L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: **Mrs. MUKESH**			**Collected**	: **19/9/2021 7:57:00AM**
Lab No.	: **159252311**	**Age: 45 Years**	**Gender: Female**	**Received**	: **19/9/2021 8:03:14AM**
				Reported	: **19/9/2021 6:45:23PM**
A/c Status	: **P**	**Ref By : CGHS**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM			
Hemoglobin** (Photometry)	12.60	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)** (Calculated)	42.90	%	36.00 - 46.00
RBC Count** (Electrical Impedence)	4.53	mill/mm3	3.80 - 4.80
MCV** (Electrical Impedence)	94.70	fL	83.00 - 101.00
MCH** (Calculated)	27.80	pg	27.00 - 32.00
MCHC** (Calculated)	**29.40**	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)** (Electrical Impedence)	**15.10**	%	11.60 - 14.00
Total Leukocyte Count (TLC)** (Electrical Impedence)	7.43	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC) (VCS Technology)			
Segmented Neutrophils**	52.90	%	40.00 - 80.00
Lymphocytes**	33.60	%	20.00 - 40.00
Monocytes**	8.30	%	2.00 - 10.00
Eosinophils**	4.80	%	1.00 - 6.00
Basophils**	0.40	%	<2.00
Absolute Leucocyte Count (Calculated)			
Neutrophils**	3.93	thou/mm3	2.00 - 7.00
Lymphocytes**	2.50	thou/mm3	1.00 - 3.00
Monocytes**	0.62	thou/mm3	0.20 - 1.00
Eosinophils**	0.36	thou/mm3	0.02 - 0.50
Basophils**	0.03	thou/mm3	0.02 - 0.10
Platelet Count** (Electrical impedence)	262.0	thou/mm3	150.00 - 410.00
Mean Platelet Volume** (Electrical Impedence)	11.8	fL	6.5 - 12.0
ESR** (Capillary photometry)	**21**	mm/hr	0 - 20

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Received	: 19/9/2021 8:03:14AM
				Reported	: 19/9/2021 6:45:23PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

2. Test conducted on EDTA whole blood

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: **Mrs. MUKESH**			**Collected**	: **19/9/2021 7:57:00AM**
				Received	: **19/9/2021 8:03:14AM**
Lab No.	: **159252311**	**Age: 45 Years**	**Gender: Female**	**Reported**	: **19/9/2021 6:45:30PM**
A/c Status	: **P**	**Ref By : CGHS**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
CK; CREATINE KINASE, SERUM** (IFCC)	44	U/L	<145.00

Comments

CPK is an enzyme found primarily in skeletal and cardiac muscle. It is elevated in diseases like Muscular dystrophy,Myopathies,Polymyositis,Muscle traumaMyocardial infarction,Cardiac catheterization,Electrical cardioversion, Hypothyroidism,Stroke and also following intramuscular injections.Drugs, infections and diseases leading to injury or inflammation of muscles releases CPK into the circulation.Normal levels are seen in Neurogenic muscle diseases like Multiple Sclerosis,Myasthenia gravis and Parkinsonism. Isoenzyme studies are advised in patients with elevated levels.

PARTIAL THROMBOPLASTIN TIME, ACTIVATED; APTT** (Photo optical Clot Detection)			
Patient Value**	26.40	sec	25.20 - 31.60
Control Value**	28.40	sec	

Note

1. Degree of prolongation of PTT / APTT is neither predictive of bleeding risk nor underlying diagnosis
2. Results should be clinically correlated
3. Test conducted on Citrated plasma
4. Heparin therapeutic range is not established, for heparin monitoring Anti-Xa is recommended.

Comments

Partial Thromboplastin time (PTT / APTT) measures the proteins of the intrinsic coagulation pathway which consists of Factor XII, Prekallikrein, High molecular weight kininogen, Factors VIII, IX & XI. It also measures proteins of the common pathway namely factors II, V, X & Fibrinogen. PTT is prolonged when Factor VIII level is < 35-40% of normal and Factor XII & High molecular weight kininogen is < 10-15% of normal.

Abnormal Partial Thromboplastin Time

- Associated with bleeding: Defects of factors VIII, IX & XI
- Not associated with bleeding: Defects of factor XII, Prekallikrein, High molecular weight kininogen & Lupus anticoagulants

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
				Received	: 19/9/2021 8:03:14AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Reported	: 19/9/2021 6:45:30PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval

Causes of prolonged PTT / APTT

- Liver disease
- Consumptive coagulopathy
- Circulating anticoagulants including Lupus Anticoagulant
- Oral Anticoagulant therapy
- Factor deficiencies

PROTHROMBIN TIME STUDIES
(Photo optical Clot Detection)

Mean Normal Prothrombin Time (PT)	10.30		
Patient value	9.80	sec	9.40 - 11.20
Prothrombin Ratio (PR)	0.95		
International Normalized Ratio (INR)	0.95		0.90 - 1.10

Note

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0-3.0 :

- Treatment of Venous thrombosis & Pulmonary embolism
- Prophylaxis of Venous thrombosis (High risk surgery)
- Prevention of systemic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation
- Bileaflet mechanical valve in aortic position

INR 2.5-3.5:

- Mechanical prosthetic valves
- Systemic recurrent emboli

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: **Mrs. MUKESH**			**Collected**	: **19/9/2021 7:57:00AM**
				Received	: **19/9/2021 8:03:14AM**
Lab No.	: **159252311**	**Age: 45 Years**	**Gender: Female**	**Reported**	: **19/9/2021 6:45:30PM**
A/c Status	: **P**	**Ref By : CGHS**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval

Comments

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

C-REACTIVE PROTEIN; CRP, SERUM** (Immunoturbidimetry)	**7.18**	mg/L	<5.00

Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

RHEUMATOID FACTOR (RA), SERUM** (Immunoturbidimetry)	**<3.5**	IU/mL	<14.00

Comments

Rheumatoid factor is an antibody directed against the Fc portion of the IgG molecule. Polyreactive RF has binding specificity for substances other than IgG like nuclear components. This polyreactive RF is usually of the IgM class with low affinity. RF is not specific only for Rheumatoid arthritis, but it is often seen in cases of chronic infection and other systemic inflammatory conditions. Healthy individuals > 65 years of age may also show positive RF results. In addition to the common IgM RF, both IgA RF & IgG RF have been detected. IgA RF has been related to the more severe form of the disease with erosions.

THROMBIN TIME; TT** (Electromechanical Clot Detection)			
Patient Value**	17.90	sec	<21.00
Control Value**	16.10	sec	15.00 - 21.00

Note

1. Thrombin Time should be interpreted in conjunction with other coagulation assays like PT & APTT to enhance diagnostic value.
2. Results should be clinically correlated.
3. Test conducted on Citrated plasma.

Comments

Thrombin Time (TT) measures the ability of exogenous thrombin to proteolyse fibrinogen. Thus it is used to

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
				Received	: 19/9/2021 8:03:14AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Reported	: 19/9/2021 6:45:30PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval

characterize fibrinogen function. It is prolonged in conditions like hypofibrinogenemia, dysfibrinogenemia, presence of fibrin degradation products, antibody inhibitors of thrombin and in conditions with high concentrations of monoclonal immunoglobulins which interfere with fibrin monomer polymerization like Myeloma & Macroglobulinemia.

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Received	: 19/9/2021 8:03:14AM
				Reported	: 19/9/2021 6:45:38PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM**			
Cholesterol Total** (CHO-POD)	149.00	mg/dL	<200
Triglycerides** (GPO-POD)	134.00	mg/dL	<150
HDL Cholesterol** (Enz Immunoinhibition)	**25.80**	mg/dL	>50.00
LDL Cholesterol,Direct** (Enz Selective protection	**120.00**	mg/dL	<100
VLDL Cholesterol** (Calculated)	26.80	mg/dL	<30
Non-HDL Cholesterol** (Calculated)	123.20	mg/dL	<130

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Note

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
				Received	: 19/9/2021 8:03:14AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Reported	: 19/9/2021 6:45:38PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval

factors

3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Risk Stratification of ASCVD by Lipid Association of India 2016

Major ASCVD Risk Factors
1. Age >= 45 years in males and >= 55 years females 2. Family h/o premature ASCVD(< 55 years of age in a male first degree relative or <65 years of age in a female first degree relative) 3. Current Cigarette smoking or tobacco use 4. High blood pressure 5. Low HDL

ASCVD Risk Categories		
Risk Category	Conventional Risk markers	Non-Conventional Risk markers (Optional)
Very High Risk	1. Established ASCVD 2. Diabetes with 2 or more major ASCVD risk factors and/or evidence of end organ damage 3. Familial Homozygous hypercholesterolemia	None
High Risk	1. >=3 major ASCVD risk factors 2. Diabetes with 0-1 major risk factor and no evidence of end organ damage 3. CKD stage 3 B or 4 4. Familial Hypercholesterolemia(other than Familial Homozygous hypercholesterolemia) 5. Extreme of a single factor e.g. LDL Cholesterol >190 mg/dL,Heavy smoker, strong family h/o premature ASCVD	1. Coronary artery calcium, CAC score >=300 AU 2. Lp(a)> = 50 mg/dL 3. Non stenotic carotid plaque
Moderate risk	Any 2 major ASCVD risk factors	1. Coronary artery calcium, CAC score 100-299 AU 2. Lp(a) 20-49 mg/dL 3. Metabolic syndrome
Low risk	0-1 major ASCVD risk factors	None

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
				Received	: 19/9/2021 8:03:14AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Reported	: 19/9/2021 6:45:38PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	CONSIDER THERAPY		TREATMENT GOAL	
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL
Very High	>=50	>=80	<50	<80
High	>=70	>=100	<70	<100
Moderate	>=100	>=130	<100	<130
Low	>=130*	>=160*	<100	<130

* In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

LIVER PANEL 1; LFT,SERUM

AST (SGOT)** (IFCC without P5P)	23	U/L	13.00 - 35.00
ALT (SGPT)** (IFCC without P5P)	31	U/L	10.00 - 49.00
AST:ALT Ratio (Calculated)	0.74		<1.00
GGTP** (IFCC)	30	U/L	0 - 38
Alkaline Phosphatase (ALP)** (IFCC-AMP)	**150**	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	0.32	mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)	0.15	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.17	mg/dL	<1.10

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Received	: 19/9/2021 8:03:14AM
				Reported	: 19/9/2021 6:45:38PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
Total Protein** (Biuret)	7.00	g/dL	5.70 - 8.20
Albumin** (BCG)	4.20	g/dL	3.20 - 4.80
A : G Ratio** (Calculated)	1.50		0.90 - 2.00

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY PANEL; KFT,SERUM

Urea** (Urease UV)	**11.50**	mg/dL	13.00 - 43.00
Creatinine** (Modified Jaffe,Kinetic)	**0.50**	mg/dL	0.55 - 1.02
Uric Acid** (Uricase)	4.50	mg/dL	2.60 - 6.00
Calcium, Total** (Arsenazo III)	8.90	mg/dL	8.70 - 10.40
Phosphorus** (Molybdate UV)	3.83	mg/dL	2.40 - 5.10

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: **Mrs. MUKESH**			**Collected**	: **19/9/2021 7:57:00AM**
Lab No.	: **159252311**	**Age:** **45 Years**	**Gender:** **Female**	**Received**	: **19/9/2021 8:03:14AM**
				Reported	: **19/9/2021 6:45:38PM**
A/c Status	: **P**	**Ref By :** **CGHS**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
Alkaline Phosphatase (ALP)** (IFCC-AMP)	**150**	U/L	30.00 - 120.00
Total Protein** (Biuret)	7.00	g/dL	5.70 - 8.20
Albumin** (BCG)	4.20	g/dL	3.20 - 4.80
A : G Ratio** (Calculated)	1.50		0.90 - 2.00
Sodium** (Indirect ISE)	138.00	mEq/L	136.00 - 145.00
Potassium** (Indirect ISE)	4.30	mEq/L	3.50 - 5.10
Chloride** (Indirect ISE)	**108.00**	mEq/L	98.00 - 107.00

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: **Mrs. MUKESH**			**Collected**	: **19/9/2021 7:57:00AM**
				Received	: **19/9/2021 8:03:14AM**
Lab No.	: **159252311**	**Age: 45 Years**	**Gender: Female**	**Reported**	: **19/9/2021 6:45:43PM**
A/c Status	: **P**	**Ref By : CGHS**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD** (HPLC, NGSP certified)			
HbA1c**	**5.9**	%	4.00 - 5.60
Estimated average glucose (eAG)**	123	mg/dL	

Interpretation
HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic

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.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS
Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Received	: 19/9/2021 8:03:14AM
				Reported	: 19/9/2021 6:45:48PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
BLOOD PICTURE; PERIPHERAL BLOOD SMEAR EXAMINATION** (Microscopy)	Predominantly normocytic normochromic RBCs. anisocytosis +, TLC and DLC are within normal limits. Platelets are adequate. No Hemoparasites seen No abnormal/immature cells seen . Followup and clinical correlation		

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			Collected	: 19/9/2021 7:57:00AM
				Received	: 19/9/2021 8:03:14AM
Lab No.	: 159252311	Age: 45 Years	Gender: Female	Reported	: 19/9/2021 6:45:52PM
A/c Status	: P	Ref By : CGHS		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F) AND POST MEAL, PLASMA (Hexokinase)			
Glucose Fasting**	**112.00**	mg/dL	70 - 100
Glucose (PP)	Sample Not Received		
THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total**	1.06	ng/mL	0.60 - 1.81
T4, Total**	5.80	µg/dL	5.01 - 12.45
TSH**	2.02	µIU/mL	0.35 - 5.50

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Interpretation

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300- 3.000

L83 - WALK IN LPL DWARKA-2
Plot No. 60, Sector 12B Dwarka New
Delhi-110075
DELHI

Name	: Mrs. MUKESH			**Collected**	: 19/9/2021 7:57:00AM
				Received	: 19/9/2021 8:03:14AM
Lab No.	: 159252311	**Age:** 45 Years	**Gender:** Female	**Reported**	: 19/9/2021 6:45:52PM
A/c Status	: P	**Ref By :** CGHS		**Report Status**	: Interim

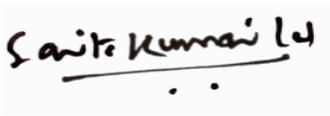
Test Name	Results	Units	Bio. Ref. Interval

Dr Ajay Gupta
MD, Pathology
HOD Hematology &
Immunohematology
NRL - Dr Lal PathLabs Ltd

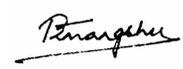
Dr Gurleen Oberoi
DM(Hematopathology), MD,
DNB,MNAMS
Consultant & Technical Lead
-Hematopathology
NRL - Dr Lal PathLabs Ltd

Dr Jatin Munjal
MD,Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr.Kamal Modi
MD, Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd



Dr Sarita Kumari Lal
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd



Dr Himangshu Mazumdar
MD, Biochemistry
Senior Consultant - Clinical Chemistry
& Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

Dr Nimmi Kansal
MD, Biochemistry
National Head - Clinical Chemistry &
Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

Result/s to follow:
D - DIMER, QUANTITATIVE, ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM

** Test conducted under NABL scope MC-2113,LPL-NATIONAL REFERENCE LAB at NEW DELHI

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Sample repeats are accepted on request of Referring Physician within 7 days post reporting.•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.