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REPORT

NAME : ATIYA TAHSHEEN (40Y/F)
REF. BY : WELLNESS - DSA
TEST ASKED : AAROGYAM 1.3,AMH,HOMO,TSH-LH-FSH-PRL,HBST,E2,AMYL,LAS

SAMPLE COLLECTED AT :
1 GOPE LANE , 1ST FLOOR , CALCUTTA NEAR TO ENTALLI POST OFFICE - 700014

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI MULLERIAN HORMONE (AMH)	C.L.I.A	1.59	ng/mL

Reference Range :-

Female

18 - 25 Years	0.96 - 13.34
26 - 30 Years	0.17 - 7.37
31 - 35 Years	0.07 - 7.35
36 - 40 Years	0.03 - 7.15
41 - 45 Years	< 3.27
> 45 Years	< 1.15

Male

> 18 Years	0.73 - 16.05

Clinical Significance:

Antimullerian hormone (AMH), also known as mullerian -inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females.AMH is expressed in the follicles of female of reproductive age and inhibits the transition of follicles from primordial to primary stages. Because of the gender differences in AMH concentration, its changes in circulating concentrations with sexual development, and its specificity for Sertoli and granulosa cells, measurement of AMH has utility in the assessment of gender,gonadal function, fertility, and as a gonadal tumor marker. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycles, it is superior to the episodically released gonadotropins and ovarian steroids as a marker of ovarian reserve. Studies in fertility clinic have shown that females with higher concentration of AMH have a better response to ovarian stimulation and tend to produce more retrievable oocyte than females with low or undetectable AMH.Polycystic ovarian syndrome can elevate serum AMH concentration because it is associated with presence of large number of small follicles.

External quality control program participation:

College of American pathologists: AMH survey; CAP number: 7193855-01

Please correlate with clinical conditions.

Method:- ONE-STEP IMMUNOENZYMATIC ("SANDWICH") ASSAY

Sample Collected on (SCT) : 03 Jun 2016 08:30
Sample Received on (SRT) : 04 Jun 2016 03:31
Report Released on (RRT) : 04 Jun 2016 15:39
Sample Type : SERUM
Labcode : 030601777/KOL43
Barcode : 68992479

Dr.Durgaprasad N Agrawal MD

Dr.Caesar Sengupta MD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	54.3	U/L

Reference Range :-

Adults : 30-118 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Within run %CV has been recorded 1% and between run %CV of 1.5%. Analytical sensitivity (Lower Detection Limit) 3 U/l

Kit Validation References:

Tietz Nw, Huang WY, Rauh DF ET Al. Laboratory tests in the differential diagnosis of Hyperamylasemia. Clin Chem 1986;32: 301–307

Please correlate with clinical conditions.

Method:- ENZYMATIC PHOTOMETRIC TEST.

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Labcode : 030601777/KOL43
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TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.L.I.A	175.2	pg/ml

Reference Range :-

Men : 0 - 39.8 pg/ml

Women:
Follicular Phase : 19.5 - 144.2 pg/ml
Midcycle : 63.9 - 356.7 pg/ml
Luteal Phase : 55.8 - 212.2 pg/ml

Postmenopausal : 0 - 32.2 pg/ml

Clinical Significance:

During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicule is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

External Quality Control Program Participation: College of American Pathologists: Ligand Assay (special) Survey; CAP number: 7193855-01

Kit Validation References: Muse K, Wilson Ea. Monitoring Ovulation Induction: Use of Biochemical and Biophysical Parameters. Sem Reproduct Endocrinol 1986; 4(3): 301-9.

Please correlate with clinical conditions.

Method:- Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CHLORIDE	I.S.E	104.9	mmol/l

Reference Range :
Adults : 98 - 106 mmol/l
Method : Ion selective electrode

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS B SURFACE ANTIGEN (AHBS) - TOTAL	**C.L.I.A**	**15.43**	**mIU/ml**

Reference Range :-

Negative : < 10.0 mIU/ml
Positive : >= 10.0 mIU/ml

Clinical Significance:

Classification of a hepatitis B infection requires the identification of several serological markers of the infection. The first marker to appear during the incubation phase is HBsAg, and indicates infection with HBV. Antibodies to HBsAg generally appears after HBsAg has been cleared from the blood stream, usually 6 months after infection, and its presence represents recovery and immunity. The presence of HBsAg antibodies should not be used as the sole marker in determining a prior hepatitis b infection. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, vaccination history, clinical examination and other findings.

Precision:

Intra assay (%CV): 8.2 %, Inter assay (%CV): 7.8 %

External quality control program participation:

College of American pathologists (CAP): Viral marker series-1 survey.

Kit validation references

Locarnini SA, Gust ID. Hepadnaviridae Hepatitis B virus and the Delta virus. In: Balows A, et al, editors. Laboratory diagnosis of infectious diseases: Principles and practices. New York: Springer-Verlag, 1988: 750-96.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	C.L.I.A	15.5	µmol/L

Reference Range :-

Adult : < 30

Clinical Significance:

Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimer's disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels.

High Values:

Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Caution While Interpretation:

To get most accurate results, it is mandatory to separate serum immediately. In separated serum, homocysteine remains stable for at least 48 hours at room temperature.

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**54.1**	**µg/dl**
Reference Range : Male : 70 - 180 Female : 60 - 180			
Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	297	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	18.22	%
Reference Range : 13 - 45			
Method : DERIVED FROM IRON AND TIBC VALUES			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.67	mg/dl	7.9 - 20
CREATININE - SERUM	PHOTOMETRY	0.53	mg/dl	Male: 0.6 - 1.1 Female: 0.5 - 0.8
URIC ACID	PHOTOMETRY	4.2	mg/dl	Male : 3.5 - 7.2 Female: 2.6 - 6.0
CALCIUM	PHOTOMETRY	9.21	mg/dl	8.8 - 10.6
BUN / SR.CREATININE RATIO	CALCULATED	20.13	Ratio	9:1 - 23:1
SODIUM	I.S.E	142	mmol/l	136 - 146

Please correlate with clinical conditions.

Method:

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
URIC - Uricase / Peroxidase Method
CALC - ARSENAZO III METHOD, END POINT.
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
SOD - Ion Selective Electrode in Olympus AU2700

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	53.3	U/L

Reference Range :-

Adults : 13 - 60 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:

High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4–8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:

Precision: Within run %CV has been recorded 1.16 % and between run %CV of 0.65 %. Analytical sensitivity (lower detection limit) 3 U/l

Kit Validation References:

Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	6.84	mIU/ml

Reference Range :

Females :
Normally Menstruating :
Follicular Phase : 2.5-10.2 | Midcycle Peak: 3.4 - 33.4 | Luteal Phase :1.5-9.1
Pregnant : < 0.3 | Postmenopausal : 23.0 - 116.3
Males (13 - 70 Years) : 1.4-18.1

Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

LUTEINISING HORMONE (LH)	C.L.I.A	12.87	mIU/ml

Reference Range :

Females:
Normally Menstruating:
Follicular Phase : 1.9 - 12.5 | Midcycle Peak : 8.7 - 76.3
Luteal Phase :0.5 - 16.9 | Pregnant : 0.1 - 1.5
Postmenopausal : 15.9 - 54.0
Children : 0.1 - 6.0
Males (20 - 70 Years) : 1.5 - 9.3
>70 Years : 3.1 - 34.6

Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

PROLACTIN (PRL)	C.L.I.A	12.8	ng/ml

Reference Range :

Females :
Normally Menstruating : 2.8 - 29.2
Pregnant : 9.7 - 208.5
Postmenopausal : 1.8 - 20.3
Male : 2.1 - 17.7

Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	170	mg/dl	125 - 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	45	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	183	mg/dl	25 - 200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	103	mg/dl	85 - 130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.8	Ratio	3.0 - 5.0
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5 - 3.5
VLDL CHOLESTEROL	CALCULATED	36.6	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	125.3	mg/dl	< 160

Please correlate with clinical conditions.

Method:

CHOL - CHOD POD METHOD
HCHO - ENZYME SELECTIVE PROTECTION METHOD
TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]
LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
LDL/ - Derived from serum HDL and LDL Values
VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	71.9	U/l	M:53 to 128 - F:42 to 98
BILIRUBIN -DIRECT	PHOTOMETRY	0.13	mg/dl	0 - 0.30
BILIRUBIN - TOTAL	PHOTOMETRY	0.39	mg/dl	0.30 - 1.20
BILIRUBIN (INDIRECT)	CALCULATED	0.26	mg/dl	0 - 0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	22.7	U/l	M: 0 to 55 - F :0 to 38
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**32.2**	**U/l**	**M: 0 to 37 - F: 0 to 31**
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**44.9**	**U/l**	**M: 13 to 40 - F: 10 to 28**
PROTEIN - TOTAL	PHOTOMETRY	7.5	gm/dl	5.7 - 8.2
ALBUMIN - SERUM	PHOTOMETRY	4.4	gm/dl	3.2 - 4.8
SERUM GLOBULIN	PHOTOMETRY	3.1	gm/dL	2.50-3.40
SERUM ALBUMIN/GLOBULIN RATIO	CALCULATED	1.42	Ratio	0.9 - 2.0

Please correlate with clinical conditions.

Method:

ALKP - Modified IFCC method
BILD - Vanadate Oxidation
BILT - Vanadate Oxidation
BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
GGT - Modified IFCC method
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
PROT - BIURET METHOD
SALB - ALBUMIN BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 03 Jun 2016 08:30
Sample Received on (SRT) : 04 Jun 2016 03:31
Report Released on (RRT) : 04 Jun 2016 15:39
Sample Type : SERUM
Labcode : 030601777/KOL43
Barcode : 68992479

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REPORT

NAME : ATIYA TAHSHEEN (40Y/F)
REF. BY : WELLNESS - DSA
TEST ASKED : AAROGYAM 1.3,AMH,HOMO,TSH-LH-FSH-PRL,HBST,E2,AMYL,LAS

SAMPLE COLLECTED AT :
1 GOPE LANE , 1ST FLOOR , CALCUTTA NEAR TO ENTALLI POST OFFICE - 700014

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	**C.L.I.A**	**88.3**	**ng/dl**

Reference Range :-

Adult male 241 - 827
Adult female 14 - 76

Boys
< 1 year 12 - 21
1 - 6 years 3 - 32
7 - 12 years 3 - 68
13 - 17 years 28 - 1110

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications:

Precision: Intra assay (%CV): 2.6 %, Inter assay (%CV): 4.3%; Sensitivity: 10 ng/dl

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	139	ng/dl	60 - 200
TOTAL THYROXINE (T4)	C.L.I.A	8.2	µg/dl	4.5 - 12.0
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	5.36	µIU/ml	0.30 - 5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**4.57**	**ng/ml**

Reference Range :

DEFICIENCY : <20 ng/ml
INSUFFICIENCY : 20-30 ng/ml
SUFFICIENCY : 30-100 ng/ml
TOXICITY : >100 ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12	C.L.I.A	299	pg/ml

Reference Range :

Normal : 211 - 911 pg/ml

Clinical significance :
Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):4.0%, Inter assay (%CV):4.4 %;Sensitivity:45 pg/ml

External quality control program participation:
College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:
Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

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REPORT

NAME : ATIYA TAHSHEEN (40Y/F)
REF. BY : WELLNESS - DSA
TEST ASKED : HBA,HEMOGRAM - 6 PART (DIFF)

SAMPLE COLLECTED AT :
1 GOPE LANE , 1ST FLOOR , CALCUTTA NEAR TO ENTALLI
POST OFFICE - 700014

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (BLOOD)			
HbA1c	**H.P.L.C**	**6.7**	**%**

Reference Range :

Below 6.0% - Normal Value
6.0% - 7.0% - Good Control
7.0% - 8.0% - Fair Control
8.0% - 10% - Unsatisfactory Control
Above 10% - Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**146**	**mg/dl**

Reference Range :

90 - 120 mg/dl : Excellent Control
121 - 150 mg/dl : Good Control
151 - 180 mg/dl : Average Control
181 - 210 mg/dl : Action Suggested
> 211 mg/dl : Panic Value

(Note: Average Blood Glucose value is calculated from HBA1c value and it indicates Average Blood Sugar level over past three months.)

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 03 Jun 2016 08:30
Sample Received on (SRT) : 04 Jun 2016 03:26
Report Released on (RRT) : 04 Jun 2016 06:23
Sample Type : EDTA
Labcode : 030644955/KOL43
Barcode : 71292363

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REPORT

NAME : ATIYA TAHSHEEN (40Y/F)
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TEST ASKED : HBA,HEMOGRAM - 6 PART (DIFF)

SAMPLE COLLECTED AT :
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TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	8.56	X 10³ / µL	4 - 10
NEUTROPHILS	57.6	%	40-80
LYMPHOCYTE PERCENTAGE	34.6	%	M:20-40; F:20-40
MONOCYTES	2.7	%	0-10
EOSINOPHILS	4.7	%	0-6
BASOPHILS	0.2	%	< 2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	Male : 0-0.5 Female: 0-0.4
NEUTROPHILS - ABSOLUTE COUNT	4.95	X 10³ / µL	2.0 - 7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.96	X 10³ / µL	1.00 - 3.00
MONOCYTES - ABSOLUTE COUNT	0.23	X 10³ / µL	0.20 - 1.00
BASOPHILS - ABSOLUTE COUNT	0.02	X 10³ / µL	0.02 - 0.10
EOSINOPHILS - ABSOLUTE COUNT	0.4	X 10³ / µL	0.02 - 0.50
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0.03
TOTAL RBC	4.43	X 10^6/µl	Male : 4.5-5.5 Female : 3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	X 10³ / µL	Nil in adults
NUCLEATED RED BLOOD CELLS %	Nil	%	Nil in adults
HEMOGLOBIN	12.3	g/dL	Male : 13-17 Female : 12-15
HEMATOCRIT(PCV)	43.4	%	Male : 40-50 Female : 36-46
MEAN CORPUSCULAR VOLUME(MCV)	98	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27.8	pq	27-32
MEAN CORP.HEMO.CONC(MCHC)	**28.3**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**55.9**	**fL**	**39 - 46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**15.5**	**%**	**11.6-14**
PLATELET DISTRIBUTION WIDTH(PDW)	12.6	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.8	fL	6.5-12.0
PLATELET COUNT	251	X 10³ / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	32	%	19.7 - 42.4
PLATELETCRIT(PCT)	0.27	%	0.19 - 0.39

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

~~ End of report ~~

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