

# HealthIndia Insurance TPA Services Pvt. Ltd.

Client's Photo with Application Details.

<b>Health India Control No.</b>	ICICI/033/025905
<b>Insurance Company</b>	ICICI Prudential Life Insurance
<b>Proposal Number</b>	OP00799363
<b>Master Policy Number</b>	OP00799363
<b>Applicant Name</b>	Ashwin P Ingle
<b>Provider Number</b>	16244
<b>Provider Name</b>	Scan Point - Bolpur
<b>Appointment Number</b>	11703223
<b>Appointment Date</b>	26/05/2024
<b>FRS Confidence</b>	100%
<b>FRS Similarities</b>	99.31%



For HealthIndia Insurance TPA Services Pvt. Ltd.

\*This is a system generated report; hence no signature is required.



**GPS Map Camera**

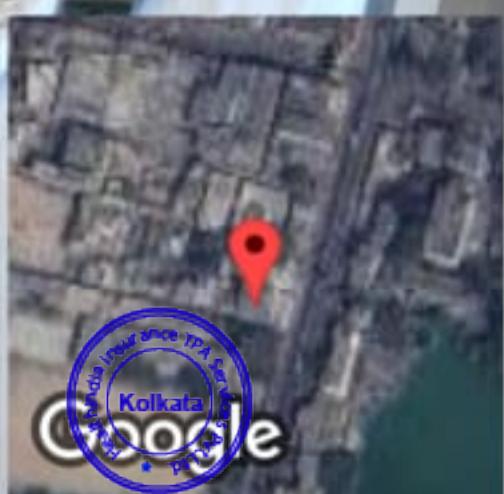
Bardhaman, West Bengal, India

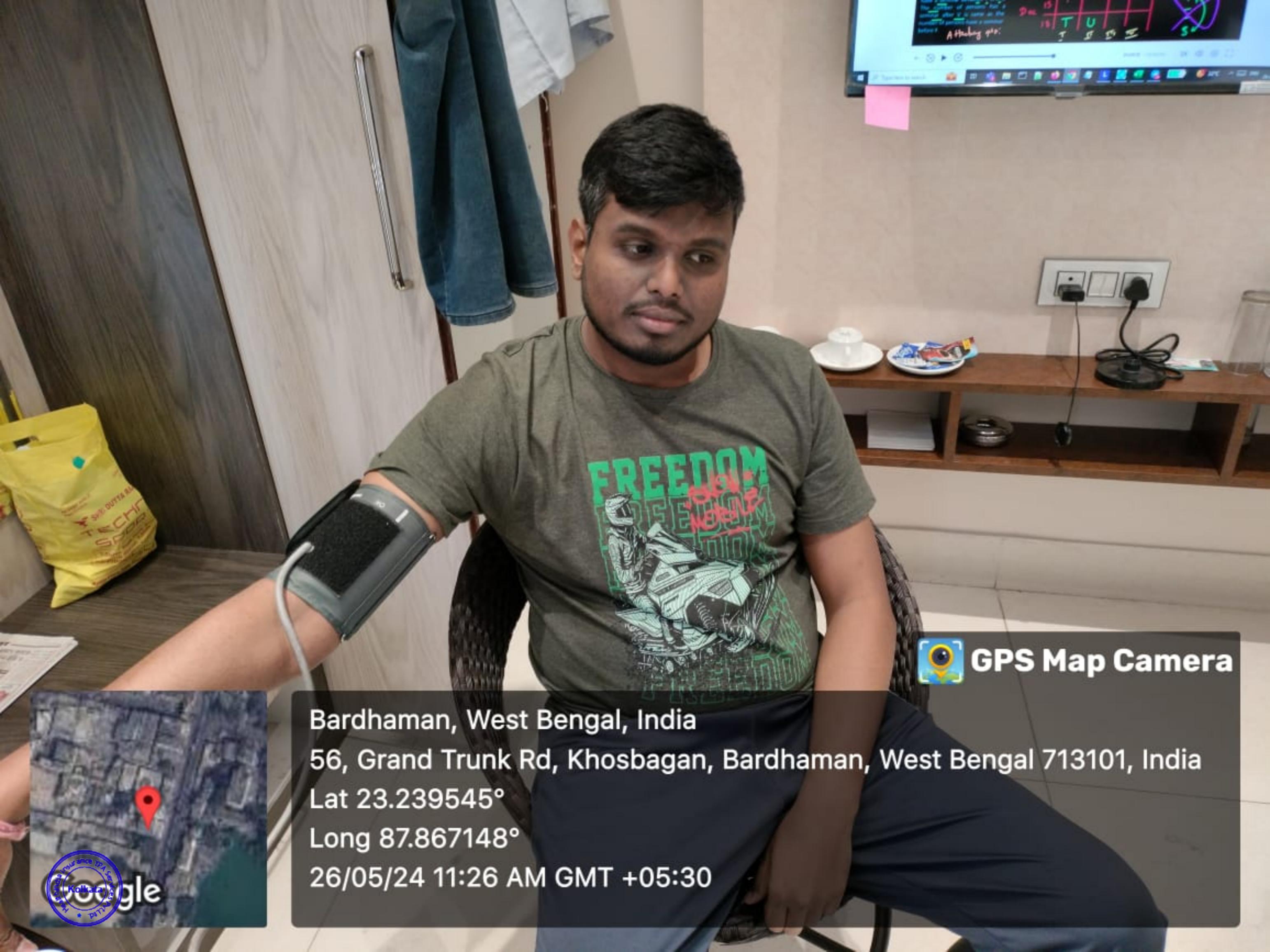
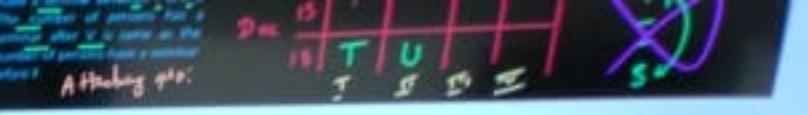
6VQ8+RRQ, Street, beside Senco Gold, near Municipal High School, Khosbagan, Bardhaman, West Bengal 713101, India

Lat 23.239565°

Long 87.867125°

26/05/24 11:25 AM GMT +05:30





**GPS Map Camera**

Bardhaman, West Bengal, India

56, Grand Trunk Rd, Khosbagan, Bardhaman, West Bengal 713101, India

Lat 23.239545°

Long 87.867148°

26/05/24 11:26 AM GMT +05:30





भारत सरकार

Government of India



Issue Date: 13/09/2013



आश्विन इंगले

Ashwin Ingle

जन्म तारीख / DOB: 25/04/1995

पुरुष / MALE

Mobile No.: 9503612688

3340

VID : 9179 0674 9733 8160



माझे आधार, माझी ओळख

# Self-Declaration Form

**ICICI PRUDENTIAL INSURANCE COMPANY LTD.**

Application Number: 0P00799363

Date: 26/05/2024

Name of the Life Assured: ASHWIN INGLE

Q. No	Question	Answers
1	Education	Post graduated Graduate Diploma 12th 10th below 10th
2	Occupation	Salaried <input checked="" type="checkbox"/> Agriculturalist ICICI group employee Professional Retired Self Employed Student Self Employed CA Self Employed Doctor Self Employed Architect Self Employed Businessman Self Employed Consultant Self Employed Lawyer Self Employed Others Others(Specify):
3	Income (Yearly/Monthly)	Rs: <u>12.5 LAKH</u> Not Interested
4	Any previous life Insurance declined or issued on revised terms?	Yes/ <input checked="" type="checkbox"/>

I hereby declare that above information is true & Correct please consider the same. **Dr. Biswanath Ray**

**M.B.B.S., PGDGM**

Examiner Name & Stamp: No. 39364 (WBMC, 1981)

Signature of Life Assured: Ashwin Ingle

Place: Bardhaman

## Communication address :

Passport Office, Ground Floor, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Rd, Malad East, Mumbai, Maharashtra 400097

COMP/DOC/May/2021/65/5728





## **MEDICAL EXAMINATION REPORT (MER)**

Application No. : OP00799363

Examinee Name: Mr./Mrs./Ms. ASHWIN INGLE

This report is strictly confidential & should NOT be discussed/revealed/handed over in original or photocopy to anyone.

Examination Date: 26/05/2024 Place: - Clinic  Residence/Office  Time: 11:25

Mark Of Identification. Mole/Scar /Any Other (Specify location) NO

Date of Birth: 25 DD 04 MM 1995 YYYY Gender:  Male  Female  Examinees Contact no. \_\_\_\_\_

Photo ID checked: Passport / Election ID / Pan Card / Driving License / Credit Card with photo / Recognized Club card / Co-

ID card / Any other Aadhar Card Details of photo ID checked [REDACTED] 3340

## Measurements:

Height: 183 cms Weight: 82 kgs Waist: 88 cms Hip: 96 cms

Blood Pressure: Initial 122 Systolic / 83 Diastolic

(If >140/90, pls record 3 readings with intervals of 5 mins each)

1. 121/80 3. 120/89 3. 122/88

Pulse rate and ch

#### **Habits & Addictions:**

<u>TYPE</u>	<u>QUANTITY PER</u> <u>(DAY/WEEK/MTH)</u>	<u>DURATION</u>
Cigarettes/Beedis/Cigar	<u>NO</u>	
Gutkha/Snuff/Paan etc	<u>NO</u>	
Beer/Wine/Hard Liquor	<u>NO</u>	

#### Family History & Health Status:

<u>RELATION</u>	<u>AGE IF LIVING</u>	<u>HEALTH STATUS</u>	<u>IF DECEASED, AGE AND CAUSE OF DEATH</u>
FATHER	57	good health	
MOTHER	50	good health	
BROTHER (s)			
SISTER (s)			

If answers to any of the questions below are "Yes", please provide details for each condition as follows: 1) Question No; diagnosis & date of diagnosis. 2) Name & Address of the treating doctor / hospital. 3) Duration of illness/ injury and date of recovery. 4) Is the examinee still under treatment? 5) Nature of test/s done and results.

PLEASE TICK THE RELEVANT BOXES		YES	NO	IF YES, DETAILS
1) Are you the examinee's medical attendant? If yes, since _____ year(s).		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2) a) Is there any abnormality or deformity or disorder in general appearance? b) Describe Build - Normal / thin / muscular / obese / stocky c) Has there been any significant weight gain or weight loss recently?		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
3) Whether in the past, the examinee:				
a) Has been hospitalized for Accident/ Medical treatment / Surgery (If Yes, details pls) b) Has he undergone any Path tests (Including HIV and HBsAg) / Radiological tests /Cardiological tests / USG / 2 D Echo / CT scan/MRI/Mammogram or any other tests (Please specify date/reason/ findings)		<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
c) Underwent surgery , if yes, please specify: i) The year and nature of operation & diagnosis ii) Location of the scar, size & condition of the scar. iii) Degree of impairment, if any		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
4) Has the examinee or his / her spouse been tested positive or is under treatment for HIV / AIDS / Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	If answer is yes, please provide details as per the questions mentioned above
5) Mouth, Eyes, Ears, Nose and Throat: a) Is there any evidence of <b>oral cancer or leukoplakia</b> ? b) Any history of ear discharge / perforation / nose bleed or any other ear / nose / throat abnormality c) Any history of error of refraction or evidence of eye / retinal abnormality or <b>Cataract</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	(Kindly attach separate sheet for details, if required)
6) a) Is there any history of seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches? b) Is there any evidence of paresis, paralysis, abnormal gait, speech, wasting, involuntary movements, pupillary reflexes?		<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
7) CVS: a) History of exertional dyspnoea, arrhythmia, peripheral vascular disease? b) Any evidence of palpitation, carotid bruit, raised JVP, pedal edema, gross pallor? c) Is murmur present? If yes, please give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d) Any history of Stenting, PTCA, CABG, Open Heart Surgery?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	

PLEASE TICK THE RELEVANT BOXES		YES	NO	IF YES, DETAILS
8) a) Any history of breathlessness, wheezing cough, bronchitis, asthma, TB? b) Any evidence of rhonchi, rale, emphysema?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9) a) Is the examinee on treatment for hypertension? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10) a) Is examinee suffering from Diabetes? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11) GI System - Is there: a) Any history of hernia, disease of liver, gall bladder (like stones etc.), pancreas, stomach, intestines? b) Any evidence of organomegaly in abdominal pelvis &/or presence of free fluid c) Any history of piles, fissure, fistula, ulcerative colitis? d) Any history of jaundice? If yes, any viral markers done?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12) GU System: Has the examinee suffered or is suffering from diseases like stones, infections etc. of kidney, ureter, urinary bladder or urethra?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13) Is there any evidence of Endocrine, thyroid dysfunction? If yes, please give details		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14) Any history of arthritis / fracture / joint surgery / hyperuricemia / gout?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15) a) Any evidence of psoriasis, eczema, varicose veins or xanthelsma? b) Any operative / non operative significant scars - burns, injuries.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16) Are there any abnormalities in testes relating to location, size and consistency? (Please do a physical examination only in case of suspicion)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17) a) Is there any history of evidence of cancer, tumor, growth or cyst? b) <b>Has examinee suffered from significant enlargement of lymph glands?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18) a) Is there any history of anxiety / stress / depression / psychosis. b) Was the examinee treated for any psychiatric ailment? If so, give details about medication given and absenteeism from work, if any		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19) <b>Is the examinee currently under any form of medication?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20) <b>FOR FEMALE EXAMINEE ONLY:</b> a) Any adverse menstrual history and LMP? b) Any history of miscarriage, abortion, MTP, gestational HT/DM? If yes give details. c) Is she now pregnant? If yes, number of weeks _____ d) <b>Do you suspect any disease related to breast on history?</b> (Please do a physical examination only in case of suspicion) e) Any reason to suspect disease of pelvic organs on history? Please mention your suspicion (no need for internal examination) f) <b>Has she undergone any of these tests: pap smear, mammogram or ultrasound of pelvis?</b> If yes, please give details of date, reason and result.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		If answer is yes, please provide details as per the questions mentioned on earlier page (Kindly attach separate sheet for details, if required)

**EXAMINEE'S DECLARATION:** - I declare that the answers to the above questions are true, and that I have not withheld any material information and I understand that the answers given by me to each of the questions in the proposal and MER shall be the basis of the contract for the assurance on my life with ICICI Prudential Life Insurance Company Ltd.

		
<b>Signature / Thumb Impression of Examinee</b>	<b>Signature of person accompanying minor life &amp; Relation</b>	
<b>EXAMINERS DECLARATION</b> - I hereby declare that the examinee has signed / affixed his/her signature/thumb impression in the space above.		<b>City</b>

**EXAMINERS DECLARATION:** - I hereby declare that the examinee has signed / affixed his / her thumb impression in my presence

	<p><b>Dr. Biswanath Ray</b>  <b>M.B.B.S., PGDGM</b>  <b>No. 38364 (WBMC, 1981)</b></p> <p>Rubber Stamp with ME code</p>	<p><b>Biswanath RAY</b>  <b>M.B.B.S.</b></p> <p>ME Name and Qualification</p>
CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER		

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER:**

Was the examinee co-operative? (YES / NO) YES

In your opinion is there anything about the examinee's health, lifestyle or character which might unfavorably affect insurability or any points on which you suggest further information be obtained? **NO**

Any other remarks e.g.: - your clinical impression, suggestions, recommendations

# SCAN POINT

SCHOOL BAGAN BOLPUR BIRBHUM  
NEAR BOLPUR COLLEGE

Contact No. : 8759234320 / 7469904019

Email : scanpoint1970@gmail.com



1000000550

Patient Name	Ashwin Ingle	Patient ID	545	Reg. Date	26-05-2024
Patient Age	29 Years. Sex M	Reg. No.	545	Date Of Report	26-05-2024
Referring By	Dr. B.N.ROY	Printed By	LAB	Print Date	27-05-2024

## BIO CHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL RANGE
URINE COTININETEST	NEGATIVE	mlU/mL	

----- The end of Report -----

N.B:- The results relate only to the items tested at the time of testing, if the results do not correlate clinically, it is advised to contact us within 48 hours



Dr. Kausik Bandyopadhyay  
M. D. (Biochemistry)  
Reg-54619

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Referring By	Dr. B.N.ROY	Printed By	LAB	Print Date	27-05-2024

## LIPID PROFILE

TEST NAME	RESULT	UNIT	NORMAL RANGE
Serum Cholesterol (Total)	123.0	mg/dl	< 200
Serum Triglycerides (GPO/PAP Method)	110.0	mg/dl	<150
Serum H D L cholesterol (Phosphotungstic acid method,end point)	30.5	mg/dl	male-(30 - 65) Female(35-80)
Serum L D L cholesterol	85.5	mg/dl	(85 - 130)
Serum V L D L cholesterol	7.0	mg/dl	(05 - 40)

Lipid values as recommended by National Cholesterol education programme

	Desirable	Moderate Risk	High Risk
Cholesterol	< 200	201 - 239	> 240 ( mg/dl)
HDL cholesterol	< 60	35 - 60	< 35 ( mg/dl)
LDL cholesterol	< 130	130 - 159	> 160 ( mg/dl)
LDL / HDL Ratio	0. 5 - 3.0	3.0 - 6.0	> 6.0 ( mg/dl)

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## BIO CHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL RANGE
CREATININE (JAFFE'S METHOD, INITIAL RATE)	0.72	mg/dl	0.6-1.1 mg/dl

NOTE:- Creatinine is the catabolic product of creatinine phosphate which is used by the skeletal muscle. Elevated levels are found in renal dysfunction ,reduced renal blood flow,diabetes acromegaly. Decreased levels are found in muscular dystrophy .

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Patient Age	29 Years. Sex M	Reg. No.	545	Date Of Report	26-05-2024
Referring By	Dr. B.N.ROY	Printed By	LAB	Print Date	27-05-2024

## LIVER FUNCTION TEST

TEST NAME	RESULT	UNIT	NORMAL RANGE
Serum Bilirubin (Total) (Diazo Method,end point)	0.72	mg/dl	(0 - 2.0)
Conjugated (Diazo Method,end point)	0.20	mg/dl	( 0.1 - 0.3 )
Unconjugated (Diazo Method,end point)	0.52	mg/dl	( 0.2 - 0.7 )
S.G.P.T (ALT) (IFCCMethod,Kinetic)	18.30	U/L	(upto 40)
S.G.O.T (AST) (IFCCMethod,Kinetic)	21.50	U/L	(upto 40)
Serum Total Protein	6.85	mg/dl	(6.6 - 8.3)
Albumin (BCG Dye method,end point)	3.85	mg/dl	(3.5 - 5.0)
Globulin	3.00	mg/dl	(2.8 - 3.5)
A : G Ratio	1.2:1		
Alkaline Phosphatase	185.60	U/L	Women: 64 - 306 U/L. Men: 80 - 306 U/L. Children: 180 - 1200 U/L

End

----- The end of Report -----

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## URINE RE

TEST NAME	RESULT	UNIT
<b>PHYSIO-CHEMICAL EXAMINATION</b>		
Quantity	40	ml
Colour	Pell Yellow	
Specific Gravity	1.010	
Reaction	Acidic	
Albumin	Nill	
Sugar	Nill	
Bile Salt	Nill	
Bile Pigment	Nill	
Blood	Nill	
Urobilinogen	Nill	
Ketone bodies	Nill	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	2-3	/H.P.F
RBC	N/F	/H.P.F
Epithelial Cells	1-3	/H.P.F
Crystals	Nill	/H.P.F
Casts	Nill	/H.P.F
Organisms	Nill	/H.P.F

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## CBC

TEST NAME	RESULT	UNIT	NORMAL RANGE
HB% (Cyanmethaemoglobin)	14.60	mg/dl	(Male : 12 - 16.5, Female : 11 - 14)
Total WBC count	8900	Th/c.mm	4.0-11.0 Thousand/c.mm
RBC COUNT	4.2	M/cum.m	4.2-5.0 millions/cum.m
PLATELET COUNT	1.98	lac/c mm	(1.5 - 4.5 Lac / c mm)
Peripheral Blood Smear :			
RBC morphology -	Predominantly normocytic normochromic without significant anisopoikilocytosis.		
White blood cells -	Within normal limits. No toxic granules or atypical cells seen.		
Platelets -	adequate in number and normal in morphology.		
No hemoparasite/abnormal cells seen.			
PCV	40.2	%	M-40-50 %, F-35-48%
MCV	80.6	fL	(76 fL - 96 fL)
MCH	30.0	Pg	28Pg-32Pg
MCHC	33.0	gm/dL	32-36 gm/dL
ESR (westergreen)	14	MM 1st hrs.	(<50 years Male : 0 - 15 mm/h, Female : 0-20 mm/h) Above 50 years : 0 - 35 mm/h

## Differential Counts

NEUTROPHIL	58	%	45%-70%
LYMPHOCYTE	36	%	15%-45%
MONOCYTE	02	%	2%-8%
EOSINOPHIL	04	%	0%-5%
BASOPHIL	00	%	0%-2%

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Kausik Bandyopadhyay

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## HBA1C

TEST NAME	RESULT	UNIT	NORMAL RANGE
HBA1C	4.67		Normal : 4.0 - 6.0
			Good Control : 6.0 - 8.0
			Poor Control : > 9.0
Expected Range	Gly Hb%	UNIT	
Normal	4.0 - 6.0	%	
Good Control	6.0 - 8.0	%	
Fair Control	8.0 - 9.0	%	
Poor Control	> 9.0	%	

INTERPRETATION:- HbA1C is specifically glycated by glucose. The glucose remains complexes to the hemoglobin molecule for the lifetime of the red cell and therefore the concentration of glycated hemoglobin circulating in red cells is a guide to the average blood glucose level over a period of the 8 - 12 weeks (lifespan of red cells).

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## SEROLOGY

TEST NAME	RESULT
HIV I & II (ELISA METHOD)	NEGATIVE

HBSAG NON REACTIVE

(Rapid Immunochromatographic)

HbsAg Card Method is only a screening test. All reactive samples should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient clinical history, symptomatology as well as serological data, should be considered..

## ICICI S-13 PKG

TEST NAME	RESULT	UNIT	NORMAL RANGE
CHOLESTEROL HDL RATIO	4:0	mg / dL	Below 5:1

## DIABETIC PROFILE

TEST NAME	RESULT	UNIT	NORMAL RANGE
SUGAR (RANDOM) (Method-End point GOD-POD)	86.2	mg/dl	80-140

NOTE:- Glucose is the major carbohydrate present in blood. Increased levels of glucose are found in diabetes mellitus, hyper parathyroidism, pancreatitis, renal failure. Decreased levels are found in insulinoma, hypothyroidism, hypopituitarism and extensive liver disease.

## OUT SIDE

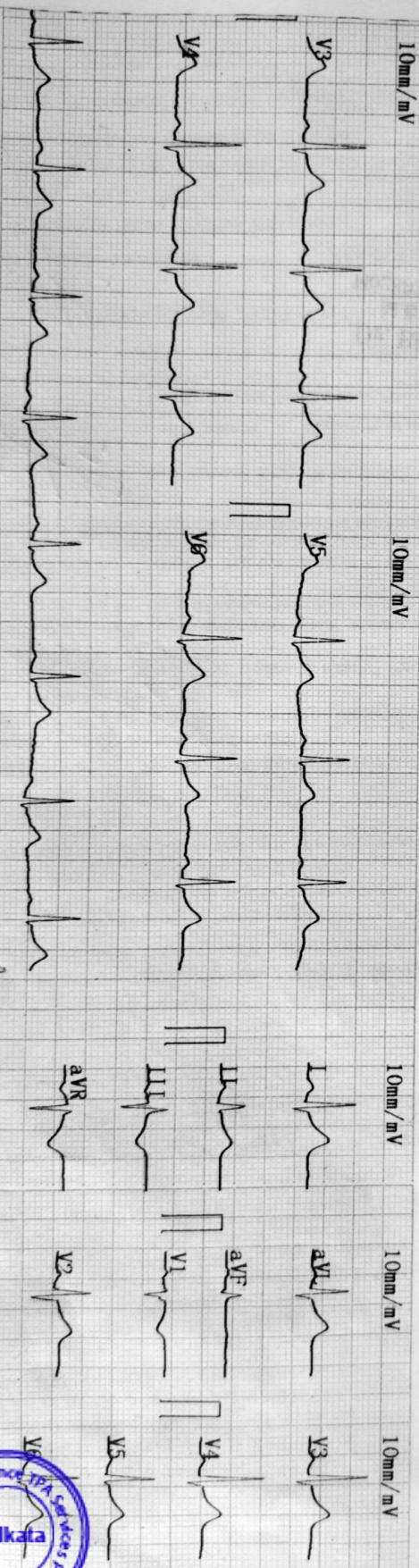
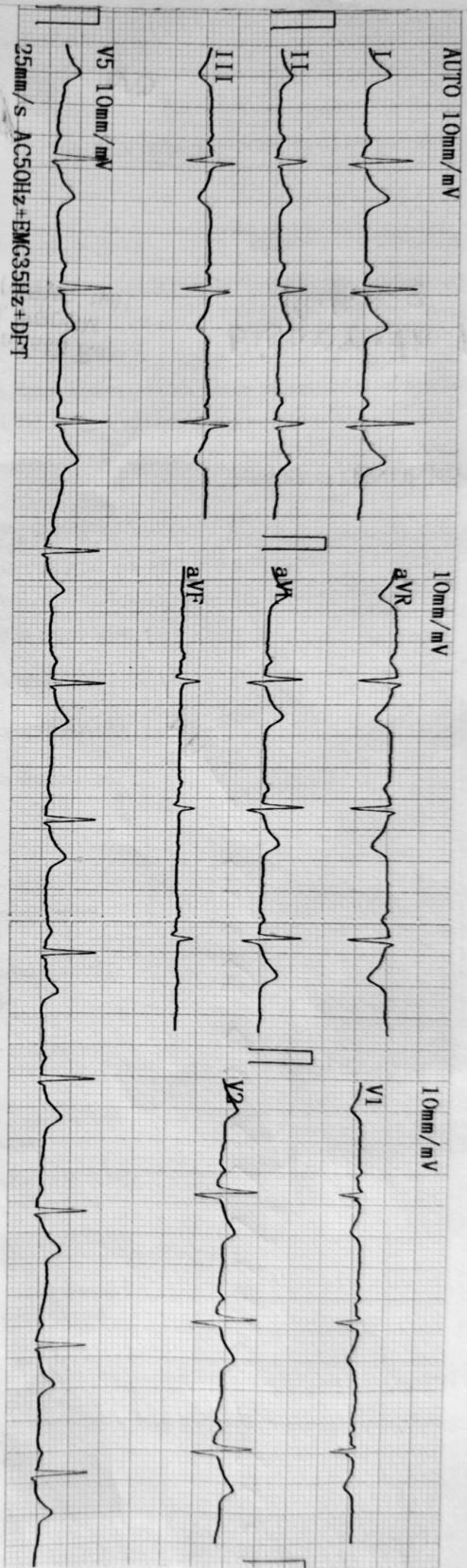
TEST NAME	RESULT	UNIT	NORMAL RANGE
GGT(Gamma GT) NORMAL RANGE-9-48 PER U/L	28.0	U/L	9-48 PER U/L

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Dr. Kausik Bandyopadhyay  
M. D. (Biochemistry)  
Reg-54619



Normal Egg Repeat

26/05/2024 · ASHWIN INALE  
m - 29

**Dr. Biswanath Ray**  
**M.B.B.S., PGDGM**  
**NBMC, 1981**

