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REPORT

NAME : MANJU GOLAS (55Y/F)
REF. BY : WELLNESS - DSA
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :
F21, A GOVT QUATER, PARK HOTEL, PADAV, GWALIOR, M.P - - 474001

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	0.62	OD Ratio

Reference Range :
Negative : < 0.80
Equivocal: 0.80 - 1.20
Positive : > 1.20

Clinical Significance :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into an irreversible damage.

Analytical Specifications :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) antibodies are detected using a solid phase enzyme immuno assay having an analytical sensitivity of 1.0 U/ml. No cross reactivity to other auto antigen is found. Sensitivity of the method is 68% and specificity is 92%.

Method : SOLID PHASE CAPTURE ENZYME IMMUNOASSAY

ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	0.35	OD Ratio

Reference Range :
Negative < 0.80
Equivocal 0.8 – 1.20
Positive > 1.20

Method : SOLID PHASE ENZYME IMMUNOASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 20 Jun 2016 08:00
Sample Received on (SRT) : 22 Jun 2016 03:43
Report Released on (RRT) : 22 Jun 2016 10:15
Sample Type : SERUM
Labcode : 210602373/DSA00
Barcode : 71358513

Dr.Durgaprasad N Agrawal MD

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SAMPLE COLLECTED AT :
F21, A GOVT QUATER, PARK HOTEL, PADAV, GWALIOR, M.P - - 474001

TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	55	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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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	**NEPHELOMETRY**	**122**	**mg/dl**
Reference Range :			
Male : 110 - 205			
Female : 125 - 215			
Method : FULLY AUTOMATED NEPHELOMETRY-BN-II			
APOLIPOPROTEIN - B (APO-B)	NEPHELOMETRY	102	mg/dl
Reference Range :			
Male : 55 - 140			
Female : 55 - 125			
Method : FULLY AUTOMATED NEPHELOMETRY-BN-II			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.8	Ratio
Reference Range :			
Male : 0.35 - 1.0			
Female : 0.30 - 0.9			
Method : DERIVED FROM SERUM APO A1 AND APO B VALUES			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (hs-CRP)	NEPHELOMETRY	2.5	mg/L

Reference Range :-

Risk of coronary Heart Disease.

< 1.00 -- Low Risk
1.00 - 3.00 -- Average Risk
> 3.00 -- High Risk

Interpretation:

High sensitivity C-reactive protein, when used in conjunction with other clinical laboratory evaluation of acute coronary syndromes, may be useful as an independent marker of prognosis for recurrent events, in patients with stable coronary disease or acute coronary syndromes. hsCRP levels should not be substituted for assessment of traditional cardiovascular risk factors. Patients with persistently unexplained, marked evaluation of hsCRP after repeated testing should be evaluated for non - cardiovascular etiologies

Clinical significance:

hsCRP measurements may be used as an independent risk marker for the identification of individuals at risk for future cardiovascular disease. Elevated CRP values may be indicative of prognosis of individuals with acute coronary syndromes, and may be useful in the management of such individuals.

Specifications: Precision: Within run %CV has been recorded 3.1% and between run %CV of 2.5%.

References:
1. Chenillot O, Henny J, Steinmez J, et al. High sensitivity C-reactive protein: biological variations and reference limits. Clin Chem Lab Med 2000;38:1003-11.
2. Hind CRH, Pepys MB. The role of serum C-reactive protein measurements in clinical practice. Int Med 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED NEPHELOMETRY-BN-II

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	**C.L.I.A**	**45.8**	**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	76.6	µg/dl
Reference Range : Male : 70 - 180 Female : 60 - 180			
Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	352	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	21.76	%
Reference Range : 13 - 45			
Method : DERIVED FROM IRON AND TIBC VALUES			
FERRITIN	C.L.I.A	77.9	ng/ml
Reference Range : Men: 22-322 ng/ml Women: 10-291 ng/ml			
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY			
FOLIC ACID	C.L.I.A	8	ng/ml
Reference Range : > 5.38 ng/ml			
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
CALCIUM	**PHOTOMETRY**	**8.16**	**mg/dl**	**8.8 - 10.6**
URIC ACID	PHOTOMETRY	4	mg/dl	Male : 3.5 - 7.2 Female: 2.6 - 6.0
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	16.34	mg/dl	7.9 - 20
CREATININE - SERUM	PHOTOMETRY	0.51	mg/dl	Male: 0.6 - 1.1 Female: 0.5 - 0.8
BUN / SR.CREATININE RATIO	**CALCULATED**	**32.04**	**Ratio**	**9:1 - 23:1**
SODIUM	I.S.E	140	mmol/l	136 - 146
CHLORIDE	I.S.E	102.4	mmol/l	98 - 106

Please correlate with clinical conditions.

Method:

CALC - ARSENAZO III METHOD, END POINT.
URIC - Uricase / Peroxidase Method
BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
SOD - ION SELECTIVE ELECTRODE IN OLYMPUS AU2700
CHL - Ion selective electrode

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	26	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	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	194	mg/dl	125 - 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	43	mg/dl	35-80
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	128	mg/dl	85 - 130
TRIGLYCERIDES	PHOTOMETRY	138	mg/dl	25 - 200
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3.0 - 5.0
LDL / HDL RATIO	CALCULATED	3	Ratio	1.5 - 3.5
VLDL CHOLESTEROL	CALCULATED	27.6	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	151	mg/dl	< 160

Please correlate with clinical conditions.

Method:

CHOL - CHOD POD METHOD
HCHO - ENZYME SELECTIVE PROTECTION METHOD
LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]
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	83.2	U/l	M:53 to 128 - F:42 to 98
BILIRUBIN - TOTAL	PHOTOMETRY	0.34	mg/dl	0.30 - 1.20
BILIRUBIN -DIRECT	PHOTOMETRY	0.11	mg/dl	0 - 0.30
BILIRUBIN (INDIRECT)	CALCULATED	0.24	mg/dl	0 - 0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	20.6	U/l	M: 0 to 55 - F :0 to 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.1	U/l	M: 0 to 37 - F: 0 to 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	17.3	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
BILT - Vanadate Oxidation
BILD - 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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	**NEPHELOMETRY**	**56.3**	**mg/dl**

Reference Range :-

Adults : < 30.0 mg/dl

Interpretation:

Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 3.4 %, Inter Assay (%CV): 2.0 %; Sensitivity: 0.002 gm/l

External Quality Control Program Participation:

College of American Pathologists: General Chemistry and TDM; CAP Number: 7193855-01

Kit Validation References:

Koschinsky ML, Marcovina SM. Lipoprotein A: Structural Implication for Pathophysiology. Int J Clin Lab Res, 1997; 27: 14-23.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED NEPHELOMETRY-BN-II

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	37.3	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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022 - 3090 0000 / 4125 2525 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME : MANJU GOLAS (55Y/F)
REF. BY : WELLNESS - DSA
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :
F21, A GOVT QUATER, PARK HOTEL, PADAV, GWALIOR, M.P - - 474001

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	105	ng/dl	60 - 200
TOTAL THYROXINE (T4)	C.L.I.A	7.8	µg/dl	4.5 - 12.0
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.29	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

Sample Collected on (SCT) : 20 Jun 2016 08:00
Sample Received on (SRT) : 22 Jun 2016 03:43
Report Released on (RRT) : 22 Jun 2016 10:15
Sample Type : SERUM
Labcode : 210602373/DSA00
Barcode : 71358513

Dr.Durgaprasad N Agrawal MD

Dr.Caesar Sengupta MD

Thyrocare
D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

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- - 474001

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**12.87**	**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**	**161**	**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 : MANJU GOLAS (55Y/F)
REF. BY : WELLNESS - DSA
TEST ASKED : HBA,HEMOGRAM - 6 PART (DIFF)

SAMPLE COLLECTED AT :
F21, A GOVT QUATER, PARK HOTEL, PADAV, GWALIOR, M.P - - 474001

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (BLOOD)			
HbA1c	H.P.L.C	5.8	%

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	120	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) : 20 Jun 2016 08:00
Sample Received on (SRT) : 22 Jun 2016 03:09
Report Released on (RRT) : 22 Jun 2016 07:40
Sample Type : EDTA
Labcode : 210644136/DSA00
Barcode : 71220882

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SAMPLE COLLECTED AT :
F21, A GOVT QUATER, PARK HOTEL, PADAV, GWALIOR, M.P - - 474001

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	5.55	X 10³ / µL	4 - 10
NEUTROPHILS	70.3	%	40-80
LYMPHOCYTE PERCENTAGE	25.4	%	M:20-40; F:20-40
MONOCYTES	1.6	%	0-10
EOSINOPHILS	2.2	%	0-6
BASOPHILS	0.2	%	< 2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	Male : 0-0.5 Female: 0-0.4
NEUTROPHILS - ABSOLUTE COUNT	3.9	X 10³ / µL	2.0 - 7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.41	X 10³ / µL	1.00 - 3.00
MONOCYTES - ABSOLUTE COUNT	**0.09**	**X 10³ / µ**	**0.20 - 1.00**
BASOPHILS - ABSOLUTE COUNT	**0.01**	**X 10³ / µ**	**0.02 - 0.10**
EOSINOPHILS - ABSOLUTE COUNT	0.12	X 10³ / µL	0.02 - 0.50
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0.03
TOTAL RBC	4.71	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)	44.1	%	Male : 40-50 Female : 36-46
MEAN CORPUSCULAR VOLUME(MCV)	93.6	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**26.1**	**pq**	**27-32**
MEAN CORP.HEMO.CONC(MCHC)	**27.9**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**50.9**	**fL**	**39 - 46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**14.6**	**%**	**11.6-14**
PLATELET DISTRIBUTION WIDTH(PDW)	**17.2**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**12.7**	**fL**	**6.5-12.0**
PLATELET COUNT	254	X 10³ / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	**46.6**	**%**	**19.7 - 42.4**
PLATELETCRIT(PCT)	0.32	%	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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