

To: **Annai Vellankanni Nursing Home-Tirunelveli**
Tiruchendur Road,
Palayamkottai,
Tamilnadu
Tirunelveli - 627002
Contact:
Report Of: B/O VITHYAA LAXMI
Pt. Contact: 9487307192




Sample ID 2410027263
Patient ID 1102424573
Collected on 06/10/2024
Received on 09/10/2024 10:50
Registered on 09/10/2024 11:56
Reported on 10/10/2024 17:47
Referred by **Dr. BANUMATHI A.RAJ**

carleM™ Newborn Screening - Hepta

Patient Name: B/O VITHYAA LAXMI Patient DOB: 03/10/2024
Weight: 2.50 Kg Gender: FEMALE City: Tirunelveli Hospital ID: 1010049








Sample Type: DBS Method: Time-resolved Fluoroimmunoassay

-  is curated to ensure early detection of IEMs (Inborn Errors of Metabolism) so that they can be identified and managed appropriately at an early stage and the adverse outcomes associated with IEMs can be prevented.
- Through carleM™ Metabolic Testing program we want to ensure that all your metabolic testing requirements from screening to management receive multidisciplinary advice from our expert team of Metabolic Geneticists, Metabolic Dietitian, and Genetic Counsellors collaboratively at one place and aid you in your decision to achieve the best possible outcomes for your loved ones.

Clinical History

- Newborn screening test was offered to screen for Inborn Errors of Metabolism in the baby.

Screening for Common 7 Parameters

Metabolites	Results	Normal Ranges	Observed Levels	Interpretations
Congenital Hypothyroidism (TSH)	1.42 μU/mL	N: 0.1 to 10 μU/mL	Normal level of TSH.	Screen Negative 
Congenital Adrenal Hyperplasia (17-OHP)	16.40 nmol/L	N: 0.1 to 30 nmol/L	Normal level of 17-OHP.	Screen Negative 
Galactosemia (Total Galactose)	4.50 mg/dL	N: 0.1 to 15 mg/dL	Normal level of total Galactose.	Screen Negative 
Cystic Fibrosis (IRT)	20.00 ng/mL	N: 0.1 to 70 ng/mL	Normal level of IRT.	Screen Negative 
Phenylketonuria (PKU)	1.20 mg/dL	N: 0.1 to 2 mg/dL	Normal level of Phenylalanine.	Screen Negative 
Enzymes	Results	Normal Ranges	Observed Levels	Interpretations
G6PD Deficiency (G6PD enzyme)	5.10 U/g Hb	N: 2.5 U/g Hb & Above	Normal activity of G6PD enzyme.	Screen Negative 
Biotinidase Deficiency (Biotinidase enzyme)	124.50 Units	N: 60 Units & Above	Normal activity of Biotinidase enzyme.	Screen Negative 

TSH: Thyroid stimulating Hormone; IRT: Immunoreactive Trypsinogen; 17-OHP: 17-hydroxyprogesterone; G6PD: Glucose-6-phosphate dehydrogenase

Our Centres: Pune | Navi Mumbai | Bandra (Mumbai)

Patient name: B/O VITHYAA LAXMI

Sample ID: 2410027263

Impression

The given blood sample shows all the metabolites/enzymes studied to be within normal limits.

Suggestion

Clinical correlation is recommended.

Rakhee P. Vishwakarma
MSc. Mphil., Scientific Officer

Verified by
Mr. Pradip Kadam
In-charge Biochemistry

Dr. Chaitanya Datar
MBBS, MD (Medical Genetics),
Consultant, Clinical & Metabolic Geneticist

***Note:** All the above results would pertain to the level of the metabolites at the time of sample collection. It must be noted that the clinical condition, dietary intake, medical supplementation etc. at the time of sample collection does have an impact on metabolite levels. Therefore consideration of these factors is essential while interpreting these results.

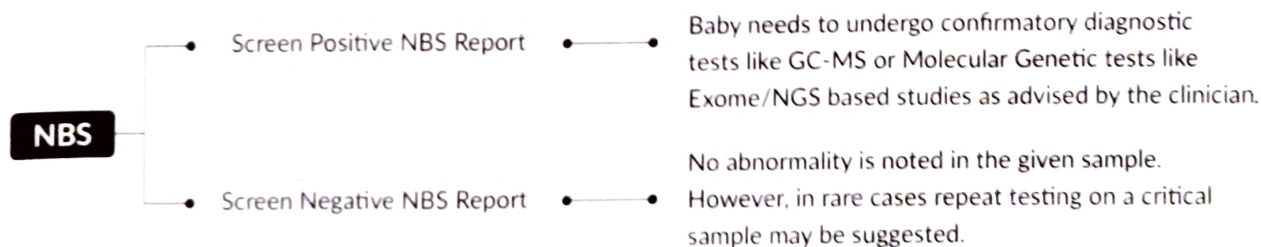
Understanding and Interpreting carieM™ Hepta Newborn Screening Test Report

Screening for Common 7 Parameters

- A "negative" or "in-range" result means that the baby's blood test did not show any signs of the conditions included on the newborn screening panel.
- A "positive" or "out-of-range" result means that the baby's screening exam did show signs that the baby may be at higher risk of having one or more of the conditions included in the newborn screening panel. This does not mean that the baby definitely has a medical condition. However, follow-up testing must be performed immediately to determine if a condition is actually present after consultation with a qualified medical practitioner.

Positive Newborn screening results give out the abnormal levels of metabolites and enzymes in the body indicative of a particular type of Inborn Error of Metabolism.

The final report interpretation involves correlation between the abnormal metabolites/enzymes and the medical history, family history, clinical presentation, etc.



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The carleM Advantage

carleM™ is an unique metabolic testing program which offers you the added value of 40+ years of leading metabolic disorder experts of the country.

carleM™ program is the only metabolic testing program in India to offer extensive care consisting of



Team at Sujanan

Clinical and Metabolic Geneticist

Clinical and Metabolic Geneticist

Metabolic Dietitian

Genetic Counsellors



Laboratory:

State-of-the-art diagnostic facility with capability to perform screening to advance metabolic testing such as TMS, GC-MS, Disorder specific advanced metabolic panels to Molecular testing like Exomes or other NGS based testing options, as advised by the clinician.



Clinical & Metabolic Geneticists:

- Metabolic disorders can be complex and it requires understanding of complex biochemical pathways and various diagnostic options available for diagnosis of IEMs.
- Post diagnosis management of IEMs also require expertise to advise guideline based management to the patient.



Metabolic Dietitian:

Many IEMs require strict nutritional intervention. Metabolic dietitian at carleM™ ensures guidelines and protocol based nutritional guidance for such disorders.



Genetic Counsellors across India:

- Given the inherited nature of most IEMs and the necessary long-term management for these disorders, the genetic counsellor's role in clinical setting is integral in providing ongoing support and education for patients and their families.
- This includes coping with the disease burden, helping patients and families adapt to a condition in the family and ensuring adequate understanding of the genetic risks and the available prenatal diagnostic and reproductive choices.

General Disclaimers

- Genetic/metabolic testing may have technical limitations. These limitations pertaining to different assays have been mentioned in the respective reports.
- It is assumed that the specimen belongs to the person undergoing the test.
- The above results must be interpreted in conjunction with the clinical profile of the patient by the referring Clinician
- Genetic counselling pertaining to the report must be considered. It is the patient/ relative's responsibility to seek further guidance.
- Isolated laboratory investigations may not confirm the diagnosis of a disease. They help in arriving at a diagnosis in conjunction with the clinical presentation and other investigations.
- Some of the special tests may be outsourced to some of our referral laboratories and the reports may be transcribed on our letterhead.
- Partial reproduction of this report is not considered valid.
- This report is not valid for medico-legal purpose.
- Each sample received at Lilac Insights' processing centre is handled with the utmost sensitivity and care. All samples received on Sundays and National holidays are stored as per specific guidelines for the respective specimens and processed on the next day.

Neither the lab nor its employees/representatives are liable / responsible for any loss or damage that may be incurred to any person/s as a result of the incorrect use of the report or inaction thereof.

END OF REPORT

Our Centres: Pune | Navi Mumbai | Bandra (Mumbai)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name Baby Of VITHYAA LAXMI S
UHID/IP No 1010049 / 24/1873
Age/Gender 4 Days/Female
Bed No/Ward NICU
Referred By Dr. AJAY PRAKAASH
Qualification



Lab No 47572
Sample Date 07/10/2024 2:39PM
Receiving Date 07/10/2024 3:25PM
Report Date 07/10/2024 4:55PM
Report Status Final

Haematology

Test Name	Result	Unit	Biological Ref. Range	Method
CBC-XN330				
Sample: EDTA SAMPLE, W. B. EDTA				
Total Leukocyte Count (TLC)	10.40	10 ³ /uL	10.00 - 26.00	Flow Cytometry
RBC Count (Red Blood Cell)	5.03	10 ⁶ /uL	5.00 - 6.50	DC Detection
HAEMOGLOBIN	20.2 H	gm/dl	14 - 20	Flow Cytometry
PCV (Haematocrit)	59.4	%	55.0 - 70.0	RBC Pulse Height Detection
MCV	118.2	fl	100.0 - 126.0	Calculated
MCH	40.1 H	pg	31.0 - 37.0	Calculated
MCHC	33.9	gm/dl	30.0 - 38.0	Calculated
Platelet Count	134 L	10 ³ /uL	150 - 500	Flowcytometry/Light microscopy
Neutrophils	33.5 L	%	40.0 - 65.0	Flow Cytometry,Light Microscopy
Lymphocytes	46.1 H	%	20.0 - 40.0	Flow Cytometry,Light Microscopy
Eosinophils	0.9 L	%	1.0 - 6.0	Flow Cytometry,Light Microscopy
Monocytes	19.1 H	%	2.0 - 10.0	Flow Cytometry,Light Microscopy
Basophils	0.4 H	%	0.0 - 0.2	Flow Cytometry,Light Microscopy

--End Of Report--

VERIFIED BY KAMARY, DMLT
 for Lab Use Only - Laboratory Sign

Mr. DHANAPAL KANDASAMY
 MSC Microbiology, DMLT
 Department Head

* PATIENT IDENTITY NOT VERIFIED

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ANNAL VELANKANNI HEALTH CITY PRIVATE LIMITED
CENTRAL LABORATORY

REGISTRATION NO. 14058

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DEPARTMENT OF LABORATORY SCIENCES

Patient Name Baby Of VITHYAA LAXMI S
UHID/IP No 1010049 / 24/1873
Age/Gender 4 Days/Female
Bed No/Ward NICU
Referred By Dr. AJAY PRAKAASH
Qualification



Lab No 47572
Sample Date 07/10/2024 2:39PM
Receiving Date 07/10/2024 3:25PM
Report Date 07/10/2024 4:50PM
Report Status Final

Bio Chemistry

Test Name	Result	Unit	Biological Ref. Range	Method
Bilirubin Neonatal	22.12 H	mg/dl	1 - 11	DCA
Bilirubin Conjugated (Bc)	0.64 H	mg/dl	0.00 - 0.30	Direct Spectrophotometry
Bilirubin Unconjugated (Bu)	21.48	mg/dl		Calculated Value
CALCIUM-OCPC METHOD				
Sample: Serum				
Calcium	10.7 H	mg/dl	8.6 - 10.4	Arsenazo III

--End Of Report--

VERIFIED BY

Mrs B.PASKAMARY, DMLT

* PATIENT IDENTITY NOT VERIFIED

Mr. DHANAPAL KANDASAMY
 MSC Microbiology, DMLT
 Department Head

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Patient Name	Baby Of VITHYAA LAXMI S	Lab No	47275
UHID/IP No	1010049 / 24/1873	Sample Date	05/10/2024 8:18AM
Age/Gender	2 Days/Female	Receiving Date	05/10/2024 8:35AM
Bed No/Ward	NICU	Report Date	05/10/2024 9:51AM
Referred By	Dr. BANUMATHI RAJ	Report Status	Final
Qualification			


Bio Chemistry

Test Name	Result	Unit	Biological Ref. Range	Method
Bilirubin Neonatal	13.27 H	mg/dl	1 - 11	DCA
Bilirubin Conjugated (Bc)	0.50 H	mg/dl	0.00 - 0.30	Direct Spectrophotometry
Bilirubin Unconjugated (Bu)	12.77	mg/dl		Calculated Value
CALCIUM-OCPC METHOD				
Sample: Serum				
Calcium	7.8 L	mg/dl	8.6 - 10.4	Arsenazo III
POTASSIUM - ISE METHOD				
Potassium (Serum/Plasma)	4.1	mmol/L	4 - 5	
SODIUM - ISE METHOD				
Sodium (Serum/Plasma)	134 L	mmol/L	135 - 145	

--End Of Report--

For Govt
 Mrs. B. PASKAMARY., DMLT,
 Senior Lab technician Laboratory Services
 Annai Velankanni Multispeciality Hospital
 Tirunelveli, Tamilnadu
VERIFIED BY
 * PATIENT IDENTITY NOT VERIFIED


Mr. DHANAPAL KANDASAMY
 MSC Microbiology, DMLT
 Department Head

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DEPARTMENT OF LABORATORY SCIENCES

Patient Name Baby Of VITHYAA LAXMI S
UHID/IP No 1010049 / 24/1873
Age/Gender 2 Days/Female
Bed No/Ward NICU
Referred By Dr. BANUMATHI RAJ
Qualification



Lab No 47275
Sample Date 05/10/2024 8:18AM
Receiving Date 05/10/2024 8:35AM
Report Date 05/10/2024 9:49AM
Report Status Final

Haematology

Test Name	Result	Unit	Biological Ref. Range	Method
CBC-XN330				
Sample: EDTA SAMPLE, W. B. EDTA				
Total Leukocyte Count (TLC)	16.33	$10^3/\mu\text{L}$	10.00 - 26.00	Flow Cytometry
RBC Count (Red Blood Cell)	5.06	$10^6/\mu\text{L}$	5.00 - 6.50	DC Detection
HAEMOGLOBIN	20.7 H	gm/dl	14 - 20	Flow Cytometry
PCV (Haematocrit)	56.2	%	55.0 - 70.0	RBC Pulse Height Detection
MCV	110.9	fl	100.0 - 126.0	Calculated
MCH	41.0 H	pg	31.0 - 37.0	Calculated
MCHC	36.9	gm/dl	30.0 - 38.0	Calculated
Platelet Count	125 L	$10^3/\mu\text{L}$	150 - 500	Flowcytometry/Light microscopy
Neutrophils	62.9	%	40.0 - 65.0	Flow Cytometry, Light Microscopy
Lymphocytes	23.8	%	20.0 - 40.0	Flow Cytometry, Light Microscopy
Eosinophils	0.0 L	%	1.0 - 6.0	Flow Cytometry, Light Microscopy
Monocytes	12.9 H	%	2.0 - 10.0	Flow Cytometry, Light Microscopy
Basophils	0.4 H	%	0.0 - 0.2	Flow Cytometry, Light Microscopy

--End Of Report--

VERIFIED BY

Mr. DHANAPAL KANDASAMY
 MSC Microbiology, DMLT
 Department Head

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DEPARTMENT OF LABORATORY SCIENCES

Patient Name: SATHI OF VETHYAA LAXMI S
 UHID/IP No: 1010049 / 24/1873
 Age/Gender: 2 Days/Female
 Bed No./Ward: NICU
 Referred By: Dr. SANUMATHI RAJ
 Qualification:



Lab No: 47275
 Sample Date: 05/10/2024 8:18AM
 Receiving Date: 05/10/2024 8:35AM
 Report Date: 05/10/2024 9:49AM
 Report Status: Final

Serology

Test Name	Result	Unit	Biological Ref. Range	Method
CRP (MISPA I2)				
Sample: Serum				
CRP - C Reactive Protein	4.7	mg/L	< 10.0	Nephelometry

--End Of Report--

For Doctor

V. B. RASIMAN, DMLT,

VERIFIED BY

Microbiology Laboratory Services,
 Avv Hospital

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Mr. DHANAPAL KANDASAMY
 MSC Microbiology, DMLT
 Department Head

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