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Passport No :

LABORATORY TEST REPORT

Patient Information		Sample Information		Client/Location Information	
		Lab Id	: 02232160XXXX	Client Name	: Sterl [REDACTED] Accuris Buddy
Sex/Age	: Male / 41 Y	Registration on	: [REDACTED] 09:10	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: [REDACTED] Status : Final
Ref. By	:	Collected on	: [REDACTED] 08:53	Printed On	: [REDACTED] 10:26
		Sample Type	: EDTA Blood	Process At	: 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Complete Blood Count

Test		Result	Unit	Biological Ref. Interval
Hemoglobin	[REDACTED]	14.5	g/dL	13.0 - 16.5
RBC Count	Electrical impedance	4.79	million/cmm	4.5 - 5.5
Hematocrit	Calculated	43.3	%	40 - 49
MCV	Derived	90.3	fL	83 - 101
MCH	Calculated	30.2	pg	27.1 - 32.5
MCHC	Calculated	33.4	g/dL	32.5 - 36.7
RDW CV	Calculated	13.60	%	11.6 - 14

Total WBC and Differential Count

WBC Count	SF Cube cell analysis	H 10570	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	73	%	40 - 80
Lymphocytes	Microscopic	19	%	20 - 40
Eosinophils	Microscopic	02	%	1 - 6
Monocytes	Microscopic	06	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
Platelet Count	Electrical impedance	150000	/cmm	150000 - 410000
MPV	Calculated	H 14.00	fL	7.5 - 10.3

Peripheral Smear Examination

RBC Morphology	Normochromic Normocytic
WBC Morphology	WBCs Series Shows Normal Morphology
Platelets Morphology	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

Erythrocyte Sedimentation Rate

ESR	Capillary photometry	7	mm/1hr	0 - 14
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DR.TEJASWINI DHOTE

M.D. Pathology

Dr. [REDACTED]

Dr. [REDACTED]



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Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10		Location : [REDACTED]	
Ref. Id : [REDACTED]		Collected at : non SAWPL		Approved on : [REDACTED]	Status : Final
Ref. By : [REDACTED]		Collected on : [REDACTED] 08:53		Printed On : [REDACTED] 10:26	
		Sample Type : EDTA Blood, Serum		Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]	

Blood Group

Test	Result	Unit	Biological Ref. Interval
ABO Type	"A"		
Rh (D) Type	Positive		

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Ref. Id : [REDACTED]		Collected at : non SAWPL		Approved on : [REDACTED]	Status : Final
Ref. By : [REDACTED]		Collected on : [REDACTED] 08:53		Printed On : [REDACTED] 10:26	
		Sample Type : Serum		Process At : 1. NRL SAWPL Gujarat Ahmedabad	[REDACTED]

Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol oxidase – Peroxidase method</small>	189.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <small>(Lipase/GK/GPO/POD)</small>	H [REDACTED]	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <small>PTA/MgCl₂</small>	60.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <small>Direct measured</small>	H 100.39	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >190
VLDL <small>Calculated</small>	33.60	mg/dL	15 - 35
CHOL/HDL Ratio <small>Calculated</small>	3.1		Up to 5.0
LDL/HDL Ratio <small>Calculated</small>	1.7		Up to 3.5

Dr. [REDACTED]
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Dr. [REDACTED]
[REDACTED]

Dr. [REDACTED]
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Ref. Id : [REDACTED]		Collected at : non SAWPL		Approved on : [REDACTED]	Status : Final
Ref. By : [REDACTED]		Collected on : [REDACTED] 08:53		Printed On : [REDACTED] 10:26	
		Sample Type : Fluoride plasma		Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]	

Biochemistry

Test	Result	Unit	Biological Ref. Interval
Fastin [REDACTED] Blood Sugar GOD-PD	H 141.0	mg/dL	74 - 106

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Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10		Location : [REDACTED]	
Ref. Id : [REDACTED]		Collected at : non SAWPL		Approved on : [REDACTED] 11:33 Status : Final	
Ref. By : [REDACTED]		Collected on : [REDACTED] 08:53		Printed On : [REDACTED] 10:26	
		Sample Type : EDTA Blood		Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]	

1c (Glycosylated Hemoglobin)

Test	Result	Unit	Biological Ref. Interval
1c High Performance Liquid Chromatography	H 7.10	%	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7%
Mean Blood Glucose <small>Calculated</small>	157.07	mg/dL	For Diabetic Patient: Poor Control : > 7.0 % Good Control : 6.0-7.0 %

Mean Blood Glucose

157.07

mg/dL

Explanation:-

- Total haemoglobin A1c is continuously synthesized in the red blood cell throughout its life span. The concentration of 1c in the cell reflects the average blood glucose concentration it encounters.
- The level of 1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of 1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is approximately 120 days, 1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasted blood glucose determination, and the degree of carbohydrate imbalance over the preceding 120 days.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

1c assay Interferences:

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with 1c (HbF) or differences in their glycation from that of 1c (HbS).

Reference: ADA Guideline 2023

DR.TEJASWINI DHOTE

M.D. Pathology

Dr. [REDACTED]

Dr. [REDACTED]

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Yellow Box : [REDACTED]	[REDACTED]	Lab Id : 02232160XXXX		Client Name : Sterl [REDACTED] Accuris Buddy	
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10		Location : [REDACTED]	
Ref. Id : [REDACTED]		Collected at : non SAWPL		Approved on : [REDACTED]	Status : Final
Ref. By : [REDACTED]		Collected on : [REDACTED] 08:53		Printed On : [REDACTED] 10:26	
		Sample Type : Serum		Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]	

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	1.01	[REDACTED]/mL	0.58 - 1.59
T4 - Thyroxine	7.84	mg/mL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	0.8199	micrIU/mL	0.35 - 4.94

Suggested Interpretation for the Thyroid Function Tests Pattern			
TSH	T3/FT3	T4/FT4	
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radioiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - Intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyrotoxicosis-Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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Patient Information		Sample Information	Client/Location Information	
[REDACTED] : [REDACTED]		Lab Id : 02232160XXXX	Client Name :	Sterling Accuris Buddy
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10	Location :	
Ref. Id :		Collected at : non SAWPL	Approved on :	[REDACTED] Status : Final
Ref. By :		Collected on : [REDACTED] 08:53	Printed On :	[REDACTED] 10:26
		Sample Type : Urine	Process At :	1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Biochemistry

Test	Result	Unit	Biological Ref. Interval
Microalbumin (per urine volume) <i>Immunoturbidimetric</i>	10.50	mg/L	< 16.7
In random urine specimens, normal urinary albumin excretion is below 17 mg/g creatinine for males and below 25 mg/g creatinine for females.(3) [REDACTED] is defined as an albumin:creatinine ratio of 17 to 299 for males and 25 to 299 for females.			
A ratio of albumin:creatinine of 300 or higher is indicative of overt proteinuria. Due to biologic variability, positive results should be confirmed by a second, first-morn[REDACTED] random or [REDACTED] timed urine specimen. If there is discrepancy, a third specimen is recommended. When 2 out of 3 results are in the [REDACTED] range, this is evidence for incipient nephropathy and warrants increased efforts at glucose control, blood pressure control, and institution of therapy with an angiotensin-converting enzyme (ACE) inhibitor (if the patient can tolerate it).			
Reference :			
1. Bennett PH, [REDACTED], et al: Screening and management of [REDACTED] in patients with diabetes mellitus: recommendations to the Scientific Advisory Board of the National Kidney Foundation from an ad hoc committee of the Council on Diabetes Mellitus of the National Kidney Foundation. Am J Kidney Dis 1995;25:107-112			
2. [REDACTED] AS, Laffel LM, [REDACTED] M, et al: Glycosylated hemoglobin and the risk of [REDACTED] in patients with insulin-dependent diabetes mellitus. N Engl J Med 1995;332:1251-1255			
3. Zelmanovitz T, Gross JL, [REDACTED], et al: The receiver operating characteristics curve in the evaluation of a random urine specimen as a screen[REDACTED] test for diabetic nephropathy. Diabetes Care 1997;20:516-519			

Dr. [REDACTED]
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Dr. [REDACTED]
[REDACTED]

Dr. [REDACTED]
[REDACTED]

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[REDACTED] : [REDACTED]		Lab Id : 02232160XXXX		Client Name : Steri[REDACTED] Accuris Buddy	
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10		Location :	
Ref. Id :		Collected at : non SAWPL		Approved on : [REDACTED]	Status : Final
Ref. By :		Collected on : [REDACTED] 08:53		Printed On : [REDACTED] 10:26	
		Sample Type : Serum		Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]	

Protein

Test	Result	Unit	Biological Ref. Interval
Total Protein <i>Copper tartrate to colour complex</i>	7.00	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.50		1.3 - 1.7

Bilirubin

Total Bilirubin <i>Azobilirubin chromophores</i>	0.70	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Bind</i>	0.30	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Bind</i>	0.20	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2

Dr. [REDACTED]
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Dr. [REDACTED]
[REDACTED]

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MC-2202

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Patient Information		Sample Information		Client/Location Information	
Yellow Box : [REDACTED]	[REDACTED]	Lab Id : 02232160XXXX		Client Name : Steri Yellow Accuris Buddy	
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10		Location : [REDACTED]	
Ref. Id : [REDACTED]		Collected at : non SAWPL		Approved on : [REDACTED]	Status : Final
Ref. By : [REDACTED]		Collected on : [REDACTED] 08:53		Printed On : [REDACTED] 10:26	
		Sample Type : Serum		Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]	

Iron Studies

Test	Result	Unit	Biological Ref. Interval
Iron <i>Pyridyl azo Dye</i>	103.00	micro g/dL	49 - 181
Total Iron Binding Capacity (TIBC)	352.00		261 - 462
Transferrin Saturation <i>Calculated</i>	29.26	%	Children : >16 Adult : 20 - 50

Dr. [REDACTED]
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Dr. [REDACTED]
[REDACTED]

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Ref. Id :		Collected at : non SAWPL	Approved on :	[REDACTED] Status : Final
Ref. By :		Collected on : [REDACTED] 08:53	Printed On :	[REDACTED] 10:26
		Sample Type : Serum	Process At :	1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Immunoassay

Test	Result	Unit	Biological Ref. Interval
Homocysteine, Serum <small>Chemiluminescence</small>	H 23.86	micromol/L	6.0 - 14.8

Summary and Uses:

- Total Hcy is a thiol-containing amino acid, produced by the intracellular demethylation of methionine to cysteine.
- Elevated levels of t Hcy may be used to exclude or confirm deficiencies of vitamin B12 or folate.
- It is recommended to test in patients using medications that interfere with folate status (methotrexate, antiepileptics), vegetarians without B12 supplementations, unexplained anemia, peripheral neuropathy or myopathy, recurrent spontaneous abortions or infertility.
- Testing is also recommended for patients with coronary artery disease to exclude homocystinuria.
- Elevations in tHcy levels have also been used as an independent risk factor of coronary or cerebral vascular disease. Treatment of moderate hyperhomocystinemia with folic acid supplementation for primary and secondary cardiovascular protection has met with inconsistent results and at present cannot be routinely recommended.

Limitations:

- The plasma must be separated immediately on collection to avoid continuous synthesis of Hcy by red cells.
- Samples must be immediately stored on ice and serum centrifuged immediately before a complete clot is formed.
- Certain drugs, such as anticonvulsants, methotrexate, or nitrous oxide, may interfere with the assay.
- Cigarette smoking and coffee consumption increase tHcy levels.
- Intraindividual variability is approximately 8%; it can be as much as 25% in patients with hyperhomocystinemia.
- Generally, a single measurement of tHcy is considered adequate.

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Ref. Id :		Collected at : non SAWPL	Approved on :	[REDACTED] Status : Final
Ref. By :		Collected on : [REDACTED] 08:53	Printed On :	[REDACTED] 10:26
		Sample Type : Serum	Process At :	1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Biochemistry

Test	Result	Unit	Biological Ref. Interval
Creatinine, Serum <small>Creatinine Amidohydrolase</small>	0.83	mg/dL	0.66 - 1.25
Urea <small>Urease, [REDACTED]</small>	L 18.0	mg/dL	19.3 - 43.0
Blood Urea Nitrogen <small>Calculated</small>	L 8.41	mg/dL	9.0 - 20.0
Uric Acid <small>Uricase</small>	4.90	mg/dL	3.5 - 8.5
Calcium <small>Arsenazo III</small>	9.10	mg/dL	8.4 - 10.2
SGPT <small>UV with P5P, IFCC</small>	48.0	U/L	0 - 50
SGOT <small>UV with P5P</small>	27.0	U/L	17 - 59

Electrolytes

Sodium (Na+) <small>Direct- ISE</small>	143.00	mmol/L	136 - 145
Potassium (K+) <small>Direct- ISE</small>	4.90	mmol/L	3.5 - 5.1
Chloride (Cl-) <small>Direct- ISE</small>	105.0	mmol/L	98 - 107

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Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10	Location :
Ref. Id :		Collected at : non SAWPL	Approved on : [REDACTED] 12:33 Status : Final
Ref. By :		Collected on : [REDACTED] 08:53	Printed On : [REDACTED] 10:26
		Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Immunoassay

Test	Result	Unit	Biological Ref. Interval
25(OH) Vitamin D CLIA	8.98	Yellow/mL	Deficiency : <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.

Interpretation:

Increased In

- Vitamin D intoxication
- Excessive exposure to sunlight

Decreased In

- Malabsorption
- Steatorrhea
- Dietary osteomalacia, anticonvulsant osteomalacia
- Biliary and portal cirrhosis
- Thyrotoxicosis
- Pancreatic insufficiency
- Celiac disease
- Rickets
- Alzheimer disease

Limitations:

More recently, it has become clear that receptors for vitamin D are present in a wide variety of cells and that this hormone has biologic effects extend beyond the control of mineral metabolism. Vitamin D deficiency is not clear. Levels needed to prevent rickets and osteomalacia (15 Yellow/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 Yellow/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 Yellow/mL). Neuromuscular peak performance is associated with levels approximately 38 Yellow/mL. A recent study states that increasing mean baseline levels from 29 to 38 Yellow/mL was associated with a 50% lower risk for colon cancer and levels of 52 Yellow/mL with a 50% reduction in the incidence of breast cancer. It is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.

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[REDACTED]

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		Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Immunoassay

Test	Result	Unit	Biological Ref. Interval
Vitamin B12 CLIA	L < 148	pg/mL	187 - 833

Vitamin B12 is essential in DNA synthesis, hematopoiesis, and CNS integrity.

Interpretation:

- Increased In** : Chronic granulocytic leukemia , COPD and Chronic renal failure , [REDACTED] , Liver cell damage (hepatitis, cirrhosis) , Obesity and Severe CHF , Polycythemia vera , Protein malnutrition.
- Decreased In** : Abnormalities of cobalamin transport or metabolism , Bacterial overgrowth , Crohn disease , Dietary deficiency (e.g. in vegetarians) , Diphyllobothrium (fish tapeworm) infestation , Gastric or small intestine surgery , [REDACTED] , Inflammatory bowel diseases , Intestinal malabsorption and Intrinsic factor deficiency

Limitations:

- Drugs such as chloral hydrate increase vitamin B12 levels. On the other hand , alcohol, aminosalicylic acid, anticonvulsants, ascorbic acid, cholestyramine, cimetidine, colchicines, metformin, neomycin, oral contraceptives, ranitidine, and triamterene decrease vitamin B12 levels.
- The evaluation of macrocytic anemia requires measurements of both vitamin B12 and folate levels; ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase vitamin B12 levels.
- Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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Dr. [REDACTED]

[REDACTED]

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Sex/Age : Male / 41 Y [REDACTED]	Registration on : [REDACTED] 09:10	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : [REDACTED] Status : Final
Ref. By :	Collected on : [REDACTED] 08:53	Printed On : [REDACTED] 10:26
	Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Immunoassay

Test	Result	Unit	Biological Ref. Interval
PSA-Prostate Specific Antigen, Total	0.573	/mL	0 - 4

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a percell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

Interpretation

Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, [REDACTED] catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation within [REDACTED]
- 5-alpha-reductase inhibitor reduces PSA by 50% after [REDACTED] in men without cancer

Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at [REDACTED] for men with [REDACTED] life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 [REDACTED] mL was likely to indicate a true change beyond normal random variation.

Dr. [REDACTED]
MD(Path)

Dr. [REDACTED]
[REDACTED]

Dr. [REDACTED]
[REDACTED]

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Passport No :

LABORATORY TEST REPORT

Patient Information		Sample Information	Client/Location Information
[REDACTED] : [REDACTED]		Lab Id : 02232160XXXX	Client Name : Steri[REDACTED] Accuris Buddy
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10	Location :
Ref. Id :		Collected at : non SAWPL	Approved on : [REDACTED] Status : Final
Ref. By :		Collected on : [REDACTED] 08:53	Printed On : [REDACTED] 10:26
		Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Immunoassay

Test	Result	Unit	Biological Ref. Interval
IgE CLIA	H 492.30	IU/mL	0 - 87

IgE mediates allergic and hypersensitivity reactions. There is a significant overlap in total IgE between allergic and nonallergic individuals.

Interpretation:

- Increased In
 - Atopic diseases
 - Exogenous asthma in approximately 60% of patients
 - Hay fever in approximately 30% of patients and Atopic eczema
 - Influenced by type of allergen, duration of stimulation. Presence of symptoms, and hyposensitization treatment
 - Parasitic diseases (e.g. ascariasis, visceral larva migrans, hookworm disease, schistosomiasis, Echinococcus infestation)
 - Monoclonal IgE myeloma

Decreased In

- Hereditary deficiencies
- Acquired immunodeficiency
- Ataxia-telangiectasia
- Non-IgE myeloma

Limitations:

- A normal level of IgE in serum does not eliminate the possibility of allergic disease.
- Serum total IgE levels for the majority of individuals with IgE-mediated disease can be expected to be elevated compared to the reference range for healthy adults. However, not all allergic patients exhibit elevated serum total IgE levels.
- Since not all atopic reactions are IgE-mediated, a total IgE result in the reference range should always be interpreted in light of other clinical observations.
- Heterophilic antibodies in human serum can react with the immunoglobulins included in the assay components causing interference with in vitro immunoassays.

Dr. [REDACTED]
MD(Path)

Dr. [REDACTED]
[REDACTED]

Dr. [REDACTED]
[REDACTED]

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Passport No :

LABORATORY TEST REPORT

Patient Information		Sample Information	Client/Location Information	
[REDACTED] : [REDACTED]		Lab Id : 02232160XXXX	Client Name :	Sterling Accuris Buddy
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10	Location :	
Ref. Id :		Collected at : non SAWPL	Approved on :	[REDACTED] Status : Final
Ref. By :		Collected on : [REDACTED] 08:53	Printed On :	[REDACTED] 10:26
		Sample Type : Serum	Process At :	1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Test	Result	Unit	Biological Ref. Interval
HIV I & II Ab/Ag with P24 Ag <i>Chemiluminescence</i>	0.070	S/Co	Non Reactive : <1.0 Reactive : >1.0
Interpretation	Non Reactive		
HBsAg <i>Chemiluminescence</i>	0.290	S/Co	Non Reactive : <1.0 Reactive: >1.0
Interpretation	Non Reactive		

Additional Information:

1. A NON REACTIVE result implies that no Anti HIV-1 or HIV -2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been tested during the "WINDOW PHASE" (before the development of detectable levels of antibodies).
2. A PROVISIONAL REACTIVE / BORDERLINE REACTIVE result suggests possibility of HIV-1 or/and HIV-2 infection. However these results must be verified by confirmatory WESTERN BLOT / HIV PCR method before declaring the patient positive for HIV-1 or HIV-2 infection.
3. Very high levels of IgM Antibodies or Anti-HLA ABC and [REDACTED] can give false positive reaction.

**Pre & Post test counselling for HIV test [REDACTED] is responsibility of referring Physician.

Dr. [REDACTED]

M.D. Pathology

Dr. [REDACTED]

[REDACTED]

Dr. [REDACTED]

[REDACTED]

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Passport No :

LABORATORY TEST REPORT

Patient Information		Sample Information	Client/Location Information
		Lab Id : 02232160XXXX	Client Name : Sterl[REDACTED] Accuris Buddy
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10	Location :
Ref. Id :	[REDACTED]	Collected at : non SAWPL	Approved on : [REDACTED] 14:16 Status : Final
Ref. By :	[REDACTED]	Collected on : [REDACTED] 08:53	Printed On : [REDACTED] 10:26
		Sample Type : EDTA Blood	Process At : 1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

HB Electrophoresis By HPLC

Instrument Name: BIORAD VARIANT - II Haemoglobin Test [REDACTED] System

Test	Result	Unit	Biological Ref. Interval
Hb A	L 84.4	%	96.8 - 97.8
Hb A2	2.8	%	2.2 - 3.2
P2 Peak	5.5	%	
P3 Peak	5.2	%	
Foetal Hb	0.3	%	0.0 - 1.0
Interpretation	Negative for typical beta thalassemia trait.		

Interpretation:

- All results have to be correlated with age and history of blood transfusion if there is history of blood transfusion in [REDACTED], repeat test [REDACTED] after [REDACTED] from [REDACTED] of transfusion is recommended.
- In case of haemoglobinopathy, parents or family studies and councell [REDACTED] is advised.
- This test detects beta thalassaemia and haemoglobinopathies, DNA analysis is recommended to rule out alpha thalassaemia and silent carriers.
- Linearity range of HbF is 1-40%, However, values in excess of the reportable range have been provided for ease of interpretation.
- Mild to moderate increase in fetal haemoglobin can be seen in some acquired condition like pregnancy, megaloblastic anaemia, Throtoxicosis, Hypoxia, Chronic kidney disease, Recover [REDACTED] marrow, MDS, Aplastic anaemia, PNH, Medications (Hydrocyurea, Erythropoietin) ect.
- P3 window-Above 10% is often indicative of either denatured forms of hemoglobins or may suggest a possibility of abnormal haemoglobin variant. Hence, repeat analysis with fresh sample or DNA studies is advised.
- P2 Window-Above 10% is indicative of either glycated haemoglobin requiring correlation with diabetic status or may suggest a possibility of abnormal haemoglobin variant further DNA studies for confirmation.

Dr. [REDACTED]

Hematopathologist (G-18097)

Dr. [REDACTED]

[REDACTED]

Dr. [REDACTED]

[REDACTED]

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Patient Data

Sample ID: [REDACTED]
Patient ID: [REDACTED]
Name:
Physician:
Sex:
DOB:
Comments:

Analysis Data

Analysis Performed: [REDACTED] 13:56:59
Injection Number: 2575
Run Number: 95
Rack ID: [REDACTED]
Tube Number: 2
Report Generated: [REDACTED]
Operator ID: [REDACTED]

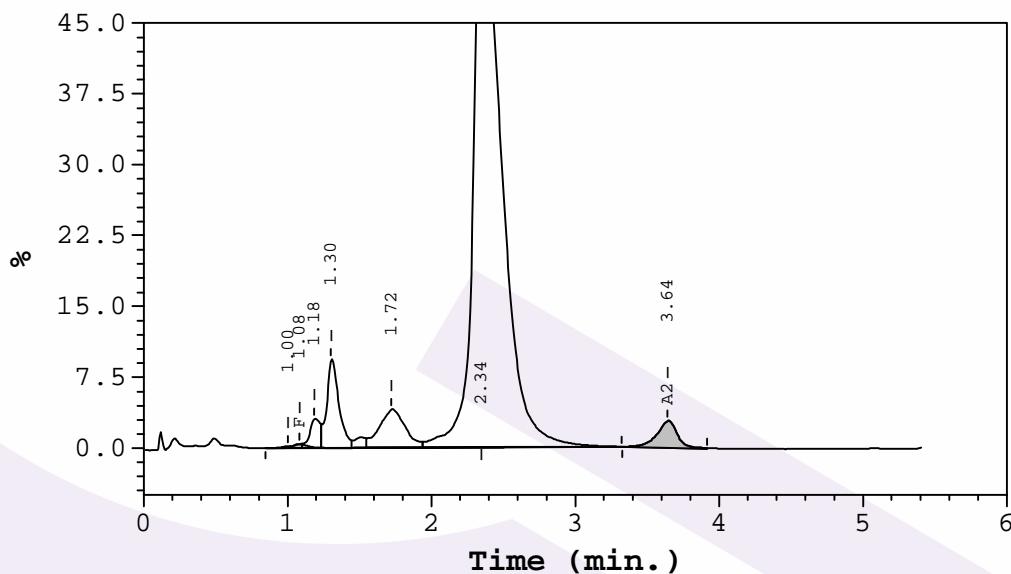
Peak Name	Calibrated Area %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	1.00	2400
F	0.3	---	1.08	8321
Unknown	---	1.6	1.18	44109
P2	---	5.5	1.30	148807
P3	---	5.2	1.72	[REDACTED]
Ao	---	84.4	2.34	2277592
A2	2.8	---	3.64	[REDACTED]

Total Area: 2,697,411

F Concentration = 0.3 %

A2 Concentration = 2.8 %

Analysis comments:





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Passport No :

LABORATORY TEST REPORT

Patient Information		Sample Information	Client/Location Information	
Yellow : [REDACTED]		Lab Id : 02232160XXXX	Client Name :	Sterling Accuris Buddy
Sex/Age : Male / 41 Y	[REDACTED]	Registration on : [REDACTED] 09:10	Location :	
Ref. Id :		Collected at : non SAWPL	Approved on :	[REDACTED] 11:12 Status : Final
Ref. By :		Collected on : [REDACTED] 08:53	Printed On :	[REDACTED] 10:26
		Sample Type : Urine	Process At :	1. NRL SAWPL Gujarat Ahmedabad [REDACTED]

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
Clearity	Clear		Clear
pH <i>Double indicator</i>	6.0		4.6 - 8.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.030		1.005 - 1.030
Urine Glucose <i>GOD-POD</i>	Present (+)		Absent
Urine Protein <i>Protein error of indicators</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Urobilinogen <i>Modified [REDACTED] reaction</i>	Absent		Absent
Urine Ketone <i>Nitroprusside</i>	Absent		Absent
Nitrite <i>Nitrite reaction</i>	Absent		Absent
Microscopic Examination			
Pus Cells	1-2		Absent
Red Cells	Nil	/hpf	0 - 2
Epithelial Cells	1-2	/hpf	.
Casts	Absent	/hpf	Absent
Crystals	Absent	/hpf	Absent
Amorphous Material	Absent		

----- End Of Report -----

DR.TEJASWINI DHOTE

M.D. Pathology

Dr. [REDACTED]

[REDACTED]

Dr. [REDACTED]

[REDACTED]

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