PatientName	: **Mr.SAHIL**		
Age/Gender	: 22 Y/M	Collected	: 10/Jul/2025 03:58PM
Barcode No	: 4K005380	Received	: 10/Jul/2025 04:13PM
Visit ID	: GEN13851	Reported	: 10/Jul/2025 05:41PM
Ref. By	: SELF	Status	: Final Report
Client Code	: GENE1097	Panel Name	: ALLIANZ MEDICAL SERVICES
UHID	: GEN.0000013851	Customer Ref.	: SELF

DEPARTMENT OF BIOCHEMISTRY

GENEHXIS HELATH 1.3

Test Name	Result	flag	Unit	Bio. Ref. Range
IRON PROFILE-I				
SERUM IRON COLORIMETRIC	101.50	N	ug/dL	45-158 ug/dL
TOTAL IRON BINDING CAPACITY Calculations	348.00	N	ug/dL	225-535 ug/dL
UIBC Ferrozine	246.50	N	ug/d	160-360 ug/dl
TRANSFERRIN SATURATION	29.17	N	%	13-45

INTERPRETATION:

SERUM IRON INCREASED IN:

-Hemosiderosis of excessive iron intake (e.g. repeated blood transfusion, iron therapy, iron containing vitamins)
-Increased destruction of RBCs (hemolytic anaemia)
-Acute liver damage
-Acute iron toxicity
-Thalassemia

SERUM IRON DECREASED IN:

-Iron deficiency anaemia
-Normochromic anaemia of infections & chronic diseases
-Nephrosis
-Menorrhagia
-Diurnal variation: Normal in mid morning, low values in mid afternoon, and very low values near midnight

TIBC/UIBC INCREASED IN:

-Iron deficiency anemia
-Acute & Chronic blood loss
-Acute liver damage
-Progesterone birth control pills

TIBC/UIBC DECREASED IN:

-Hemochromatosis
-Cirrhosis of the liver
-Thalassemia
-Anemia of infective & chronic disease
-Nephrosis

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HENCE C NS WITH CLINICAL FINDINGS AND OTHER INVESTIGATIONS SHOULD BE DONE.

PatientName	: **Mr.SAHIL**		
Age/Gender	: 22 Y/M	Collected	: 10/Jul/2025 03:58PM
Barcode No	: 4K005380	Received	: 10/Jul/2025 04:13PM
Visit ID	: GEN13851	Reported	: 10/Jul/2025 05:03PM
Ref. By	: SELF	Status	: Final Report
Client Code	: GENE1097	Panel Name	: ALLIANZ MEDICAL SERVICES
UHID	: GEN.0000013851	Customer Ref.	: SELF

DEPARTMENT OF HAEMATOLOGY

GENEHXIS HELATH 1.3

Test Name	Result	flag	Unit	Bio. Ref. Range
MCHC Automated/Calculated	32.1	N	%	32-36
PLATELET COUNT Optical Flowcytometry	155	N	10^3/µL	150-450
PCT	0.21	N	%	0.108-0.282
RDW-CV Automatic Calculated	13.60	N	%	11.0-16.0
RDW-SD	53.40	N	fl	35.0-56.0
MPV Calculated	**13.3**	H	fL	6.5-12.0
PDW Calculated	**20.1**	H	fL	15.0-17.0
ERYTHROCYTE SEDIMENTATION RATE Westergren	9	N	mm/1st hr	0-20

CBC:

The non cynhemoglobin is most accurate method for estimation of Hemoglobin.If Anaemia is suspected it is prudent to measure PCV & RBC count along with hemoglobin concentration. This will be useful in assessing the correctness of Hemoglobin value and in calculation of Red cell indices (for morphological classification of Anaemia). Hb may decrease in Various Anaemias, blood loss, autoimmune disorders malignancy etc. it may also be decreased in recumbent position, excess squeezing during finger puncture, presence of clot in adequate mixing of blood with anticoagulant, and spurious anaemia (increased plasma volume in pregnancy, pooling of red cell in spleenomegaly, fluid retention in congestive cardiac failure and in paraproteinemias. Increased hemoglobin is seen in Sternous excersice, at high altitude, in hemoconcentration, prolonged application of tourriquet during venupuncture and in Polycythemia. The purpose of carrying out TLC is to detect increase or decrease in the total no. of WBC i.e leucocytosis or leucopenia respectively. TLC is carried out in investigation of any fever, inflammation allergic or hematologic disorder, malignancy and or follow up of chemotherapy or radiotherapy. Source of error in counts are – prolonged or tight application of tourniquet leads to stasis and false elvevation of all count, exercise, excessive squeezing of finger puncture, inadequate or non mixing of blood with anticoagulants leads to formation of clots cause falsely low count. Platelet count is usually obtained if there is a suspicion of a bleeding disorder. Automated hematology analyser more precisely count platelets. Significance : causes of raised platelet counts are primary ; chronic myeloproliferative disorder like CML, ET, MF and PCV. Reactive or secondry causes are: Disseminated malignancy, hemorrhage, spleenomegaly, chronic inflammation, Iron deficiency anaemia with bleeding. False elevation of platelet count can result from the presence of fragments of red/white cells, microspherocytes or cryoglobulins. Cause of pseudothrombocytopenia are clumping of platelets in EDTA dependant platelet antibody in some patients which is active only in vitro, platelet satellitism, platelet clumping due to the presence of giant platelets (which are not counted as platelets by electronic cell analyser). •Test results released pertain to the specimen submitted. All test results are dependent on the quality of the samples received by the lab. Lab investigations are only a tool to facilitating in arriving at a diagnosis and should be clinically correlated by the referring physician. Report dispatch may be delayed due to unforeseen circumstances. Inconvenience is regretted. Test results may show inter laboratory variations.Test results are not valid for Medicolegal purposes.

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HENCE C NS WITH CLINICAL FINDINGS AND OTHER INVESTIGATIONS SHOULD BE DONE.

PatientName	: **Mr.SAHIL**		
Age/Gender	: 22 Y/M	Collected	: 10/Jul/2025 03:58PM
Barcode No	: 4K005380	Received	: 10/Jul/2025 04:13PM
Visit ID	: GEN13851	Reported	: 10/Jul/2025 06:33PM
Ref. By	: SELF	Status	: Final Report
Client Code	: GENE1097	Panel Name	: ALLIANZ MEDICAL SERVICES
UHID	: GEN.0000013851	Customer Ref.	: SELF

DEPARTMENT OF HORMONE ASSAYS

GENEHXIS HELATH 1.3

Test Name	Result	flag	Unit	Bio. Ref. Range
VITD				
25-OH Vitamin D (TOTAL)	37.00	N	ng/dl	30-100
CLIA				

Reference Range :

DEFICIENCY : 100 ng/ml

INSUFFICIENCY : 20-30 ng/ml

SUFFICIENCY : 30-100 ng/ml

TOXICITY : >100 ng/ml

Interpretation - The major circulating form of vitamin D is 25-hydroxyvitamin D (25(OH)D); thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake.

vitamin D insufficiency has been defined as a serum 25(OH)D level of 21-29 ng/mL (52-72 nmol/L). This is based on the observed physiological changes in calcium absorption and parathyroid hormone levels that occur with changes in vitamin D levels.Vitamin D sufficiency: Vitamin D sufficiency has been defined as serum 25(OH)D levels of 30 ng/mL (75 nmol/L) and above based on analysis of observational studies of vitamin D and various health outcomes.

Vitamin D Total test is analyzed on Fully automated bidirectional analyser, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method :FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

***** End Of Report *****

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- 325A, Ashoka Enclave Main, Sector-34, Faridabad.
- 1, M.D. Road, New Delhi.

PatientName	: **Mr.SAHIL**		
Age/Gender	: 22 Y/M	Collected	: 10/Jul/2025 03:58PM
Barcode No	: 4K005380	Received	: 10/Jul/2025 04:13PM
Visit ID	: GEN13851	Reported	: 10/Jul/2025 07:35PM
Ref. By	: SELF	Status	: Final Report
Client Code	: GENE1097	Panel Name	: ALLIANZ MEDICAL SERVICES
UHID	: GEN.0000013851	Customer Ref.	: SELF

DEPARTMENT OF HAEMATOLOGY

GENEHXIS HELATH 1.3

Test Name	Result	flag	Unit	Bio. Ref. Range
HBA1C				
Glycosylated Hemoglobin (HPLC METHOD)	4.5	N	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%
ESTIMATED AVG. GLUCOSE	82.45	N	mg/dl	62.30-142.72

INTERPRATION:
HbA1c result is suggestive of non diabetic adults (>=18 years)/well controlled Diabetes in a known Diabetic.
HbA1c ia used to monitor fluctuations in blood glucose conncentration in the past 8-12 weeks period.

Interprtation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0 - 5.6	5.7-6.4	>=6.5	<7.0

Therapeutic Glycemic targets:-
Pregnant Diabetic Patients - Less than 6.5%
Children with type 1 Diabetes - Less than 7.0 %
Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

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