









# COMPLETE BLOOD COUNT (CBC with E.S.R).

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 14/06/2021 08:32

**Ref. Doctor** : SAHAI. **Reported** : 14/06/2021 09:37

**Hospital/NH** : **Print Date** 14/06/2021 13:14

Investigation	Result	Biological Reference	<u>Units</u>
		<u>Interval</u>	
HEMOGLOBIN, Blood(SLS Hemoglobin)	10.6	12.00 - 15.00	g/dl
PACKED CELL VOLUME, Blood(Impedence)	33.5	36 - 46	%
TLC, Blood (Flow cytometry)	5270.00	4000 - 11000	/cumm
D.L.C., Blood (Flow Cytometry)			
POLYMORPHS	62.0	44.00 - 68.00	%
LYMPHOCYTES	28.00	25.00 - 44.00	%
EOSINOPHILS	3.0	0.00 - 4.00	%
MONOCYTES	7.00	0.00 - 7.00	%
ABSOLUTE NEUTROPHIL COUNT(Blood, Calculated).	3267.40	2000 - 7000	/Cu mm
ABSOLUTE LYMPHOCYTE COUNT(Blood, Calculated).	1475.60	1000 - 3000	/Cu mm
ABSOLUTE EOSINOPHIL COUNT BLOOD, (Calculated)	158.10	20 - 500	/Cu mm
PLATELET COUNT, Blood (Impedence)	378.00	150 - 410	1000/Cumm
E.S.R, Blood(Capillary Photometry)	25.00	0.00 - 20.00	1st hour
R B C COUNT, Blood (Impedence)	4.20	3.8 - 4.8	10^12/L
MCV, Blood(Calculated)	79.76	83 - 101	fl
MCH, Blood(Calculated)	25.24	27.00 - 32.60	Pg
MCHC, Blood(Calculated)	31.64	31.50 - 34.50	gm/dl
RDW, Blood (Calculated)	14.4	11.6 - 14.0	%

COMMENTS ON PERIPHERAL SMEAR:

(Microscopy, Leishman stain)
\*Test performed by SYSMEX XN-550.

The red blood cells show hypochromia, anisocytosis & microcytosis.

The white cells are normal. The platelets are adequate.

 $\label{eq:absolute_absolute} \mbox{ Absolute Neutrophil Count (ANC)} < \mbox{1000 - Markedly increased susceptibility of infectious diseases.}$ 

- Absolute Neutrophil Count (ANC) <500 control of endogenous microbial flora impaired.

- Absolute Neutrophil Count (ANC) <200 absent inflammatory processes.

Comments:

\*\*\* END OF REPORT \*\*\*



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Page 1 of 15

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## **REPORT**

**Reference No.** : 210699120

Age/Sex 47 Years Reg. Date

: 14/06/2021 08:31

**Patient** 

Ref. Doctor

Hospital/NH

: MS. MANDIRA SHOREY

Delivery **EMAIL**  Collected

: 14/06/2021 08:32

Sample Type

: FLUORIDE

**FEMALE** 

Received

: 14/06/2021 09:36

**PLASMA** 

Reported

: 14/06/2021 10:29

**Print Date** 

14/06/2021 13:14

**Investigation** 

**Result** 

**Biological Reference Interval** 

<u>Units</u>

FASTING GLUCOSE, Plasma(Hexokinase)

: SAHAI.

97.3

60.0 - 100.0

mg/dl

Comments:

\*\*\* END OF REPORT \*\*\*



⊕









Page 2 of 15













: 14/06/2021 11:24



## HbA1c

**Reference No.** : 210699120 Reg. Date : 14/06/2021 08:31 Age/Sex 47 Years **FEMALE** 

**Patient** : MS. MANDIRA SHOREY Delivery **EMAIL** Collected : 14/06/2021 08:32

> Sample Type : Blood Received : 14/06/2021 09:20

Reported

Hospital/NH **Print Date** 14/06/2021 13:14

Result **Investigation** <u>Units</u> GLYCOSYLATED HEMOGLOBIN (HbA1c) 6.00 %

Immunoturbidimetry

Ref. Doctor

#### REFERENCE RANGE:

4.00 - 5.60 % Normal

5.70 - 6.40 % Prediabetes (The values should be co-related with Glucose levels)

6.10 - 7.00 % HbA1C indicates very good control in diabetes 7.10 - 8.00 % HbA1C indicates adequate control in diabetes 8.10 - 9.00 % HbA1C indicates suboptimal control in diabetes

>9.00% HbA1C indicates poor control in diabetes

#### HbA1c (%) Average Glucose mg/dl

: SAHAI.

5 97 6 126 7 154 8 183 9 212 240 10 269 11 12 298

# Note:

An estimated average glucose (eAG) can be calculated from the HbA1c values. The A1c test is also used to monitor the glucose control of diabetics over time. This helps to minimize the complications caused by chronically elevated glucose levels, such as progressive damage to kidneys, eyes, cardiovascular system, and nerves.

The A1c test, however, should not be used for screening for cystic fibrosis-related diabetes, people who have had recent severe bleeding or blood transfusions, those with chronic kidney or liver disease, or people with blood disorders such as iron-deficiency anemia, vitamin B12 deficiency anemia, and some Hemoglobin variants (e.g., patients with sickle cell disease or Thalassemia).

Comments:

\*\*\* END OF REPORT \*\*\*





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Consultant Pathologist / Microbiologist



New Delhi - 110 016 Dr. Angeli Misra MD(Path)Lab, Director HOD,

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Dr. Meenu Beri MD (Path) HOD, Haematology, Cytopathology & Clinical Path

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**Ref. Doctor** : SAHAI. **Reported** : 14/06/2021 10:29

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<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u> Interval

CRP-HS, Serum(Immunoturbidimetry) **2.07** 0.00 - 1.00 mg/L

CVD Risk Assessment

**Patient** 

Low : 0.00 - 1.00 mg/L Average : 1.00 - 3.00 mg/L High : More Than 3.00 mg/L

Reference Range For :-

-----

Neonates 0.10 - 4.10 mg/L Children 0.10 - 2.80 mg/L

Note: Conversion Factor:  $mg/dL = mg/L \div 10$ 

Comments:

\*\*\* END OF REPORT \*\*\*



























## **LIPID PROFILE**

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 14/06/2021 08:32

**Sample Type** : SERUM **Received** : 14/06/2021 09:36

**Ref. Doctor** : SAHAI. **Reported** : 14/06/2021 10:29

Hospital/NH : Print Date 14/06/2021 13:14

Investigation	Result	Biological Reference	<u>Units</u>
		<u>Interval</u>	
CHOLESTROL, SERUM (Enz. Colorimetry)	197.5	80.00 - 200.00	mg/dl
HDL CHOLESTEROL (Enz.Colorimetry)	63.9	40.00 - 70.00	mg/dl
TRIGLYCERIDES, SERUM (Enz.Colorimetry)	118.88	40.00 - 150.00	mg/dl
VLDL CHOLESTEROL (Calculated)	23.78	24.00 - 45.00	mg/dl
LDL CHOLESTEROL (Enz.Colorimetry)	109.82	30.00 - 100.00	mg/dl
LDL / HDL RATIO (Calculated)	1.72	0.00 - 3.00	
CHOLESTEROL / HDL RATIO(Calculated)	3.09	0.00 - 4.00	

INTERPRETATION:-

Desirable : Less than 200 mg/dl Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

TRIGLYCERIDES REFERECE RANGE
> Normal - Less than 150 mg/dL,
> Borderline high - 150 to 199 mg/dL

> High - 200 to 499 mg/dL

> Very high - 500 mg/dL or above

High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most HDL-C people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

LDL Reference Range : Levels in terms of risk for coronary heart disease :

Adult levels:

Comments:

\*\*\* END OF REPORT \*\*\*







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Page 5 of 15

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**Reference No.** : 210699120 Reg. Date : 14/06/2021 08:31 **FEMALE** Age/Sex 47 Years

**Patient** : MS. MANDIRA SHOREY : 14/06/2021 08:32 Delivery **EMAIL** Collected

> : Blood Received : 14/06/2021 09:36 Sample Type

> > Reported

: 14/06/2021 10:29

Hospital/NH **Print Date** 14/06/2021 13:14

<u>Investigation</u>	<u>Result</u>	Biological Reference	<u>Units</u>
		<u>Interval</u>	
IRON, Serum(Ferrozine)	72.9	33.00 - 193.00	ug/dl
UIBC Serum(Ferrozine)	294.5	135.00 - 392.00	ug/dl
TIBC.(Calculated)	367.40	250.00 - 450.00	ug/dl
Comments:			

\*\*\* END OF REPORT \*\*\*



**Ref. Doctor** 

: SAHAI.









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Page 6 of 15













## L.F.T WITH G.G.T.P

: MS. MANDIRA SHOREY Delivery : EMAIL Collected : 14/06/2021 08:32

**Sample Type** : SERUM **Received** : 14/06/2021 09:36

**Ref. Doctor** : SAHAI. **Reported** : 14/06/2021 10:29

Hospital/NH : Print Date 14/06/2021 13:14

Investigation	<u>Result</u>	Biological Reference	<u>Units</u>
		<u>Interval</u>	
BILIRUBIN (TOTAL), Serum(Diazo)	0.35	0.00 - 1.20	mg/dl
BILIRUBIN (DIRECT), Serum(Diazo)	0.12	0 - 0.30	mg/dl
BILIRUBIN (INDIRECT), Serum(Calculated)	0.23	0.00 - 0.70	mg/dl
TOTAL PROTEINS Serum(Biuret)	7.0	6.40 - 8.30	gms/dl
ALBUMIN, Serum(BCG)	4.3	3.50 - 5.20	gms/dl
GLOBULIN (Calculated)	2.70	2.00 - 3.50	gms/dl
A:G RATIO (Calculated)	1.59	1.00 - 2.00	
ALKALINE	73.4	35.00 - 105.00	U/L
PHOSPHATASE, Serum (Colorimetry)			
SGOT, Serum(IFCC)	14.1	1.00 - 32.00	U/I
SGPT, Serum(IFCC)	11.1	2.00 - 33.00	U/I
GGTP, Serum(Enz.Colorimetry)	11.8	5.00 - 36.00	U/L
Comments:			

\*\*\* END OF REPORT \*\*\*



**(** 

**Patient** 

























# **KIDNEY FUNCTION TEST (KFT)**

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 14/06/2021 08:32

**Sample Type** : SERUM **Received** : 14/06/2021 09:36

**Ref. Doctor** : SAHAI. **Reported** : 14/06/2021 10:29

**Hospital/NH** : **Print Date** 14/06/2021 13:14

Investigation	Result	Biological Reference Interval	<u>Units</u>
UREA Serum(Urease)	21.56	12.00 - 45.00	mg/dl
UREA NITROGEN(Calculated)	10.07	6.00 - 20.00	mg/dl
CREATININE SERUM(Jaffe)	0.62	0.50 - 0.90	mg/dl
URIC ACID, Serum(Colorimetry)	4.3	2.40 - 5.70	mg/dl
CALCIUM, Serum(BAPTA)	9.67	8.60 - 10.00	mg/dl
PHOSPHATE, Serum(Phosphomolybdate)	3.3	2.50 - 4.80	mg/dl
SODIUM, Serum(ISE Indirect)	135.9	130.00 - 149.00	meq/L
POTASSIUM, Serum(ISE Indirect)	4.29	3.50 - 5.00	meq/L
CHLORIDE, Serum(ISE Indirect)	101.2	97.0 - 107.0	meq/L
Comments:	way END OF BEDORT way		

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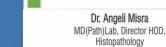




















: 14/06/2021 11:29



## **FERRITIN, SERUM**

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 14/06/2021 08:32

**Sample Type** : Blood **Received** : 14/06/2021 09:36

Reported

Hospital/NH : Print Date 14/06/2021 13:14

<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u> Interval

FERRITIN, SERUM (ECLIA) **8.88** 13.00 - 150.00 ng/ml

Summary and Explanation of the Test:

SAHAT

Ferritin is a compound composed of iron molecules bound to apoferritin, a protein shell. Stored iron represents about 25% of total iron in the body, and most of this iron is stored as ferritin. Ferritin is found in many body cells, but especially those in the liver, spleen, bone marrow, and in reticuloendothelial cells.Ferritin plays a significant role in the absorption, storage, and release of iron. As the storage form of iron, ferritin remains in the body tissues until it is needed for erythropoiesis. When needed, the iron molecules are released from the apoferritin shell and bind to transferrin, the circulating plasma protein that transports iron to erythropoietic cells. Although dietary iron is poorly absorbed, the body conserves its iron stores carefully, reabsorbing most of the iron released from the breakdown of red blood cells. As a result, the body normally loses only 1 to 2 mg of iron per day, restored by the iron absorbed in the small intestine from dietary sources. Ferritin which generally is found in serum in low proportional to the body~s iron ferritin concentration, concentrations and is directly stores.Serum when analyzed with other factors such as serum iron, iron-binding capacity, and tissue iron stores, is valuable in the diagnosis of iron-deficiency anemias, anemias of chronic infection, and conditions such as thalassemia and hemochromatosis that are associated with iron overload. Measurement of serum ferritin is particularly valuable in distinguishing iron-deficiency anemias caused by low iron stores from those resulting from inadequate iron utilization.

\_\_\_\_\_

Limitations:

Ref. Doctor

Serum ferritin values are elevated in the presence of the following conditions and do not reflect actual body iron stores:

- inflammation - significant tissue destruction - liver disease

- malignancies such as acute leukemia and Hodgkin,s disease - therapy with iron supplements

Comments:

\*\*\* END OF REPORT \*\*\*







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Page 9 of 15











: 14/06/2021 10:58



#### FOLATE.

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 14/06/2021 08:32

Reported

Hospital/NH : Print Date 14/06/2021 13:14

InvestigationResultBiological ReferenceUnitsIntervalFOLATE, Serum,(CLIA)20.34.80 - 37.30ng/ml

Summary and Explanation of the Test

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· SAHAT

Folates are compounds of pteroylglutamic acid (PGA) that function as coenzymes. Folate, with vitamin B12, is essential for DNA synthesis, which is required for normal red blood cell maturation. Humans obtain folate from dietary sources including fruits, green and leafy vegetables, yeast, and organ meats. Folate is absorbed through the small intestine and stored in the liver Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes folate deficiency. Folate deficiency is also associated with chronic alcoholism. Folate and vitamin B12 deficiency impair DNA causing macrocytic anemias. These anemias characterized by abnormal maturation blood cell of red precursors survival. Since marrow, the presence of megaloblasts, and decreased red blood cell both folate and vitamin B12 deficiency can cause macrocytic anemia, appropriate treatment depends on the differential diagnosis οf the deficiency. Serum folate measurement provides an early index of folate status. However, folate is much more concentrated in red blood cells than serum so the red blood cell folate measurement more closely reflects tissue stores.4 Red blood cell folate concentration considered the most reliable indicator of folate status.

#### Limitations

Ref. Doctor

Hemolysis significantly increases folate values due to the high folate concentrations in red blood cells. Methotrexate and leucovorin interfere with folate measurement because these drugs cross-react with folate binding proteins.

Comments:

\*\*\* END OF REPORT \*\*\*







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Page 10 of 15

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## THYROID PROFILE.

**Reference No.** : 210699120 Reg. Date : 14/06/2021 08:31 **FEMALE** Age/Sex 47 Years

: MS. MANDIRA SHOREY : 14/06/2021 08:32 Delivery **EMAIL** Collected

> : SERUM Received : 14/06/2021 09:36 Sample Type

: 14/06/2021 10:58 Ref. Doctor : SAHAI. Reported

Hospital/NH **Print Date** 14/06/2021 13:14

Investigation	Result	Biological Reference	<u>Units</u>
		<u>Interval</u>	
FT3 Serum, (CLIA)	5.33	3.80 - 6.00	pmol/L
FREE T4, Serum,(CLIA)	9.6	7.00 - 15.96	pmol/L
TSH, Serum,(CLIA)	3.32	0.45 - 5.33	uIU/ml

\*Pregnancy

**Patient** 

First Trimester Second Timester Third Trimester Units pmol/L 6.00 - 16.28 5.19 - 13.86 5.77 - 15.79 Free T4

\* PHYSIOLOGICAL ALTERATIONS IN THYROID VALUES

\* REFERENCE RANGE :-

Pregnancy

TSH

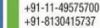
Second Timester Third Trimester Units First Trimester 0.05 - 3.70 0.41 - 5.18 μIU/mL 0.31 - 4.35

\*Referenge range has been changed due to change in testing platform.

Comments:

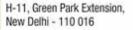
\*\*\* END OF REPORT \*\*\*

























## **REPORT**

**Reference No.** : 210699120 Reg. Date : 14/06/2021 08:30 **FEMALE** Age/Sex 47 Years

: MS. MANDIRA SHOREY : 14/06/2021 08:32 Delivery **EMAIL** Collected

> Received : 14/06/2021 09:36 Sample Type : Blood

> > Reported

: 14/06/2021 11:14

Hospital/NH **Print Date** 14/06/2021 13:14

**Investigation Result Biological Reference** <u>Units</u>

**Interval** uU/ml INSULIN FASTING, Serum, (CLIA) 6.19 2.60 - 24.90

Comments:

**Patient** 

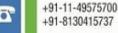
**Ref. Doctor** 

: SAHAI.

\*\*\* END OF REPORT \*\*\*



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#### VITAMIN B12.

**Reference No.** : 210699120 Reg. Date : 14/06/2021 08:31 Age/Sex 47 Years FFMAI F

**Patient** : MS. MANDIRA SHOREY Delivery **EMAIL** Collected : 14/06/2021 08:32

> Sample Type : SERUM Received : 14/06/2021 09:36

Ref. Doctor : SAHAI. Reported : 14/06/2021 11:14

Hospital/NH **Print Date** 14/06/2021 13:14

Result **Biological Reference Investigation Units Interval** 

VITAMIN B12, Serum, (ECLIA) 231.10 pg/ml

Category Range (pg/mL) Range (pg/mL) 197-771 Normal Deficient <197.00

#### Summary and Explanation of the Test

Vitamin B12, or cyanocobalamin, is a complex corrinoid compound containing four pyrrole rings that surround a single cobalt atom. Humans obtain vitamin B12 exclusively from animal dietary sources, such as and milk. Vitamin B12 requires meat, eggs, intrinsic factor, a protein secreted by the parietal cells in the gastric mucosa, for absorption. Vitamin B12 and intrinsic factor form a complex that attaches to receptors in the ileal mucosa, where proteins known as trans-cobalamins transport the vitamin B12 from the mucosal cells to the blood and tissues. Most vitamin B12 is stored in the liver as well as in the bone marrow and other tissues. Vitamin B12 and folate are critical to normal DNA synthesis, which in turn affects erythrocyte maturation. Vitamin B12 is for myelin sheath formation and maintenance. The body uses its B12 stores very economically, also necessary vitamin B12 from the ileum and returning it to the liver so that very little is excreted.

abnormalities, Clinical and laboratory findings for B12 deficiency include neurological decreased serum B12 levels. and increased methylmalonic acid. The impaired DNA synthesis associated with vitamin B12 deficiency causes macrocytic excretion of These anemias are characterized by abnormal maturation of erythrocyte precursors in the bone marrow, which results in the presence of megaloblasts and in decreased erythrocyte survival. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to lack of intrinsic factor. Low vitamin B12 intake, gastrectomy, diseases of the small malabsorption, and trans-cobalamin deficiency can also cause vitamin B12 deficiency.

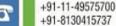
Limitations

\* kindly Correlate Clinically

Comments:

\*\*\* END OF REPORT \*\*\*







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Page 13 of 15

Consultant Pathologist / Microbiologist



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# **VITAMIN D. 25 - HYDROXY**

**Reference No.** : 210699120

Age/Sex 47 Years Reg. Date

: 14/06/2021

08:31

**Patient** 

Ref. Doctor

Hospital/NH

: MS. MANDIRA SHOREY

Delivery **EMAIL**  Collected

: 14/06/2021 08:32

Received

: 14/06/2021 09:36

Sample Type

: SERUM

**FEMALE** 

Reported

: 14/06/2021 11:00

**Print Date** 

14/06/2021 13:14

**Investigation** 

**Result** 

**Biological Reference Interval** 

<u>Units</u>

VITAMIN D, 25-HYDROXY, Serum, (CLIA)

: SAHAI.

90.5

75.00 - 250.00

nmol/L

INTERPRETATION

Upper Safety Limit

Deficient Insufficient

Sufficient

<50.0

nmol/L

50.0 to <75.0 nmol/L

75.0 - 250.0

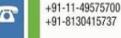
>250.0

nmol/L nmol/L

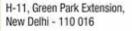
Comments:

\*\*\* END OF REPORT \*\*\*





















## **COVID-19 ANTIBODY IgG.**

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 14/06/2021 08:32

**Ref. Doctor** : SAHAI. **Reported** : 14/06/2021 11:00

Hospital/NH : Print Date 14/06/2021 13:14

<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u>

COVID-19 ANTIBODY IgG, (CLIA) SERUM 27.62^Reactive 0.00 - 0.80 S/CO

0.00 To </= 0.80 NON REACTIVE >0.80 To <1.00 EQUIVOCAL

>/= 1.00 REACTIVE Comments:

Interpretation

\*\*\* END OF REPORT \*\*\*















