422	[7.350 - 7.450]	
PO ₂	47.9 mmHg (-)	[80.0 - 100.0]	
PCO ₂	24.8 mmHg (-)	[35.0 - 45.0]	
cHCO ₃	15.8 mmol/L		
SO ₂	57.6 % (-)	[95.0 - 100.0]	
BE	-7.1 mmol/L		
Hct	45.7 % #	[38.0 - 53.0]	
AG	15.4 mmol/L		
ctO ₂	13.9 vol%		
ctCO ₂ (B)	14.4 mmol/L		
ctCO ₂ (P)	37.2 vol%		
BE _{act}	-6.9 mmol/L		
BE _{calc}	-8.6 mmol/L		
pH _i	7.292		
cHCO ₃ _i	18.6 mmol/L		
H ⁺	37.8 nmol/L		
PAO ₂	119.9 mmHg		
AaDO ₂	72.0 mmHg		
a/aO ₂	40.0 %		
Ri	150 %		
pH ⁱ	7.422		
H ⁺	37.8 nmol/L		
PCO ₂ ⁱ	24.8 mmHg		
PO ₂ ⁱ	47.9 mmHg		
PAO ₂ ⁱ	119.9 mmHg		
AaDO ₂ ⁱ	72.0 mmHg		
a/aO ₂ ⁱ	40.0 %		
Ri ⁱ	150 %		
Osm	216 mOsm/kg		

Note: Ensure reference ranges match sample type.

- check Hct result

M. Mani
Analyst

**Microbiological
Laboratory**



KRISHNA HOSPITAL
No.4, NORTH HIGH GROUND ROAD
PALAYAMKOTTAI, 627002

Customer Information		Physician Information		Sample Information	
Billid : 0700555436 Name : Mr/Ms ARUMHAMAL P Age & Sex : 70Y / Female DOB : 23/10/1952 9 VAGGAMINTHA VINAYACAR KOVIL STREET TIRUNELVELI Hosp IP.No:32741 SRF.No:# 905		Ref. by Dr: SELVA SEKARAN MD DM (GASTRO) KRISHNA HOSPITAL		Printed Date : 29/10/2022 8:22 Sample Date : 29/10/2022 10:42 Sample Collected at : PALAYAMKOTTAI	
 Reg No: 130015744 				Final Test Report Page 1 of 2	

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
BIOCHEMISTRY								
SERUM	SODIUM #	137.0	138.0(29/10/2022)	mEq/L	ref:07/8/2021; Premature cord: 116-140, premature 48 Hrs:128-148, Newborn cord: 126-166, Newborn Full term : 133-146, infants:139-146, children:138-145, Adult :136-145, >90:132-146(ISE - Indirect method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:992	Vivekanandan	29/10/2022:08:15	
SERUM	POTASSIUM #	2.53	2.41(29/10/2022)	mEq/L	Premature,48hrs 3.0 to 6.0 New born 3.7 to 5.9 Infant 4.1 to 5.3 Child 3.4 to 4.7 Adult 3.5 to 5.1 (ISE - Indirect method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:880	Vivekanandan	29/10/2022:08:15	

Vivekanandan T M.Sc.
Senior Biochemist


Dr. P. Praveen PhD
Senior Biochemist





Dr. Mani M.Sc. Senior Biochemist
Chief of Laboratory Medicine



1247 Envy Patients

M. Mani
Technician

**Microbiological
Laboratory**



Refid : 0700555436 Mr/Ms. ARUMUHAMAL P 70Y / Female
9 VASKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr. SELVA SEKARAN MD DM (GASTRO)

Page 2 of 2

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Range/Methods	Verified by	Verified date & Time	Test QR Code
-----------	-----------	---------	-------------------------	-------	-------------------------	-------------	----------------------	--------------

results related only to the item tested. If any test name ends with @ - denotes the particular test not accredited by NABL. **End of the Report** For further details about the tests, visit www.labtestsonline.org or scan Test QR Code

"One of the biggest drawbacks of test automation is the occurrence of random errors that prevent one result tested in spite of stringent precautions, such errors are unavoidable (probability 1:100,000) if the results do not correlate clinically, please contact us." "CONSENT DOCTOR FOR INTERPRETATION OF LAB REPORT", "LAB RESULTS TO BE INTERPRETED ONLY BY THE MEDICAL PROFESSIONALS. THIS IS ONLY A LABORATORY TECHNICAL REPORT AND NOT A MEDICAL FITNESS CERTIFICATE".

T. W.

Vivekanandan T M Sc.
Senior Biotechnologist

Shruthi

Dr N. Poongudi PhD
Senior Biotechnologist

Signature



Dr. N. Poongudi PhD
Senior Biotechnologist





KRISHNA HOSPITAL
No.4, NORTH HIGH GROUND ROAD
PALAYAMKOTTAI, 627002

Customer Information		Physician Information		Sample Information	
Billid : 0700555201 Name : Mr/Ms <u>ARUMUTHAL</u> Age & Sex : 60Y / Female NELLA	 Reg No : 070031152  SRF No: AICU	Ref by Dr.: SELVA SEKARAN MD DM (GASTRO) KRISHNA HOSPITAL 	Printed Date : 27/10/2022 9:46 Sample Date : 27/10/2022 09:09 Sample Collected at : PALAYAMKOTTAI	Final Test Report Page 1 of 4	

Spec type	Test Name	Result	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QR Code
HEMATOLOGY								
Prothrombin Time								
CIT-PLAS-MA	Prothrombin Time - Test #	22.7		secs	Effective from 20/11/2021, Reference Range: 9.1 to 13.1 Seconds Clot Detection Method(Phot Optical Method)	Vernba Maria	27/10/2022:07:43	
CIT-PLAS-MA	PT -Control #	12.0		secs	Clot Detection Method(Phot Optical Method)	Vernba Maria	27/10/2022:07:43	
CIT-PLAS-MA	INR #	2.01			Calculated Method	Vernba Maria	27/10/2022:07:43	

W. Ross 9.2: *Water Wastage*
Chad in Lake Chad Basin



Billid : 0700555201 **MoMs:** ARUMUHAMAL 60Y / Female

Ref: Dr. SELVA SEKARAN MD DM (GASTRO)

Page 2 of 8

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time
BIOCHEMISTRY							
PLASMA	GLUCOSE (RANDOM) #	72.4		mg/dl	w.c.f 28.09.2021 90 to 120 (HEXOKINASE- End point method)	Vivekanandan	27/10/2022:07:42
SERUM	UREA #	37.2		mg/dl	wef:07/08/2021; Cord: 45-85.7, Premature 1 week: 6.4-53.6, < 1 yr : 8.6-60.7, Infant/Child: 10.7-38.6, 18-60yrs:12.9-42.9,60-90yrs:17.1-49.3 > 90 Yrs: 21.4-66.4(U/nase GLDH method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Pg. No:1096	Vivekanandan	27/10/2022:07:42
SERUM	CREATININE #	0.6		mg/dl	wef:18/6/2015;Infant:0.2-0.4; Child:0.3-0.7,Adolescent:0.5-1.0,18-60yrs:0.6-1.1;60-90yrs:0.6-1.2 more than 90 yrs: 0.6 - 1.3(Jaffe - Kinetic method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:346	Vivekanandan	27/10/2022:07:42
SERUM	SODIUM #	137.2		mEq/L	wef:07/8/2021, Premature cord: 116-140, premature 48 Hrs:128-148, Newborn cord: 126-166,Newborn Full term : 133-146,Infants: 139-146,children: 138-145,Adult :136-145,>90:132-146(ISE - Indirect method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:992	Vivekanandan	27/10/2022:07:42

Mikroskopische T. M. Sc.
Series Electrophysiology

Dr M. Prasad, PhD
Senior Biochemist

W. 2844. U.S. Postal Directory
Washington, D.C.



Billid : 0700555201 Mr/Ms. ARUMUHAMAL 69Y / Female
NELLAI

Ref by Dr: SELVA SEKARAN MD DM (GASTRO)

Page 3 of 8

Spec type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
SERUM	POTASSIUM #	2.37		mEq/L	Premature, 40hrs 3.0 to 6.0 New born 3.7 to 5.9 Infant 4.1 to 5.3 Child 3.4 to 4.7 Adult 3.5 to 5.1 (ISE - Indirect method) (Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:880)	Vivekanandan	27/10/2022:07:42	
LIVER FUNCTION TEST								
SERUM	SGOT #	55.6		U/L	wef:18/06/2015; Infant: 15-60; Adult: 8-20 Modified IFCC - UV kinetic method (Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:154)	Vivekanandan	27/10/2022:07:42	
SERUM	SGPT #	33.7		U/L	wef:18/06/2015; Infants: 13-45; 12m-60yrs: 7-35; 60-90yrs: 10-28; Modified IFCC - UV Kinetic method; Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:64	Vivekanandan	27/10/2022:07:42	
SERUM	ALKALINE PHOSPHATASE #	92.2		U/L	wef:18/03/2017; 1-12yrs: upto 350 >15yrs: 25-100 (PNPP-AMP hydrolysis-kinetic Method) (Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page:80)	Vivekanandan	27/10/2022:07:42	



T. W.
Vivekanandan T W.Sc.
Senior Biochemist

Dr N Prasad, PhD
Senior Biochemist



Dr. Mani M.S., Founder & Managing Director
Microbiological Laboratory





**Microbiological
Laboratory**



Refid : **0700555201** Mr/Ms. ARUMHAMAL 69Y / Female
SELLA

Ref by Dr: SELVA SEKARAN MD DM (GASTRO)

Page 4 of 8

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QR Code
SERUM	BILIRUBIN TOTAL #	9.5		mg/dl	w.r.f 18.05.19 Cord Blood : <2.0 mg/dl. 0-1 days: 1-4.7mg/dL Up to 1 month: <12.0 mg/dL Adult: up to 1.2 mg/dL Diazo Method: Tietz-Clinical guide-4th Edition Pg.No172	Vivekananda	27/10/2022-07:42	
SERUM	BILIRUBIN DIRECT #	6.9		mg/dl	Adult upto 0.3(Diazoitized - sulfanilic - End point method) Tietz-Clinical guide-4th Edition Pg.No174	Vivekananda	27/10/2022-07:42	
SERUM	BILIRUBIN INDIRECT #	2.6		mg/dl	less than 1.1	Vivekananda	27/10/2022-07:42	
SERUM	PROTEIN TOTAL #	5.3		gm/dL	w.r.f:18/06/2015;Ambulatory:6.4-8.3;Recumbent:6.0-7.8) Biuret - End point method (Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:916	Vivekananda	27/10/2022-07:42	

T. Ws.

Vivekananda T.M.Sc.,
Senior Biochemist

Dr. N. Prasad

Dr. N. Prasad, PhD
Senior Biochemist

Dr. M. Mami

Dr. M. Mami, Medical Microbiology
Chief of Laboratory Services



QIP Status Pending

M. Mani
Nestor

**Microbiological
Laboratory**



Billid : **0700555201** Mr/Ms. ARUMUHAMAL 69Y / Female
NELAI

Ref by Dr.: SELVA SEKARAN MD DM (GASTRO)

Page 5 of 8

Spec type	Test Name	Results	Previous Results (Date)	Units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
SERUM	ALBUMIN SERUM #	2.0		g/dl	w.c.L 09/04/17 0-4 days 2.8 to 4.4 4days-14 yrs 3.8 to 5.4 Adult 3.5 to 5.2 > 90 yrs 2.9-4.5 (BCK) Dye Binding Method-end point)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:66 Increased in any condition causing dehydration. Decreased in Acute phase reaction and chronic inflammation-infection,surgery	(Vivekananda)	27/10/2022:07:42	
SERUM	GLOBULIN #	3.3		gm/dL	1.8 to 3.6	(Vivekananda)	27/10/2022:07:42	
SERUM	A/G Ratio #	0.6			1.5 to 2.0	(Vivekananda)	27/10/2022:07:42	

T. W.

Vivekanandan T M.Sc.
Senior Biochemist

Shirup

Dr N.Pourgodil PhD
Senior Biochemist

Signature

Dr. M. Mani, Director (Microbiology)
Chief of Laboratory Service



GM Hospital



Refid : **0700555201** Mr/Ms: ARUMHAMAL 59Y / Female
HELEA

Ref. by Dr: SELVA SEKARAN MD DM (GASTRO)

Page 6 of 8

Spec. type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test Outcome
CLINICAL PATHOLOGY								
CBC-TVL								
BLOOD	TOTAL LEUCOCYTE (WBC) #	9080		cells/uL	4000-10000 Women (Adult) Flowcytometry Method	Vivekananda	27/10/2022:07:41	
Ref. Ranges for Children: (Birth: 10000-28000, 0-3 days: 2300-28000, 4-7 days: 8000-22000, 8-14 days: 6000-22000, 15 days-1 mon: 3800-18000, 2 mon-3 mon: 2000-15000, 4-6 mos: 4000-18000, 7 mos-1 yr: 6000-10000, 2-6 yrs: 5000-15000, 7-12 yrs: 5000-13000, Reference: Dacie and Lewis.)								
BLOOD	TOTAL RBC COUNT #	3.09		million/ μ L	3.8-4.8 Women (Adult) Hydro Dynamic Focusing Method	Vivekananda	27/10/2022:07:41	
Ref. Ranges for Children: (Birth: 5.0-7.0, 0-3 days: 4.0-6.0, 4-7 days: 3.8-6.0, 8-14 days: 3.5-6.2, 15 days-1 mon: 3.0-5.4, 2 mon-3 mon: 3.1-4.3, 4-6 mos: 4.3-6.0, 7 mos-1 yr: 3.9-5.1, 2-6 yrs: 4.0-5.2, 7-12 yrs: 4.0-5.2)								
BLOOD	HAEMOGLOBIN #	11.5		g/dL	12.0-15.0 Women (Adult) (SLS Haemoglobin Method)	Vivekananda	27/10/2022:07:41	
Ref. Ranges for Children: (Birth: 14.0-22.0, 0-3 days: 15.2-17.1, 4-7 days: 17.1-17.6, 8-14 days: 16.1-16.5, 15 days-1 mon: 11.5-16.5, 2 mon-3 mon: 9.4-13.0, 4-6 mos: 10.5-14.1, 7 mos-1 yr: 11.0-14.1, 2-6 yrs: 11.0-14.0, 7-12 yrs: 11.5-16.0)								
BLOOD	PCV #	35.0		%	36-46 Women (Adult) Calculated Method	Vivekananda	27/10/2022:07:41	
Ref. Ranges for Children: (BIRTH: 45-75, 0-3 mos: 45-67, 4-7 days: 42-66, 8-14 days: 40-61, 15 days-1 mon: 35-53, 2 mon-3 mon: 30-42, 4-6 mos: 30-40, 7 mos-1 yr: 30-38, 2-6 yrs: 34-40, 7-12 yrs: 35-45)								
BLOOD	MCV #	113.2		fL	83-101 Women (Adult) Calculated Method	Vivekananda	27/10/2022:07:41	
Ref. Ranges for Children: (Birth: 100-120, 0-3 days: 92-110, 4-7 days: 85-120, 8-14 days: 85-124, 15 days-1 mon: 82-110, 2 mon-3 mon: 67-103, 4-6 mos: 68-84, 7 mos-1 yr: 72-84, 2-6 yrs: 75-87, 7-12 yrs: 77-95)								
BLOOD	MCH #	37.1		pg	27.0-32.0 Women (Adult) Calculated Method	Vivekananda	27/10/2022:07:41	
Ref. Ranges for Children: (Birth: 31-37, 0-3 days: 31-37, 4-7 days: 31-37, 8-14 days: 31-37, 15 days-1 mon: 30-36, 2 mon-3 mon: 27-33, 4-6 mos: 24-30, 7 mos-1 yr: 25-29, 2-6 yrs: 24-26, 7-12 yrs: 25-30)								
BLOOD	MCHC #	32.8		gm/dL	31.5-34.5 Women (Adult) Calculated Method	Vivekananda	27/10/2022:07:41	
Ref. Ranges for Children: (Birth: 35-36, 0-3 days: 29-37, 4-7 days: 28-36, 8-14 days: 25-36, 15 days-1 mon: 20-37, 2 mon-3 mon: 20.5-25.5, 4-6 mos: 20-36, 7 mos-1 yr: 32-36, 2-6 yrs: 31-37, 7-12 yrs: 31-37)								

Vivekanandan T M Sr.
Senior Biochemist

Dr. N. Poornima PhD
Senior Biochemist

Dr. Selva Sekaran MD DM (GASTRO)



Vivekanandan T M Sr.
Senior Biochemist

Dr. N. Poornima PhD
Senior Biochemist



W. Mani, M.D., M.Sc., M.P.H., M.B.A.
Chief & Laboratory Director



QIP Survey Partner



Refid : **0700555201** Mr/Ms. ARUMHAMAL 88Y / Female
NELLAI

Ref By Dr: SELVA SEKARAN MD DM (GASTRO)

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Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test_Qfcode
BLOOD	PLATELETS COUNT #	60000		cells/uL	150000-410000 Women (Adult) Hydro Dynamic Focusing Method	Vivekananda	27/10/2022:07:41	

Ref. Ranges for Children : 0-3yrs 100000-450000, 3-5 days 250000-500000, 4-7 days 100000-200000, 8-14 days 170000-300000, 15days-1 mo 200000-500000, 2mo-3mo 250000-450000, 4-6 mo 300000-500000, 7mo-1 y 200000-550000, 2-6 yrs 200000-450000, 7-12 yrs 170000-450000

Comment : * Rbc(Trickles)

BLOOD	POLYMORPHS #	80.7		%	40-80 Fluorescence Flowcytometry Method	Vivekananda	27/10/2022:07:41	
BLOOD	LYMPHOCYTES #	4.0		%	20-40 Fluorescence Flowcytometry Method	Vivekananda	27/10/2022:07:41	
BLOOD	MONOCYTES #	9.2		%	2.0-10.0 Fluorescence Flowcytometry Method	Vivekananda	27/10/2022:07:41	
BLOOD	EOSINOPHIL #	1.6		%	1.0-6.0 Fluorescence Flowcytometry Method	Vivekananda	27/10/2022:07:41	
BLOOD	BASOPHILS #	0.7		%	<1-2 Fluorescence Flowcytometry Method	Vivekananda	27/10/2022:07:41	
BLOOD	Absolute Neutrophil count #	7330		cells/uL	2000 - 7000 Calculated Method	Vivekananda	27/10/2022:07:41	
BLOOD	Absolute Lymphocyte Count #	360		cells/uL	1000 - 3000 Calculated Method	Vivekananda	27/10/2022:07:41	
BLOOD	Absolute Monocyte Count #	830		cells/uL	200 - 1000 Calculated Method	Vivekananda	27/10/2022:07:41	
BLOOD	Absolute Eosinophil Count #	140		cells/uL	0 - 400 Calculated Method	Vivekananda	27/10/2022:07:41	

T. Ws

Vivekanandan T M.Sc.,
Senior Biochemist

Shiraj

Dr.N.Poongodi PhD
Senior Biochemist

W. Mani

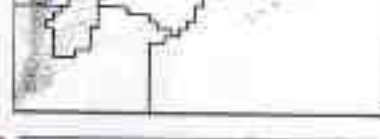
W. Mani MSc, (GenialPharmach)
Chief of Laboratory Division



CCO Gavey Pathlab

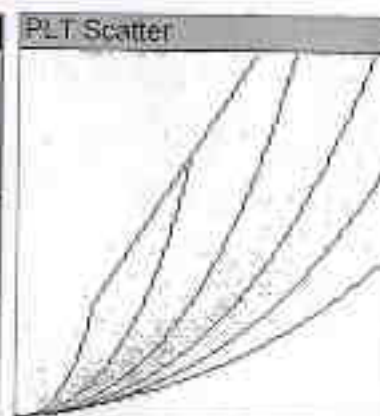
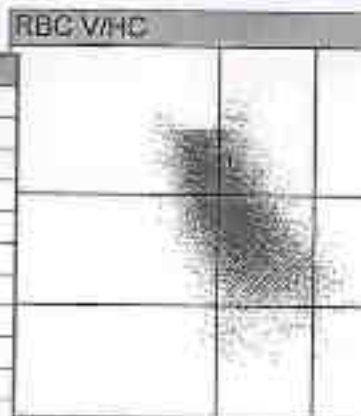


Microbiological Laboratory	
Aspiration Date/Tim	10/27/2022 06:55:52 A
Sample Type	PATIENT
SID	072210270019
Patient Name	
Rack & Position	0 0
FOR LABORATORY USE ONLY	



CBC - Routine			
WBC	9.08	*	$\times 10^3$ cells/ μ L
RBC	L 3.09	*	$\times 10^6$ cells/ μ L
HGB	L 11.5	*	g/dL
HCT	L 35.0	*	%
MCV	H 113.2	*	fL
MCH	H 37.1	*	pg
MCHC	L 32.8	*	g/dL
CH	32.9	*	pg
CHCM	L 29.4	*	g/dL
RDW	H 16.2	*	%
HDW	3.07	*	g/dL
PLT	L 60	*	$\times 10^3$ cells/ μ L
MPV	9.6	*	fL
Large Plt	2	*	$\times 10^3$ cells/ μ L
Cellular HG	10.3	*	g/dL
PCT	L 0.06	*	%

WBC Differential Count			
#NEUT	7.33	*	$\times 10^3$ cells/ μ L
#LYMPH	L 0.36	*	$\times 10^3$ cells/ μ L
#MONO	0.83	*	$\times 10^3$ cells/ μ L
#EOS	0.14	*	$\times 10^3$ cells/ μ L
#BASO	0.06	*	$\times 10^3$ cells/ μ L
#LUC	0.35	*	$\times 10^3$ cells/ μ L
%NEUT	H 80.7	*	%
%LYMPH	L 4.0	*	%
%MONO	H 9.2	*	%
%EOS	1.6	*	%
%Baso	0.7	*	%
%LUC	3.9	*	%
WBCP	9.00	*	$\times 10^3$ cells/ μ L
#NRBC	H 0.20	*	$\times 10^3$ cells/L
%NRBC	H 2.2	*	% (#NRBC / 100 WBC)






Sample/System Flags	
CHCMCE	CHCM HCT HDW HGB MCH MCHC MCV RBC ROW CH CHDW
N-RBC	#BASO %Baso #LUC %LUC #LYMPH %LYMPH WBC WBCB WBCu WBCP #NEUT %NEUT #MONO %MONO #EOS %EOS %NRBC #NRBC %NEUTu %NEUTu %LYMPHu %LYMPHu %MONOu %MONOu %EOSu %EOSu %BASOu %BASOu %LUCu %LUCu
PX-PL	#LUC %LUC #LYMPH %LYMPH WBCP #NEUT %NEUT #MONO %MONO #EOS %EOS %NEUTu %NEUTu %LYMPHu %LYMPHu %MONOu %MONOu %EOSu %EOSu %LUCu %LUCu
NR-LPD	#BASO %Baso #LUC %LUC #LYMPH %LYMPH WBC #NEUT %NEUT #MONO %MONO #EOS %EOS %NRBC #NRBC

Morphology Flags	
MACRO	+++
HYPO	+++
ANISO	*
LEFT SHIFT	+
NRBC	+

Arumhamad
07-201



Accession No.: 13001523d

Customer Information			Physician Information			Sample Information		
Billid : 0700554944 Name : SrM: ARUMUHAMAL P Age & Sex : 70Y / Female DOB : 23/10/1952 5 VASIRAMINTHA VINAYASAR KOVIL STREET TRUNELVELI Hosp IP.No: 32741 SRF.No:# AICU Reg No : 130015744			Ref By Dr. : SELVA SEKARAN MD DM (GASTRO) KRISHNA HOSPITAL 			Printed Date : 25/10/2022 09:09 Sample Date : 25/10/2022 08:43 Sample Collected at : PALAYAMKOTTAI Final Test Report Page 1 of 5		
Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QR Code
BIOCHEMISTRY								
SERUM	CREATININE #	0.9	11/03/2022	mg/dl	wef:18/6/2015;Infant:0.2-0.4; Child:0.3-0.7;Adolescent:0.5-1.0;18-60yrs:0.6-1.1; 60-90yrs:0.6-1.2 more than 90 yrs:0.6 - 1.3 Jaffe - Kinetic method (Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:316)	Jayachandran	25/10/2022:07:27	
SERUM	SODIUM #	137.4	12/03/2022	mEq/L	wef:07/8/2021; Permarine cord: 116-140, premature 48 Hrs:128-148, Newborn cord: 126-166,Newborn Full term : 133-146,infants:139-146,children:138-145,Adult :136-145,>90:132-146; ISI - Indirect method (Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:992)	Jayachandran	25/10/2022:07:12	

Dr. N. Prasad, Ph.D.
Senior Biochemist



22. 2004 H2, Indian Writing
Class of Literature Section



CAP-Survey Feedback

M. Mani
Founder

**Microbiological
Laboratory**



Billid : 0700554944 Mr/Ms. ARUMHAMAL P 70Y / Female
9 VASIKAMINTRA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr. SELVA SEKARAN MD DM (GASTRO)

Page 2 of 5

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
SERUM	POTASSIUM #	3.41	4.15/23-10/2022	mEq/L	Premature, 48hrs 3.0 to 6.0 New born 3.7 to 5.9 Infant 4.1 to 5.3 Child 3.4 to 4.7 Adult 3.5 to 5.1 (TSE - Indirect method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:880	Jayachandran	25/10/2022 07:12	

[Signature]

Dr N Poongodi PhD
Senior Biochemist

[Signature]

Dr. Mani M. D. Founder Microbiology
Chief Microbiology Services



CAP College Pathologist





Billid : 0700554944 Mr/Ms. ARUMHAMAL P 70Y / Female
@ VASAKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr: SELVA SEKARAN MD DM (GASTRO)

Page 3 of 5

Spec type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QR Code
CLINICAL PATHOLOGY								
CBC-TVL								
BLOOD	TOTAL LEUCOCYTE (WBC) #	9420	1408023/10/2020	cells/uL	4000-10000 Women (Adult) Flowcytometry Method	Jayachandran	25/10/2022 07:18	
Ref. Ranges for Children: (Birth: 10000-25000, 0-3 days: 7000-23000, 4-7 days: 6000-22000, 8-14 days: 6000-22000, 15days-1 mon: 5000-18000, 2mon-3mon: 5000-15000, 4-6 mos: 5000-18000, 7mos-1 yr: 6000-18800, 2-6 yrs: 5000-15000, 7-12 yrs: 10000-13000, Reference: Dacie and Lewis.)								
BLOOD	TOTAL RBC COUNT #	3.55	1411021/10/2020	million/uL	3.8-4.8 Women (Adult) Hydro Dynamic Focusing Method	Jayachandran	25/10/2022 07:18	
Ref. Ranges for Children: (Birth: 5.0-7.0, 0-3 days: 4.0-6.0, 4-7 days: 3.5-6.5, 8-14 days: 3.5-6.2, 15days-1 mon: 3.0-5.4, 2mon-3mon: 3.1-4.3, 4-6 mos: 3.7-5.3, 7mos-1 yr: 3.8-5.1, 2-6 yrs: 4.2-5.2, 7-12 yrs: 4.0-5.2)								
BLOOD	HAEMOGLOBIN #	12.0	12.125/10/2022	g/dl	12.0-15.0 Women (Adult) (CLS Haemoglobin Method)	Jayachandran	25/10/2022 07:18	
Ref. Ranges for Children: (Birth: 14.0-22.0, 0-3 days: 15-21, 4-7 days: 17-17.4, 8-14 days: 15.1-15.3, 15days-1 mon: 11.5-15.5, 2mon-3mon: 11.4-13.0, 4-6 mos: 11.1-14.1, 7mos-1 yr: 11.1-14.1, 2-6 yrs: 11.0-14.0, 7-12 yrs: 11.5-15.5)								
BLOOD	PCV #	37.7	1171622/10/2020	%	36-46 Women (Adult) Calculated Method	Jayachandran	25/10/2022 07:18	
Ref. Ranges for Children: (BIRTH: 45-75, 0-3 days: 45-57, 4-7 days: 42-65, 8-14 days: 48-53, 15days-1 mon: 33-53, 2mon-3mon: 28-42, 4-6 mos: 30-40, 7mos-1 yr: 30-38, 2-6 yrs: 34-40, 7-12 yrs: 35-45)								
BLOOD	MCV #	106.2	1181622/10/2020	fL	83-101 Women (Adult) Calculated Method	Jayachandran	25/10/2022 07:18	
Ref. Ranges for Children: (Birth: 100-120, 0-3 days: 83-118, 4-7 days: 85-128, 8-14 days: 85-124, 15days-1 mon: 83-118, 2mon-3mon: 87-103, 4-6 mos: 88-94, 7mos-1 yr: 72-84, 2-6 yrs: 79-87, 7-12 yrs: 77-80)								
BLOOD	MCH #	33.8	12.125/10/2022	pg	27.0-32.0 Women (Adult) Calculated Method	Jayachandran	25/10/2022 07:18	
Ref. Ranges for Children: (Birth: 31-37, 0-3 days: 31-37, 4-7 days: 31-37, 8-14 days: 31-37, 15days-1 mon: 30-39, 2mon-3mon: 27-33, 4-6 mos: 24-30, 7mos-1 yr: 25-28, 2-6 yrs: 24-30, 7-12 yrs: 25-30)								
BLOOD	MCHC #	31.8	1171622/10/2020	gm/dL	31.5-34.5 Women (Adult) Calculated Method	Jayachandran	25/10/2022 07:18	
Ref. Ranges for Children: (Birth: 32-38, 0-3 days: 30-37, 4-7 days: 28-38, 8-14 days: 28-38, 15days-1 mon: 29-37, 2mon-3mon: 28.5-35.8, 4-6 mos: 30-35, 7mos-1 yr: 32-35, 2-6 yrs: 31-37, 7-12 yrs: 31-37)								

[Signature]

Dr N.Poongodi PhD
Senior Biochemist

[Signature]



W. Mani (0462) 2576695
info@microbiolabindia.com



CAT (Certi) Pathology



Billid : 0700554944 Mr/Ms. ARUMHAMAL P 70Y / Female
B VASIKAMINHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr: SELVA SEKARAN MD DM (GASTRO)

Page 4 of 5

Spec type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
BLOOD	PLATELETS COUNT #	71000	51300(23/10/2022)	cells/uL	150000-410000 Women (Adult) Hydro Dynamic Focusing Method	Jayachandran	25/10/2022:07:18	

Ref. Ranges for Children : (5yrs-100000-450000), 0-3 days 210000-500000, 4-7 days 160000-300000, 8-14 days 170000-500000, 15days-1month 200000-400000, 2month-3month 210000-500000, 4-6 months 250000-650000, 7years-1 yr 200000-500000, 2-4 yrs 200000-400000, 4-12 yrs 170000-400000

BLOOD	POLYMORPHS #	78.7	84.7(23/10/2022)	%	40-80 Fluorescence Flowcytometry Method	Jayachandran	25/10/2022:07:18
BLOOD	LYMPHOCYTES #	8.8	4.8(23/10/2022)	%	20-40 Fluorescence Flowcytometry Method	Jayachandran	25/10/2022:07:18
BLOOD	MONOCYTES #	10.7	10.3(23/10/2022)	%	2.0-10.0 Fluorescence Flowcytometry Method	Jayachandran	25/10/2022:07:18
BLOOD	EOSINOPHIL #	1.4	1.1(23/10/2022)	%	1.0-6.0 Fluorescence Flowcytometry Method	Jayachandran	25/10/2022:07:18
BLOOD	BASOPHILS #	0.4	0.3(23/10/2022)	%	<1-2 Fluorescence Flowcytometry Method	Jayachandran	25/10/2022:07:18
BLOOD	Absolute Neutrophil count #	7410	12100(23/10/2022)	cells/uL	2000 - 7000 Calculated Method	Jayachandran	25/10/2022:07:18
BLOOD	Absolute Lymphocyte Count #	830	730(23/10/2022)	cells/uL	1000 - 3000 Calculated Method	Jayachandran	25/10/2022:07:18
BLOOD	Absolute Monocyte Count #	1010	1700(23/10/2022)	cells/uL	200 - 1000 Calculated Method	Jayachandran	25/10/2022:07:18
BLOOD	Absolute Eosinophil Count #	130	110(23/10/2022)	cells/uL	0 - 400 Calculated Method	Jayachandran	25/10/2022:07:18

Dr. M. Prasad PhD
Senior Microbiologist

Dr. M. Mani Senior Microbiologist
Chief of Laboratory Services



CLIA Accredited

M. Mursi



Reviewed by: SELVA SEKARAN MD DM (GASTRO)

Page 5 of 8

Spec type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time
BLOOD	Absolute Basophil Count	40	400319232	cells/ul	20 - 100 Calculated Method	Jayachandran	25-10-2022 05:18

restricted only to the data tested. If any test name ends with Φ , denotes the particular but not recommended by ISIRI.

End of the Report

For further details about the tests, visit www.habitatsonline.org or 800-Test OR Code.

*One of the biggest drawbacks of a self-assessment is the concern of random error. But we've controlled against it with a rigorous program, such as over 100,000 tests conducted yearly. If you do not comprehend clearly, please contact us. "CLINICAL DOCTOR FOR INTERPRETATION OF LAB REPORT". LAB RESULTS TO BE INTERPRETED ONLY BY THE MEDICAL PROFESSIONALS. THIS IS ONLY A LABORATORY TECHNICAL REPORT AND NOT A MEDICAL FITNESS CERTIFICATE.

Dr N. Poluninski, PhD
Senior Lecturer

[illegible]

243-Bureau Performance

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**Microbiological
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M. Muni Research (Microbiology)
Office: 10/10, 10/10, 10/10



Lab Service Network

Microbiological Laboratory - Palayamkottai

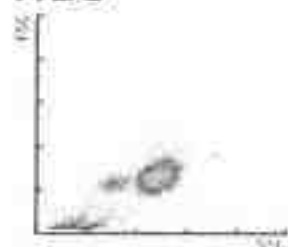
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Patient ID: 0700554944

2022/10/25 07:15:24

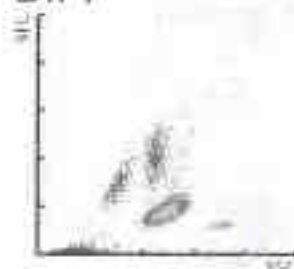
Name: ARUMUHAMAL P

WBC



WBC	9.42	[10 ³ /uL]		
NEUT	7.41*	[10 ³ /uL]	78.7*	[%]
LYMPH	0.83*	[10 ³ /uL]	8.8*	[%]
MONO	1.01*	[10 ³ /uL]	10.7*	[%]
EO	0.13	[10 ³ /uL]	1.4	[%]
BASO	0.04	[10 ³ /uL]	0.4	[%]
IG	0.24*	[10 ³ /uL]	2.5*	[%]

DIFF



RBC



RBC	3.55	[10 ⁶ /uL]
HGB	12.0	[g/dL]
HCT	37.7	[%]
MCV	106.2	[fL]
MCH	33.8	[pg]
MCHC	31.8	[g/dL]
RDW-SD	65.5+	[fL]
RDW-CV	16.7+	[%]

PLT



PLT	71	[10 ³ /uL]
P-LCR	37.4	[%]
PDW	12.9	[fL]
MPV	12.2	[fL]
PCT	0.09-	[%]

WBC IP Message

Monocytosis

IG Present

Blasts/Abn Lympho?

Atypical Lympho?

RBC IP Message

Anisocytosis

PLT IP Message

Signature





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Verleiden van T.M.Sc.
Beleef de natuur

Spec type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified By	Verified date & Time
BIOCHEMISTRY							
ABG - (Arterial Blood Gas)							
BLOOD	pH #	7.422			7.35 - 7.45 ISE Method	Vivekananda	24/10/2022:20:00
BLOOD	pO2 #	47.9		mmHg	80 - 100 mmHg ISE Method	Vivekananda	24/10/2022:20:00
BLOOD	O2 Saturation #	87.6		%	95 - 100 % ISE Method	Vivekananda	24/10/2022:20:00
BLOOD	pCO2 #	24.8		mmHg	35 - 45 mmHg ISE Method	Vivekananda	24/10/2022:20:00
BLOOD	HCO3 #	15.8		mEq/L	22 - 26 mEq/L ISE Method	Vivekananda	24/10/2022:20:00
BLOOD	Base Excess #	-7.1		mmol/L	(-12 - (+12) mmol/L ISE Method	Vivekananda	24/10/2022:20:00

T. Wb

Verleiden van T.M.Sc.
Beleef de natuur



W. David Miller, *Medical Director*
Chief of Laboratory, Toxicon



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Billid : 0700554932 Mr/Ms. ARUMUGAMMAL 70Y / Female

Ref. by Dr.: SELVA SEKARAN MD DM (GASTRO)

Page 2 of 2

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified Date & Time
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results related only to the item tested. If any test name ends with H - denotes the particular test not accredited by NABL.

End of the Report

For further details about the tests, visit www.labtestsonline.org or scan Test QR Code

"One of the major drawback of this technology is the absence of random error checks as internal control. In spite of stringently rigorous, validation and monitoring (probably 1:10000) if the results do not correlate clinically, please contact us." "CONSULT DOCTOR FOR INTERPRETATION OF LAB REPORT". "ALL RESULTS TO BE INTERPRETED ONLY BY THE MEDICAL PROFESSIONALS. THIS IS ONLY A LABORATORY TECHNICAL REPORT AND NOT A MEDICAL FITNESS CERTIFICATE".

T. W.

Vivekanandan T M.Sc.,
Senior Biochemist



M. Mani M.Sc. Medical Microbiology
Chief of Microbiology Laboratory



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KRISHNA HOSPITAL
No.4, NORTH HIGH GROUND ROAD
PALAYAMKOTTAI, 627002

Customer Information		Physician Information	Sample Information
Billid : 0700554921		Ref. by Dr: SELVA SEKARAN MD DM (GASTRO)	Printed Date : 24/10/2022 12:19
Name : Mr/Ms ARUMUGANMAL		KRISHNA HOSPITAL	Sample Date : 24/10/2022 12:58
Age & Sex : 70Y / Female			Sample Collected at PALAYAMKOTTAI
9 VASIKASINTHA VINAYAGAR KOVAL STREET TIRUNELVELI	Reg No: 130013744		
SRF.No: AICU			

Spec. type	Test Name	Results	Previous Results (Date)	Units	Reference Ranges/Methods	Verified by	Verified date & Time	Test Callcode
CLINICAL PATHOLOGY								
BLOOD	GROUP & Rh TYPE #	A1 POSITIVE			Slide & Tube agglutination method	Pradeepa Siji	24/10/2022-13:13	

Remarks

Interference may include abnormal plasma proteins, cold autoagglutins, positive direct antiglobulin test, and bacteraemia.





Refid : 0700554921 Mr/Ms. ARUMUGAMMAL 70Y / Female
9 VASUKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr: SELVA SEKARAN MD DM (GASTRO)

Page 2 of 2

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
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Results related only to the items tested. If any test name ends with * - denotes the particular test not accredited by NABL.

End of the Report

For further details about the tests, visit www.labindexonline.org or scan Test QR Code

"One of the biggest drawbacks of this kind of information is the occurrence of random errors that no one can really control. In spite of stringent QC programs, such errors are inevitable (probability 1:1,000,000 if the results do not correlate directly, please correct us)." *CONSULT DOCTOR FOR INTERPRETATION OF LAB REPORT". *LAB RESULTS TO BE INTERPRETED ONLY BY THE MEDICAL PROFESSIONALS. THIS IS ONLY A LABORATORY TECHNICAL REPORT AND NOT A MEDICAL FITNESS CERTIFICATE".





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KRISHNA HOSPITAL
No.4, NORTH HIGH GROUND ROAD
PALAYAMKOTTAI , 627002

Customer Information		Physician Information		Sample Information	
Billid : 0700554862		Ref. by Dr: SELVA SEKARAN MD DM (GASTRO)		Printed Date : 23/10/2022 13:38	
Name : Mr/Ms ARUMUHAMAL		KRISHNA HOSPITAL		Sample Date : 23/10/2022 14:18	
Age & Sex 70Y / Female				Sample Collected at PALAYAMKOTTAI	
9 VASAKAMINHA VINAYAGAR KOVL STREET TRUNELVELU					
	Reg No : 130015744 				
SRF.No:# AICU				Final Test Report Page 1 of 10	

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time
BIOCHEMISTRY							
PLASMA	GLUCOSE (RANDOM) #	70.3		mg/dl	w.c.f 28.09.2021 90 to 120 (HEXOKINASE- End point method)	Vairbu Maria	23/10/2022:14:49
Comment : * Rechecked							
SERUM	UREA #	71.3		mg/dl	w.c.f 07/18/2021; Child: 45-85.7, Premature: 1 week; 6.4-53.6, < 1 yr : 8.6-40.7, Infant/Child: 10.7-38.6, 18-60yrs: 12.9-42.9, 60-90yrs: 17.1-49.3 > 90 Yrs: 21.4-66.4(Urease GLDH method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Pg No:1096	Vairbu Maria	23/10/2022:14:50





Billid : 0700554862 Mr/Ms. ARUMHAMAL 70Y / Female:
B VASIKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr.: SELVA SEKARAN MD DM (GASTRO)









Page 2 of 10

Spec type	Test Name	Results	Previous Results (Date)	units	Reference Range/Methods	Verified by	Verified date & Time	Test QRcode
SERUM	CREATININE #	1.1		mg/dl	wef 18/6/2015; Infant: 0.2-0.4; Child: 0.3-0.7; Adolescent: 0.5-1.0; 18-60yrs: 0.6-1.1; 60-90yrs: 0.6-1.2 more than 90 yrs: 0.6-1.3(Jaffe - Kinetic method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:316	Venbu Maria	23/10/2022:14:50	
LIVER FUNCTION TEST								
SERUM	SGOT #	102.6		U/L	wef 18/06/2015; Infant: 15-60; Adult: 8-20(Modified JFCC - UV kinetic method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No 154	Venbu Maria	23/10/2022:14:50	
SERUM	SGPT #	51.7		U/L	wef 18/06/2015; Infant: 13-45; 12m-60yrs: 7-35; 60-90yrs: 10-28; M odified JFCC - UV Kinetic method; Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page NO 64	Venbu Maria	23/10/2022:14:50	
SERUM	ALKALINE PHOSPHATASE #	121.3		U/L	wef 18/03/2017; 1-12yrs: upto 350 >15yrs: 25-100 (PNPP-AMP hydrolysis-kinetic Method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page:80	Venbu Maria	23/10/2022:14:50	





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Spec-type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRCode
SERUM	BILIRUBIN TOTAL #	 11.0		mg/dl	w.e.f 18.05.19 Cord Blood : <2.0 mg/dL 0-1 days: 1.4-8.7mg/dL Up to 1 month: <12.0 mg/dL Adult: up to 1.2 mg/dL. Diazo Method; Tietz-Clinical guide-4th Edition Pg.No172	Vemba Maria	23/10/2022-14:50	
Comment : * ReChecked								
SERUM	BILIRUBIN DIRECT #	 8.0		mg/dl	Adult upto 0.3(Diazoitized - sulfanilic - End point method) Tietz-Clinical guide-4th Edition Pg.No174	Vemba Maria	23/10/2022-14:50	
Comment : * ReChecked								
SERUM	BILIRUBIN INDIRECT #	 3.0		mg/dl	less than 1.1	Vemba Maria	23/10/2022-14:50	
SERUM	PROTEIN TOTAL #	 5.5		gm/dL	wef.18/06/2015; Ambulatory:6.4-8.3; Recumbent :6.0-7.8(Biuret - End point method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:916.	Vemba Maria	23/10/2022-14:50	
Comment : * ReChecked								





Billid : **0700554862** Mr/Ms. ARUMUHAMAL 70Y / Female
9 VASKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref by Dr: SELVA SEKARAN MD DM (GASTRO)

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Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QR Code
SERUM	ALBUMIN SERUM #	2.1		g/dl	w.c.f 09.04.17 0-4 days 2.8 to 4.4 4days-14 yrs 3.8 to 5.4 Adult 3.5 to 5.2 > 90 yrs 2.9-4.5 (BCG Dye Binding Method-End point)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:66 Increased in any condition causing dehydration, Decreased in Acute phase reaction and chronic inflammation-infection,surgery	Vemba Maria	23/10/2022:14:50	
SERUM	GLOBULIN #	3.4		gm/dL	1.8 to 3.6	Vemba Maria	23/10/2022:14:50	
SERUM	A/G Ratio #	0.6			1.5 to 2.0	Vemba Maria	23/10/2022:14:50	

Comment : * Rechecked

ELECTROLYTES (TVL)





Billid : 0700554862 Mr/Ms. ARUMUHAMAL 70Y / Female
VASIKAMINTHA VINAYAGAR KOVIL STREET TRINELVELI

Ref by Dr : SELVA SEKARAN MD DM (GASTRO)

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Spec type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
SERUM	ANION GAP #	23.2		mmol/L	6 to 18 Increased in all forms of metabolic acidosis eg:diabetic ketoacidosis, Renal failure, Alcoholism. Decreased in Respiratory parenchymal/functional disease resulting in hyperventilation.	Vernba Maria	23/10/2022:14:21	
SERUM	SODIUM #	129.6		mEq/L	wef:07/8/2021; Premature cord: 116-140, premature 48 Hrs.128-148, Newborn cord: 126-166, Newborn Full term : 133-146, infants:139-146, children:138-145, Adult :136-145, >90:132-146(ISE - Indirect method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:992.	Vernba Maria	23/10/2022:14:21	
SERUM	POTASSIUM #	4.16		mEq/L	Premature,48hrs 3.0 to 6.0 New born 3.7 to 5.9 Infant 4.1 to 5.3 Child 3.4 to 4.7 Adult 3.5 to 5.1 (ISE - Indirect method)Ref: Tietz, Clinical guide to Lab Tests 4th Edition Page No:880.	Vernba Maria	23/10/2022:14:21	





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Billid : 0700554862 Mr/Ms. ARUMUHAMAL, 70Y / Female
9 VASIKAMINTHA VINAYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr.: SELVA SEKARAN MD DM (GASTRO)

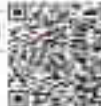
Page 6 of 10

Spec. type	Test Name	Result	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & Time	Test QRcode
SERUM	CHLORIDE #	96.5		mEq/L	w.e.f 09.04.17 Cord: 96-104 Method: ISE Premature: 95-110 0-30 days: 98-113 Thereafter: 98-107(108) More than 90 yr: 98-111 Tietz-Clinical guide-4th Edition Pg.No: 234	Venbu Maria	23/10/2022:14:21	
SERUM	BICARBONATE #	14.0		mEq/L	22 to 29 (PEPC - Enzymatic method) Tietz-Clinical guide-4th Edition Pg.No:66 Increased in Compensated respiratory acidosis,metabolic alkalosis. Decreased in Metabolic acidosis,compensated respiratory alkalosis.	Venbu Maria	23/10/2022:14:21	





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Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & time	Test QRCode
CLINICAL PATHOLOGY CBC - ESR - TVL								
BLOOD	TOTAL LEUCOCYTE (WBC) #	14980		cells/uL	4000-10000 Women (Adult) Flowcytometry Method	Vemba Maria	23/10/2022; 14:48	
Ref. Ranges for Childrens : (Birth-10000-28000, 0-3 days; 7500-21000, 4-7 days; 6000-22000, 8-14 days; 5100-22000, 15days-1 mon; 5000-18000, 2mon-3mon; 3000-15000, 4-6 mos; 6700-18000, 7mons-1 yr; 5000-10000, 2-6 yrs; 5000-15000, 7-12 yrs; 5000-19000, Reference:Oxoid and Unisys.)								
BLOOD	TOTAL RBC COUNT #	3.61		million/uL	3.8-4.8 Women (Adult) Hydro Dynamic Focusing Method	Vemba Maria	23/10/2022; 14:48	
Ref. Ranges for Childrens : (Birth-5.0-7.0, 0-3 days; 4.0-6.0, 4-7 days; 3.5-6.3, 8-14 days; 3.5-6.2, 15days-1 mon; 3.0-6.4, 2mon-3mon; 3.1-4.3, 4-6 mos; 4.1-6.3, 7mons-1 yr; 3.5-6.1, 2-6 yrs; 4.0-6.2, 7-12 yrs; 4.0-6.2)								
BLOOD	HAEMOGLOBIN #	12.1		g/dl	12.0-15.0 Women (Adult) (SES-Haemoglobin Method)	Vemba Maria	23/10/2022; 14:48	
Ref. Ranges for Childrens : (Birth-14.0-22.0, 0-3 days; 15-21, 4-7 days; 17.1-17.5, 8-14 days; 16.1-16.9, 15days-1 mon; 11.5-16.5, 2mon-3mon; 14-13.5, 4-6 mos; 11.1-14.1, 7mons-1 yr; 11.1-14.1, 2-6 yrs; 11.0-14.0, 7-12 yrs; 11.5-15.5)								
BLOOD	PCV #	37.9		%	36-46 Women (Adult) Calculated Method	Vemba Maria	23/10/2022; 14:48	
Ref. Ranges for Childrens : (SWTTH) 45-75, 0-3 days; 45-67, 4-7 days; 42-66, 8-14 days; 44-63, 15days-1 mon; 33-52, 2mon-3mon; 25-42, 4-6 mos; 30-40, 7mons-1 yr; 30-38, 2-6 yrs; 34-45, 7-12 yrs; 35-45)								
BLOOD	MCV #	105.0		f	83-101 Women (Adult) Calculated Method	Vemba Maria	23/10/2022; 14:48	
Ref. Ranges for Childrens : (Birth-100-120, 0-3 days; 92-110, 4-7 days; 86-126, 8-14 days; 98-124, 15days-1 mon; 92-116, 2mon-3mon; 87-103, 4-6 mos; 81-94, 7mons-1 yr; 75-84, 2-6 yrs; 75-87, 7-12 yrs; 77-95)								
BLOOD	MCH #	33.5		pg	27.0-32.0 Women (Adult) Calculated Method	Vemba Maria	23/10/2022; 14:48	
Ref. Ranges for Childrens : (Birth) 31.57, 0-3 days; 31-37, 4-7 days; 31-37, 8-14 days; 31-37, 15days-1 mon; 30.06, 2mon-3mon; 27-33, 4-6 mos; 24-30, 7mons-1 yr; 25-29, 2-6 yrs; 24-30, 7-12 yrs; 25-30)								
BLOOD	MCHC #	31.9		gm/dL	31.5-34.5 Women (Adult) Calculated Method	Vemba Maria	23/10/2022; 14:48	
Ref. Ranges for Childrens : (Birth) 30-36, 0-3 days; 29-37, 4-7 days; 28-38, 8-14 days; 28-38, 15days-1 mon; 29-37, 2mon-3mon; 28.3-33.3, 4-6 mos; 30-36, 7mons-1 yr; 30-38, 2-6 yrs; 31-37, 7-12 yrs; 31-37)								





Billid : **0700554862** Mr/Ms. ARUMHAMAL 70Y / Female
S VAGGAMINTHA VAIYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr.: SELVA SEKARAN MD DM (GASTRO)

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Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Range/Methods	Verified by	Verified date & Time	Test QRcode
BLOOD	PLATELETS COUNT #	51000		cells/uL	150000-410000 Women (Adult) Hydro Dynamic Focusing Method	Venbu Maria	23/10/2022:14:48	

Ref. Ranges for Children : (0-1yrs 130000-450000, 1-3 days 210000-500000, 4-7 days 180000-600000, 8-14 days 170000-630000, 15days-1month 200000-600000, 2month-3month 250000-650000, 4-6 months 260000-650000, 7months-1 yr 260000-650000, 2-6 yrs 200000-490000, 7-12 yrs 170000-450000

Comment : * ReChecked

BLOOD	POLYMORPHS #	84.7		%	40-80 Fluorescence Flowcytometry Method	Venbu Maria	23/10/2022:14:48
BLOOD	LYMPHOCYTES #	4.9		%	20-40 Fluorescence Flowcytometry Method	Venbu Maria	23/10/2022:14:48
BLOOD	MONOCYTES #	10.0		%	2.0-10.0 Fluorescence Flowcytometry Method	Venbu Maria	23/10/2022:14:48
BLOOD	EOSINOPHIL #	0.1		%	1.0-6.0 Fluorescence Flowcytometry Method	Venbu Maria	23/10/2022:14:48
BLOOD	BASOPHILS #	0.3		%	<1-2 Fluorescence Flowcytometry Method	Venbu Maria	23/10/2022:14:48
BLOOD	Absolute Neutrophil count #	12700		cells/uL	2000 - 7000 Calculated Method	Venbu Maria	23/10/2022:14:48
BLOOD	Absolute Lymphocyte Count #	730		cells/uL	1000 - 3000 Calculated Method	Venbu Maria	23/10/2022:14:48
BLOOD	Absolute Monocyte Count #	1500		cells/uL	200 - 1080 Calculated Method	Venbu Maria	23/10/2022:14:48
BLOOD	Absolute Eosinophil Count #	10		cells/uL	0 - 400 Calculated Method	Venbu Maria	23/10/2022:14:48





Billid : 0700554862 Mr/Ms. ARUMHAMAL 70Y / Female
9 VASIKAMINTHA VAIYAGAR KOVIL STREET TIRUNELVELI

Ref. by Dr.: SELVA SEKARAN MD DM (GASTRO)

Page 9 of 10

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Ranges/Methods	Verified by	Verified date & time
BLOOD	Absolute Basophil Count #	40		cells/uL	20 - 100 Calculated Method	Vemba Maria	23/10/2022-14:48
BLOOD	E S R (westergren) 1 hr reading #	13		mm	<50 yrs < 20mm/hr 50-85yrs < 30mm/hr >85yrs < 42mm/hr Capillary Photometric Method	Vemba Maria	23/10/2022-14:48





Bilid : 0700554862 Mr/Ms. ARUMHAMAL 70Y / Female
9 VASIKAMINTHA VINAYAGAR KOVL STREET TIRUNELVELI

Ref. by Dr: SELVA SEKARAN MD DM (GASTRO)

Page 10 of 10

Spec.type	Test Name	Results	Previous Results (Date)	units	Reference Range/Methods	Verified by	Verified date & Time	Test QR Code
HEMATOLOGY								
Prothrombin Time								
CIT-PLAS MA	Prothrombin Time - Test #	21.1		secs	Effective from 20/11/2021 Reference Range:9.1 to 13.1 Seconds Clot Detection Method(Photo Optical Method)	Vemba Maria	23/10/2022-15:04	
CIT-PLAS MA	PT -Control #	12.0		secs	Clot Detection Method(Photo Optical Method)	Vemba Maria	23/10/2022-15:04	
CIT-PLAS MA	INR #	1.87			Calculated Method	Vemba Maria	23/10/2022-15:04	

Results related only to the item tested. If any test name ends with * - denotes the particular test not accredited by NABL.

End of the Report

For further details about the tests, visit www.labtestsonline.org or scan Test QR Code

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Microbiological Laboratory - Palayamkottai

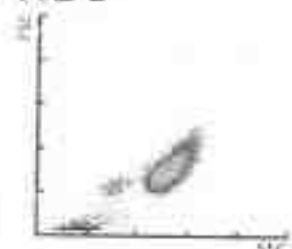
Sample No.: 072210230071

Patient ID: 0700554862

2022/10/23 13:57:15

Name: ARUMUHAMMAL

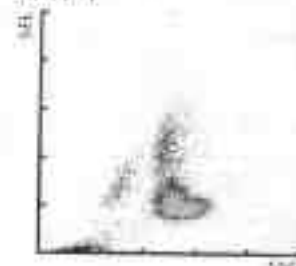
WBC



WBC	14.98	[10 ³ /uL]
NEUT	12.70+	[10 ³ /uL]
LYMPH	0.73-	[10 ³ /uL]
MONO	1.50+	[10 ³ /uL]
EO	0.01	[10 ³ /uL]
BASO	0.04	[10 ³ /uL]
IG	0.24	[10 ³ /uL]

84.7+	[%]
4.9-	[%]
10.0	[%]
0.1	[%]
0.3	[%]
1.6	[%]

DIFF



RBC



RBC	3.61	[10 ⁶ /uL]
HGB	12.1	[g/dL]
HCT	37.9	[%]
MCV	105.0	[fL]
MCH	33.5	[pg]
MCHC	31.9	[g/dL]
RDW-SD	65.1+	[fL]
RDW-CV	16.6+	[%]

PLT



PLT	51	[10 ³ /uL]
P-LCR	40.9	[%]
PDW	18.1+	[fL]
MPV	12.1	[fL]
PCT	0.06-	[%]

WBC IP Message
Neutrophilia
Lymphopenia
Monocytosis
IG Present

RBC IP Message
Anisocytosis

PLT IP Message
Thrombocytopenia

Signature

