Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:11PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

HAEMATOLOGY

Test Name	Value	Unit	Bio Ref.Interval
CBC- Whole Blood EDTA			
Haemoglobin (HB) *Method -Cyanide free SLS hemoglobin detection method*	**12.9** L	g/dL	13.0 - 17.0
PCV / Haematocrit *Method -RBC pulse height detection method/ Calculated*	42.7	%	40.0 - 50.0
Red Blood Cell (RBC) *Method -Hydrodynamic Focussing DC method*	4.54	Million/mm3	4.5 - 5.5
Mean Corp. Volume (MCV) *Method -Derived from RBC histogram*	94.1	fL	80.0 - 100.0
Mean Corp. HB (MCH) *Method -Calculated*	28.4	pg	27.0 - 32.0
Mean Corp. HB Con. (MCHC) *Method -Calculated*	**30.2** L	gm/dL	31.5 - 34.5
Red Cell Distribution Width-CV *Method -Derived from RBC histogram*	**17.0** H	%	11.6 - 14.0
Red Cell Distribution Width-SD *Method -Derived from RBC histogram/ Calculated*	**58.9** H		35.0 - 56.0
Total Leucocyte Count (TLC) *Method -Flowcytometry method using a semiconductor laser*	8.36	10^3/mm^3	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils *Method -Flowcytometry method using a semiconductor*	61	%	40 - 80
Lymphocytes *Method -Flowcytometry method using a semiconductor*	30	%	20 - 40
Monocytes *Method -Flowcytometry method using a semiconductor*	5	%	2 - 10
Eosinophils *Method -Flowcytometry method using a semiconductor*	3	%	1 - 6
Basophils *Method -Flowcytometry method using a semiconductor*	1	%	< 2
Absolute Neutrophil Count (ANC) *Method -Calculated*	5.1	10^3/mm^3	2.00 - 7.00
Absolute Lymphocyte Count (ALC) *Method -Calculated*	2.51	10^3/mm^3	1.00 - 3.00
Absolute Monocyte Count (AMC) *Method -Calculated*	0.42	10^3/mm^3	0.20 - 1.00
Absolute Eosinophil Count (AEC)	0.25	10^3/mm^3	0.02 - 0.50

code for verification

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

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Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:11PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

HAEMATOLOGY

Test Name	Value	Unit	Bio Ref.Interval
Method -Calculated			
Absolute Basophil Count (ABC)	0.08	10^3/mm^3	0.00 - 0.10
Method -Calculated			
PLATELET			
Platelet Count	294	10^3/mm^3	150 - 450
Method -Hydrodynamic Focussing method			
Mean Platelet Volume (MPV)	11.8	fl	6.5 - 12.0
Method -Derived from Platelet histogram			
Platelet Distribution Width (PDW)	14.9		11.0 - 21.0
Method -Derived from Platelet histogram			

Test performed on SYSMEX_XN1000_2

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

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Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 02:19PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

HAEMATOLOGY

Test Name	Value	Unit	Bio Ref.Interval
Erythrocyte Sedimentation Rate (ESR) *Method -RBC AGGREGATION*	**41** H	mm/1 Hr.	< 20

Comment :- Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Note:- Test conducted on EDTA whole blood.

Test performed on ROLLER_20_LC

code for verification

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

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Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:59PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Fasting Glucose , Flouride Plasma *Method -Hexokinase*	86	mg/dL	74 - 106

Plasma Glucose is used to establish the diagnosis of diabetes mellitus and other disorders of carbohydrate metabolism. American Diabetes Association recommendations for the diagnosis of Diabetes mellitus is as follows:

Test	Pre-Diabetes	Diabetes (non-Pregnant Individual)	Comments
HbA1c	5.7 – 6.4%	>Or = 6.5%	HbA1c should be measured by NGSP certified assay
Fasting Plasma Glucose	100- 125 mg/dL (Impaired Fasting Glucose)	>Or = 126 mg/dL	No calorie intake for at least 8 hours
2-hour Plasma Glucose (OGTT)	140-199 mg/Dl (impaired glucose tolerance)	>Or = 200 mg/dL	Using glucose load of 75 g anhydrous glucose dissolved in water (WHO approved)
Random Plasma Glucose		>Or = 200 mg/dL	Any time of the day without any regard to time of last meal with Symptoms: polyuria, polydipsia, Polyphagia unexplained weight loss, etc.

Note: In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results obtained at the same time (e.g., HbA1C and Fasting Plasma Glucose) or at two different time points. Conditions leading to altered relationship between A1C and plasma glucose levels in which plasma glucose levels can be used to diagnose and monitor diabetes, are-Hemoglobin variants, pregnancy (second and third trimester), G-6-PD deficiency, HIV, hemodialysis, recent blood loss or transfusion or erythropoietin therapy. Diabetes Care 2024;47(Suppl. 1): S20–S42.

Test performed on BECKMAN COULTER_AU5800_1

code for verification

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:45PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
HbA1c (NGSP) *Method -HPLC*	5.9	%	Non diabetic=<5.7 pre diabetic=5.7-6.4 diabetic=>=6.5
Mean Blood Glucose *Method -Calculated*	122.63	mg/dl	

Interpretation: -

As per American Diabetes Association (ADA) Reference Group HbA1C in %

Non diabetic adults >= 18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>=6.5

Note:-

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

Comments:- HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Limitations of test :- HbA1c can be falsely low due to following medical conditions: -

A.) Hemolysis and severe anemia B.) Recent Blood Transfusion C.) Certain Hemoglobinopathies D.) Acute Blood Loss
E.) Hypertriglyceridemia F.) Oral Hypoglycemic drug G.) Chronic Liver Disease H.) Drugs

- **Drugs causing inappropirately low or high HbA1c**

Postuled Mechanism	Falsely Low HbA1c	Falsely High HbA1c
Increased Erythrocyte Destruction	Dapsone,Ribavirin,Antiretovirals,Trimethoprim-Sulfamethoxazole	
Altered Hemoglobin	Hydroxyurea	
Altered Glycation	Vitamin C, Vitamin E, Aspirin(small dose)	
Interference with assays		Aspirin (large doses), Chronic opiate use.

Test performed on BIORAD _VARIANT II _4

code for verification

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:36PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
eGFR			
eGFR	129.00	mL/min/1.73m2	
Method -Calculated			

Note :- Glomerular Filtration Rate by the 2021 CKD-EPI Equation.

CKD STAGE	DESCRIPTION	GFR (mL/min/1.73m^2)	ASSOCIATED FINDINGS
0	Normal kidney function	>90	No proteinuria
1	Kidney damage with normal or high GFR	>90	Presence of Protein, albumin, cells or casts in urine
2	Mild decrease in GFR	60-89	-
3	Moderate decrease in GFR	30-59	-
4	Severe decrease in GFR	15-29	-
5	Kidney failure	<15	-

Interpretation:-

- The Recommended method for estimating GFR in adults from the National Kidney Foundation is the 2021 CKD-EPI equations.
- Estimates GFR from serum creatinine, age and sex
- The CKD-EPI equation are modeled using least squares linear regression to relate log transformed measured GFR to log-transformed filtration markers, age and sex with two slope splines for creatinine

References:-

Levey AS, Stevens LA, Schmid CH, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. May 5 2009; 150(9): 604-612.
Levey AS, Stevens LA. Estimating GFR using the CKD Epidemiology Collaboration (CKD-EPI) creatinine equation: more accurate GFR estimates, lower CKD prevalence estimates, and better risk predictions. Am J Kidney Dis. Apr 2010; 55(4): 622-627. Matsushita K, Selvin E, Bash LD, Astor BC, Coresh J. Risk implications of the new CKD Epidemiology Collaboration (CKD-EPI) equation compared with the MORD Study equation for estimated GFR: the Atherosclerosis Risk in Communities (ARIC) Study. Am J Kidney Dis. Apr 201O; 55(4): 648-659. White SL, Polkinghorne KR, Atkins RC, Chadban SJ. Comparison of the prevalence and mortality risk of CKD in Australia using the CKD Epidemiology Collaboration (CKD-EPI) and Modification of Diet in Renal Disease (MORD) Study GFR estimating equations: the AusDiab (Australian Diabetes, Obesity and Lifestyle) Study. Am J Kidney Dis. Apr 2010; 55(4): 660-670.
Becker BN, Vassalotti JA. A software upgrade: CKD testing in 2010. Am J Kidney Dis. Jan 2009; 55(1): 8-10. Frequently Asked Questions About GFR Estimates. New York: The National Kidney Foundation; 2011. National Kidney Foundation. KDOQI clinical practice guidelines for chronic kidney disease: evaluation, classification, and stratification. Am J Kidney Dis. Feb 2002; 39 (Suppl 1): S1-266.

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BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:36PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Creatinine, Serum	**0.60** L	mg/dl	0.70 - 1.30

Method -Modified jaffe Kinetic IDMS traceable

Test performed on BECKMAN COULTER_AU5800_2

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BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:35PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Amylase, Serum *Method -CNP-G3*	42	U/L	28.0 - 100.0

INTERPRETATION:

Amylase is an enzyme that helps digest carbohydrates. It is produced in the pancreas and the glands that make saliva. When the pancreas is diseased or inflamed, amylase releases into the blood. This test is used along with lipase to diagnose acute or chronic pancreatitis. In acute pancreatitis serum amylase is 4-6 times higher within 12-72 hours of pancreatic injury and returns to normal in a few days. In chronic pancreatitis amylase levels are initially moderately high. Increased levels seen in pancreatic duct obstruction and carcinoma of pancreas. Increased blood amylase with low urinary amylase indicates the presence of macroamylase. Peritoneal fluid amylase raised in acute pancreatitis, inteastinal obstruction or intestinal infarct.

Increased blood amylase levels may occur due to:

- Acute pancreatitis
- Cancer of the pancreas, ovaries, or lungs
- Cholecystitis
- Gallbladder attack caused by disease
- Gastroenteritis (severe)
- Infection of the salivary glands (such as mumps) or a blockage
- Intestinal blockage
- Macroamylasemia
- Pancreatic or bile duct blockage
- Perforated ulcer
- Tubal pregnancy (may have burst open)

Decreased amylase levels may occur due to:

- Cancer of the pancreas
- Damage to the pancreas
- Kidney disease
- Toxemia of pregnancy

Test performed on BECKMAN COULTER_AU5800_2

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Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
HS-CRP			
High Sensitive - CRP *Method -Turbiditimetry*	**11.40** H	mg/L	As Below Table

Note:- Reference Values in the table given below are recommended cardiovascular risk groups, in primary prevention settings by AHA/CDC and NACB expert panel.

Risk Level	High Sensitive CRP (mg/L)
Low	< 1.00
Average	1.00 - 3.00
High	> 3.00

Increase in CRP levels is none specific, and interpretation must be under taken in comaprison with previous HS-CRP values or other cardiac risk indicator (Cholesterol, HDL etc.) single measurement may lead to an erroneous assesment of early cardiac inflammation.

Remarks:-

Hs-CRP is used to help predict a healthy person's risk of cardiovascular disease. People who have hs-CRP results in the high end of the normal range have higher risk of having a heart attack.
The CRP molecule itself is not a harmful molecule in the body. Hs-CRP usually is ordered as one of several tests in a cardiovascular risk profile

Taking nonsteroidal anti-inflammatory drugs or statins may reduce CRP levels in blood. Any recent illness, tissue injury, infection, or general inflammation will raise the amount of CRP and give a falsely elevated estimate of risk.
Since the hs-CRP and CRP tests measure the same molecule, people with chronic inflammation, such as those with arthritis have higher levels.

Kindly Correlate with clinical findings.

Test performed on BECKMAN COULTER_AU5800_2

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Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
CRP Quantitative, Serum *Method -Latex Particle Immunoturbidimetric*	**11.5** H	mg/L	< 5.0

INTERPRETATION :-

C - reactive protein (CRP) is the best known among the acute phase proteins , a group of proteins whose concentration increase in blood as a response to inflammatory disorders , CRP is normally present in low concentration in blood of healthy indivisuals (<5mg/I).It is elevated up to 500 mg/l in acute inflammatory processes associated with bacterial infections ,post operative conditions of tissue damage already after 6 yrs reaching a peak at 48 hrs, the measurement of CRP represents a useful laboratory test for detection of acute infection as well as for monitoring inflammatory processes also in acute rheumatic & gastrointestinal disease in recent studies it has been shows that in apparently healthy subjects there is a direct correlation between CRP concentrations & the risk of developing coronary heart disease CHD

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Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
RA Factor Quantitative			
Serum, Rheumatoid Factor *Method -Immunoturbidimetry*	< 10	IU/mL	< 14.0

Comment

Rheumatoid factors (RF) are antibodies directed against antigenic determinants on the Fc fragment of IgG. These are usually IgM antibodies, but may be IgG, IgA or IgE.

Rheumatoid factors (RF) are a heterogenous group of high molecular weight molecules directed against the antigenic sites on the FC portion of the body's own immunoglobulins. Between 60 & 80% patient with active Rheumatoid arthritis (RA) possess this abnormal protein in their blood and joint fluid, and its detection is therefore of value in the diagnosis & in the monitoring of the disease. The test also allows clinician to distinguish between RA and rheumatic fever, in which RF is almost always absent. The RF concentration RF (IU/ml) = Highest dilution with positive reaction X reagent sensitivity (8.0 IU/ml).
RF's as detected by serological techniques are not necessarily specific for RA. A positive result should be correlated with parallel test and the case history of the patient.
False positive result may occur in patient's serum suffering from syphilis, Cirrhosis of the liver, hepatitis, lyphoma, lupus Erythmatosus scleroderma and various other conditions, but are rare in the case of rheumatic fever. In the above cases however, the RF titre is generally lower then RA.

A positive RF is also seen in autoimmune rheumatic diseases and in non-rheumatic conditions with variable frequency e.g. SLE, Sjögren's syndrome, subacute bacterial endocarditis and other bacterial infections, infectious hepatitis, chronic liver diseases, chronic active pulmonary diseases, parasitic infections and viral infections.

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Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
KIDNEY PROFILE (KFT)			
Blood Urea *Method -Urease/GLDH*	**11.3** L	mg/dL	17.0 - 43.0
Blood Urea Nitrogen (BUN) *Method -Calculated*	**5.3** L	mg/dl	6.0 - 20.0
Creatinine, Serum *Method -Modified jaffe Kinetic IDMS traceable*	**0.60** L	mg/dl	0.70 - 1.30
BUN/Creatinine Ratio *Method -Calculated*	8.8	Ratio	
Blood Urea/Creatinine Ratio *Method -Calculated*	18.8	Ratio	
Uric Acid, Serum *Method -Uricase PAP*	6.2	mg/dL	3.5 - 7.2
Calcium , Serum *Method -Arsenazo III*	8.9	mg/dL	8.8 - 10.6
Inorganic Phosphorus, Serum *Method -Phosphomolybdate UV test*	3.6	mg/dL	2.5 - 4.5
Sodium, Serum *Method -ISE Indirect*	137.4	mmol/L	136 - 146
Potassium ,Serum *Method -ISE Indirect*	4.4	mmol/L	3.5 - 5.1
Chloride, Serum *Method -ISE Indirect*	105.4	mmol/L	101 - 109
Total Protein, Serum *Method -Biuret*	7.2	g/dL	6.6 - 8.3
Albumin,Serum *Method -Bromocresol Green(BCG)*	3.8	g/dL	3.5 - 5.2
Globulin, Serum *Method -Calculated*	3.4	g/dL	2.5 - 4.5
Albumin/Globulin Ratio ,Serum *Method -Calculated*	1.1	Ratio	0.9 - 2.0

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Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
LIPID PROFILE			
Cholesterol Total,Serum *Method -CHO - PAP*	156	mg/dL	< 200
Triglycerides , Serum *Method -GPO - POD*	**194** H	mg/dL	< 150
HDL Cholesterol, Serum *Method -Direct measure Immunoinhibition with CHE,CHO,POD*	**28** L	mg/dL	40 - 60
LDL Cholesterol, Serum *Method -Calculated*	89	mg/dL	< 130
VLDL Cholesterol,Serum *Method -Calculated*	39	mg/dL	5 - 40
Cholesterol Total / HDL Ratio *Method -Calculated*	**5.57** H	Ratio	2.00 - 5.00
Non HDL Cholesterol *Method -Calculated*	128	mg/dL	0 - 130

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:-**

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. Estimation of LDL cholesterol by Direct method is recommended when Triglycerides >400 mg/dL.
2. Measurements in the same patient can show physiological & analytical variations.
3. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
4. Certain conditions such as acute illness, stress, pregnancy, dietary changes especially changes in intake of saturated fatty acids, lipid lowering drugs, alcohol or prednisone may cause variation in lipid levels.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of

code for verification

please scan QR code to verify the report

Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:36PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval

children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6. It is recommends, for routine screening, a fasting lipid profile is not mandatory. Both fasting and non-fasting lipid profiles are important for managing Indian patients with dyslipidemia. In most patients, there is usually a clinically unimportant increase in TG concentrations 2-6 hours after eating normal meals. Non fasting levels are required to determine post prandial hypertriglyceridemia which may be more significant predictor of CVD risk.

Fasting lipid profile is required if:-

- Non-fasting triglycerides >400 mg/dL
- Known hypertriglyceridaemia on treatment
- Recovering from hypertriglyceridaemic pancreatitis
- Starting medications that cause severe hypertriglyceridaemia
- Additional laboratory tests are requested that require fasting or morning samples (e.g. fasting glucose, therapeutic drug monitoring etc)

Test performed on BECKMAN COULTER_AU5800_2

code for verification

please scan QR code to verify the report

Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:35PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
LIVER PROFILE (LFT)			
Bilirubin Total ,Serum *Method -Dichlorophenyldiazonium Tetrafluoroborate (DPD)*	0.62	mg/dL	0.30 - 1.20
Bilirubin Direct (Conj.) , Serum *Method -Dichlorophenyldiazonium Tetrafluoroborate (DPD)*	0.14	mg/dL	0.00 - 0.20
Bilirubin Indirect (Unconj.), Serum *Method -Calculated*	0.48	mg/dL	0.00 - 0.90
GGT; Gamma Glutamyl Transferase *Method -Gamma-Glutamyl-3-Carboxy-4-Nitroanlide-IFCC*	40	U/L	< 55
SGOT / AST ,Serum *Method -IFCC (Without P5P Activation)*	24	U/L	< 50
SGPT / ALT , Serum *Method -IFCC (Without P5P Activation)*	32	U/L	< 50
Alkaline Phosphatase, Serum *Method -IFCC with pNPP AMP Buffer*	84	U/L	30 - 120
Total Protein, Serum *Method -Biuret*	7.2	g/dL	6.6 - 8.3
Albumin,Serum *Method -Bromocresol Green(BCG)*	3.8	g/dL	3.5 - 5.2
Globulin, Serum *Method -Calculated*	3.4	g/dL	2.5 - 4.5
Albumin/Globulin Ratio ,Serum *Method -Calculated*	1.1	Ratio	0.9 - 2.0

Test performed on BECKMAN COULTER_AU5800_2

code for verification

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:36PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Iron Profile			
Iron ,Serum *Method -TPTZ*	**58** L	µg/dL	70 - 180
UIBC(Unsaturated Iron Binding Capacity) *Method -Nitroso PSAP*	258	µg/dL	155 - 355
TIBC(Total Iron Binding Capacity) *Method -Calculated*	316.00	ug/dL	225.0 - 535.0

Comment:

Most body iron is found in hemoglobin. The serum measurement of iron is useful in the differential diagnosis of anemia, iron deficiency anemia, thalassemia, possible sideroblastic anemia, and iron poisoning. Total iron-binding capacity in serum, representing transferrin concentration in iron-binding capacity, is a useful index of nutritional iron status.
Iron deficiency anemia is characterized by a decreased serum Fe, increased TIBC or transferrin, and a decreased transferrin saturation. Serum TIBC is increased in iron deficiency. Serum TIBC is decreased in anemia of chronic disease.

% Transferrin Saturation Index *Method -Calculated*	18	%	13 - 45
Transferrin, Serum *Method -Calculated*	221	mg/dL	200 - 360

INTERPRETATION:
Serum iron concentration is decreased in many but not all patients with iron deficiency anemia; Inflammatory disorders such as acute infection, immunization, and myocardial infarction; acute or recent haemorrhage; malignancy; kwashiorkor; late pregnancy; menstruation and nephrosis. Serum iron concentration diminishes markedly in patients who are beginning to respond to specific therapy for anemias for other causes e.g. treatment nof pernicious anemia with Vit B12.Greater than normal concentrations of serum iron occur in iron over-loaded disorder such as haemochromatosis and in acute iron poisoning following oral or parenteral iron administration. Iron level may also be increased in acute hepatitis, lead poisoning, acute leukemia, thalassemia or oral contraception.

Test performed on BECKMAN COULTER_AU5800_2

code for verification

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 04:29PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

IMMUNOLOGY

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE			
T3 (Total Triiodothronine) , Serum *Method -CMIA*	0.86	ng/ml	0.35 - 1.93
T4 (Total Thyroxine), Serum *Method -CMIA*	7.45	µg/dL	4.87 - 11.72
TSH (Thyroid Stimulating Hormone), Serum (3rd generation ultrasensitive) *Method -CMIA*	2.09	µIU/mL	0.40 - 4.20

In case of Increased TSH (4.2 to 10.0). Advised a repeat **TSH after 1 month**, If the patient is not on Thyroid Medication, to rule out transient hypothyroidism. Which may be due to subclinical viral infection, Sleep deprivation, medication etc.

Note:-

1.Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues.
2. Severe systemic illness affects the thyroid binding proteins and can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & FreeT4 levels are recommended for accurate assessment of thyroid dysfunction.
3.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.

Clinical Use:

Diagnose Hypothyroidism and Hyperthyroidism
Monitor T4 replacement or T4 suppressive therapy
Quanitify TSH levels in the subnormal range

Increased Levels:- Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent, HyperthyroidismThyroid hormone resistance
Decreased Levels:- Graves disease, Autonomous thyroid hormone secretion, TSH deficiency

Test performed on ALINITY 1

code for verification

please scan QR code to verify the report

Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 06:16PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

IMMUNOLOGY

Test Name	Value	Unit	Bio Ref.Interval
Serum, 25 (OH) VITAMIN-D Total			
Serum, 25 (OH) VITAMIN-D Total *Method -CMIA*	**9.0** L	ng/mL	30.0 - 100.0

Expected Values	ng/mL
Deficiency	< 20
Insufficiency	20 - 30
Sufficiency	30 - 100
Toxicity	> 100.0

Note: It should be taken into cosideration that differences in Vitamin D (25-OH) levels may exist with respect to gender, age, season, geographical area, latitude and ethnic groups

Comments

Vitamin D Total assay is used as an aid in the assesment of Vitamin D sufficiency in adults.
Vitamin D is acquired either by exposure to sunlight or ingestion of food containing vitamin D. It is metabolized to vit D, 25 hydroxy in the liver in the first step by vit D,25-hydroxylase system. A small amount of it further gets metabolized by hydroxylation in kidney to vit D 1,25 dihydroxy. Since vit D, 25 hydroxy is the predominant circulating form of Vit D in normal population, it is considered to be the most reliable index of vit D status.
Vitamin D is essential for bone health. In children, severe deficiency leads to bone-malformation, known as rickets. Milder degrees of insufficiecy are believed to cause reduced efficiency in the utilization of dietary calcium.
The measurement of 25-OH-D is becoming increasingly important in the management of patients with various disorders of calcium metabolism associated with Rickets, neonatal hypocalcemia, pregnancy, nutritional and renal osteodystrophy, hypoparathyroidism, and postmenopausal state.
Increased levels are found in Vit D intoxication.
Decreased levels are detected in Rickets, osteomalacia, secondary hyperparathyroidism, malabsorption of vit D (e.g. liver diseases, cholestasis), and diseases that increase Vit D metabolism (viz. Tuberculosis, sarcoidosis, primary hyperparathyroidism).
Recent studies have associated vitamin D deficiency with increased risk for cancer, autoimmune disease, infectious disease, cardiovascular disease, and many chronic diseases.
Chronic severe vitamin D deficiency in infants and children causes bone deformation commonly known as rickets, while in adults, proximal muscle weakness, bone pain and osteomalacia may develop.

Test performed on ALINITY 1

code for verification

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Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 06:16PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

IMMUNOLOGY

Test Name	Value	Unit	Bio Ref.Interval
Vitamin B12			
Vitamin B12 ,Serum *Method -CMIA*	**161** L	pg/mL	187 - 883

Comments :-

Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamine deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

Decreased Levels :-

Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies
Malabsorption: Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria
Loss of ingested vitamin B12: fish tapeworm
Dietary deficiency: Vegetarians
Congenital disorders: Orotic aciduria & transcobalamine deficiency
Increased demand: Pregnancy specially last trimester

Increased Levels:-

Chronic renal failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis & Protein malnutrition.

Limitations - interference

The assay is unaffected by icterus (bilirubin ≤ 1112 µmol/L or ≤ 65 mg/dL),hemolysis (Hb ≤ 0.025 mmol/L or ≤ 0.04 g/dL), lipemia (Intralipid≤ 17.1 mmol/L or ≤ 1500 mg/dL), biotin (≤ 205 nmol/L or ≤ 50 ng/mL), IgG ≤ 28 g/L, IgA ≤ 16 g/L and IgM ≤ 10 g/L. Criterion: Recovery within ± 10 % of initial value with samples > 200 pg/mL and ≤ ± 20 pg/mL with samples ≤ 200 pg/mL. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration. No interference was observed from rheumatoid factors up to a concentration of 1500 IU/mL. In vitro tests were performed on 16 commonly used pharmaceuticals. No interference with the assay was found. In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design. Because intrinsic factor is typically used as the binding protein in serum vitamin B12 assays, anti-intrinsic factor antibodies (which are common in pernicious anemia) can lead to elevated vitamin B12 measurement values.2,11,12 The Elecsys Vitamin B12 II assay is designed to avoid interference due to anti-intrinsic factor antibodies.13 For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.
Note: The presence of immunoglobulin-vitamin B12 complexes may cause unexpectedly high values of vitamin B12.14,15

Test performed on ALINITY 1

code for verification

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Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 02:45PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

IMMUNOLOGY

Test Name	Value	Unit	Bio Ref.Interval
Total IgE, Serum *Method -CLIA*	56.9	IU/mL	< 378.0

Comment :-

IgE is a member of the immunoglobulin family of proteins that was first described in the 1960, like all immunoglobulins, is produced by plasma cells in response to antigenic stimuli.
IgE is unique however in certain structural aspects and the role it plays in allergic diseases.
Measurement of total serum IgE is often used as a tool in the diagnosis and management of atopic diseases such asasthma, allergic rhinitis, atopic dermatitis and urticaria. It has been used to distinguish atopic from non-atopic individuals presenting allergy-like symptoms.
In addition, studies have also shown that increased levels of IgE in cord blood and infants may be predictive of future atopic tendencies.
Normal levels of circulating IgE are extremely low in comparison to other immunoglobulins. Levels of IgE at birth are almost undetectable but increase in non-allergic adults. Elevated levels are commonly seen in cases of allergic diseases, parasitic infections, pulmonary aspergillosis, and hyper-IgE syndrome.
Serum IgE levels may vary as a result of diet, genetic background, geographical location and other factors. It is therefore recommended that total IgE measurements be used in conjunction with other clinical tests when establishing diagnoses.

Test performed on SIEMENS ATELLICA IM 1600

code for verification

please scan QR code to verify the report

Sample Collected At :(Banipal Tower,Opp Ram leela ground, Dera Bassi)

Name:	**Mr. HEMANT**	UID.:	395575
Age/Gender:	35 Y/Male	Registered on:	28/Jul/2025 10:42AM
Mobile:	9646039856	Sample collected on:	28/Jul/2025 10:55AM
Lab No:	0012507280065	Sample received on:	28/Jul/2025 11:24AM
BarcodeNo:	11865168	Report released on.:	28/Jul/2025 01:05PM
Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio Ref.Interval
Urine Complete Examination			
Physical examination			
COLOUR *Method -Visual Observation*	YELLOW		
VOLUME *Method -Visual Observation*	35.00	mL	
APPEARANCE *Method -Visual Observation*	CLEAR		CLEAR
CHEMICAL EXAMINATION			
GLUCOSE *Method -Dipstick/ Double Sequential Enzyme Reaction*	NEGATIVE		NEGATIVE
BILIRUBIN URINE *Method -Dipstick method/ Diazotised Dichloroaniline Reaction*	NEGATIVE		NEGATIVE
KETONES *Method -Dipstick method/ Rothras/Sodium Nitruprusside Reaction*	NEGATIVE		NEGATIVE
SPECIFIC GRAVITY *Method -Dipstick method/ pKa change in relation to ionic concentration*	1.025		1.000 - 1.030
BLOOD *Method -Dipstick method/ Peroxidase reaction*	NEGATIVE		NEGATIVE
pH *Method -Dipstick method/ Double Indicator Principle*	6.00		5.0 - 8.0
PROTEIN *Method -Dipstick/ Protein-error-of-indicators principle*	NEGATIVE		NEGATIVE
UROBILINOGEN *Method -Dipstick method/ Modified Ehrlichs Reaction*	3.2umol/L	umol/L	3.2 - 16
NITRITE *Method -Dipstick method/ Conversion of Nitrate to Nitrie*	NEGATIVE		NEGATIVE
LEUCOCYTE ESTERASE *Method -Dipstick method/ Leucocyte Esterase recation*	NEGATIVE		NEGATIVE
Microscopic Examination			
PUS CELLS *Method -Microscopy*	03-04	/HPF	01-05
RBC *Method -Microscopy*	NIL	/HPF	Nil
EPITHELIAL CELLS *Method -Microscopy*	00-01	/HPF	1-2

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Referred By.:	Self	Report status:	Final
Test Name:	Serum, 25 (OH) VITAMIN-D Total,Blood Glucose (Fasting),Iron Profile,Total IgE,LIPID PROFILE,		

Net Amt: Rs.1600 **Paid Amt: Rs.1600** **Balance Amt: Rs.0**

CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio Ref.Interval
CASTS *Method -Microscopy*	NIL	/HPF	NIL
CRYSTALS *Method -Microscopy*	NIL	/HPF	NIL
AMORPHOUS DEPOSIT *Method -Microscopy*	NIL	/HPF	NIL
OTHERS *Method -Microscopy*	NIL	/HPF	NIL

Comment :- All test results pertain to the specimen submitted. Laboratory investigations are only a tool to aid in arriving at a diagnosis,All test results should be clinically correlated.

Test performed on SIEMENS CLINITEK ADVANTUS

*** End Of Report ***

Note: The reports are strictly for the use of Medical Practitioners and are not medical diagnosis as such.

Dr. Ishi Sharma
MBBS, DNB (Pathology)
Senior Consultant & Lab Head
DMC NO/35048

Dr. Pratyusha Budaraju
MD (Pathology)
Consultant Pathology
(MCI Reg. No. 18-28327)

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ear Bus Stand, Dera Bassi

100+ Collection Centre In Punjab, Haryana & Himachal Pardesh

Distt. Mohali
Mohali, Dera Bassi, Zirakpur, Balongi, Sohana, Kharar, Banur, Kurali, Mubarikpur

Distt. Patiala
Patiala, Devigarh, Rajpura, Sanaur, Bhadson, Patran

Distt. Fatehgarhsahib
Jassran, Amloh, Khamano Chunni Kalan, Fatehgarh Sahib,

Haryana
Ambala City, Ambala Cantt, Naraingarh, Karnal Yamunanagar,

Himachal Pardesh
Nahan, Nalagarh, Una, Dehlan

Distt. Ropar
Morinda, Chamkaur Sahib, Ropar, Ghanauli

Distt. Jalandhar
Apra, Jalandhar, Cholang, Adampur, Nakodar, Mehatpur, Lambran

Distt. Ludhiana
Khanna, Samrala, Machiwara Ludhiana, Doraha, Shanewal, Kohara, Payal

Distt. Sangrur
Dhuri, Sangrur, Sherpur, Bhawanigarh

Malerkotla
Ahmedgarh, Malerkotla

Distt. Kapurthla
Phagwara

Distt. Hoshiarpur
Garhshankar, Mahilpur

Distt. Nawanshahr
Banga, Nawanshahr, Balachaur, Rahon

Distt. Moga
Moga, Dharamkot

ਚੈਰੀਟੇਬਲ ਲੈਬੋਰੇਟਰੀ

TERMS & CONDITIONS

- Identity of the patient not established, particulars as given in the report pertains to the sample specimen submitted to the lab.
- This test report is not vaild for medico-legal purposes. the lab report represents only an opinion and not the diagnosis. in case of unexpected results, not matching the clinical findings. the patient/clinician is advised to contact the lab immediately.
- Result of test may very from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Report delivery may be delayed due to any technical reasons or unforeseen circumstances, incovenience is regretted.

HEALTH PACKAGE SINGLE RATE

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TEST NAME	MARKET LAB AVERAGE RATE	LIFE CARE FOUNDATION RATE
VITAMIN D ਵਿਟਾਮਿਨ ਡੀ ਦਾ 1 ਟੈਸਟ	~~₹1000/-~~	/₹270/-
VITAMIN B12 ਵਿਟਾਮਿਨ ਬੀ 12 ਦਾ 1 ਟੈਸਟ	~~₹500/-~~	/₹180/-
THYROID PROFILE ਥਾਇਰਾਇਡ ਦੇ 3 ਟੈਸਟ	~~₹300/-~~	/₹120/-
THYROID TSH ਥਾਇਰਾਇਡ ਦਾ 1 ਟੈਸਟ	~~₹160/-~~	/₹60/-
HBA1C ਸ਼ੂਗਰ ਦਾ 3 ਮਹੀਨੇ ਦਾ ਟੈਸਟ	~~₹300/-~~	/₹150/-
IRON PROFILE ਆਇਰਨ ਦੇ 5 ਟੈਸਟ	~~₹300/-~~	/₹130/-
LIVER PROFILE ਜਿਗਰ ਦੇ ਰੋਗਾਂ ਦੇ 11 ਟੈਸਟ	~~₹300/-~~	/₹120/-
KIDNEY PROFILE ਗੁਰਦਿਆਂ ਦੇ 15 ਟੈਸਟ	~~₹500/-~~	/₹150/-
BLOOD SUGAR ਸ਼ੂਗਰ ਦਾ 1 ਟੈਸਟ	~~₹40/-~~	/₹10/-
URIC ACID ਯੂਰੀਕ ਐਸਿਡ ਦਾ 1 ਟੈਸਟ	~~₹50/-~~	/₹20/-
CHOLESTEROL ਕੋਲੇਸਟ੍ਰੋਲ ਦਾ 1 ਟੈਸਟ	~~₹100/-~~	/₹20/-
CALCIUM ਕੈਲਸ਼ੀਅਮ ਦਾ 1 ਟੈਸਟ	~~₹150/-~~	/₹30/-
PROTEIN ਪ੍ਰੋਟੀਨ ਦੇ 4 ਟੈਸਟ	~~₹100/-~~	/₹30/-

TEST NAME	MARKET LAB AVERAGE RATE	LIFE CARE FOUNDATION RATE
ELECTROLYTE SODIUM/ POTASSIUM CHLORIDE, 3 ਟੈਸਟ	~~₹250/-~~	/₹70/-
LIPID PROFILE ਦਿਲ ਅਤੇ ਬੱਲਡ ਪ੍ਰੈਸ਼ਰ ਰੋਗਾਂ ਦੇ 7 ਟੈਸਟ	~~₹300/-~~	/₹100/-
CBC ਖ਼ੂਨ ਦੇ ਸਾਰੇ ਸੈੱਲਾਂ ਦੇ 22 ਟੈਸਟ	~~₹250/-~~	/₹80/-
LH ਹਾਰਮੋਨ ਦਾ ਟੈਸਟ	~~₹400/-~~	/₹140/-
FSH ਹਾਰਮੋਨ ਦਾ ਟੈਸਟ	~~₹400/-~~	/₹140/-
PROLACTIN ਹਾਰਮੋਨ ਦਾ ਟੈਸਟ	~~₹400/-~~	/₹140/-
PSA ਗਦੂਦਾਂ ਦਾ 1 ਟੈਸਟ	~~₹400/-~~	/₹140/-
CRP Quantitative	~~₹400/-~~	/₹150/-
RA FACTOR QUANTITATIVE ਗਠੀਏ ਦਾ 1 ਟੈਸਟ	~~₹400/-~~	/₹150/-
TESTOSTERONE TOTAL ਹਾਰਮੋਨ ਦਾ ਟੈਸਟ	~~₹500/-~~	/₹200/-
TOTAL IGE ਐਲਰਜੀ ਦਾ ਟੈਸਟ	~~₹500/-~~	/₹200/-

HEALTH PACKAGE 1.0
ਹੈਲਥ ਪੈਕਜ 60 ਟੈਸਟ

- THYROID PROFILE T3, T4, TSH ਥਾਇਰਾਇਡ ਦੇ 3 ਟੈਸਟ
- KIDNEY PROFILE ਗੁਰਦਿਆਂ ਦੇ 15 ਟੈਸਟ
- LIVER PROFILE ਜਿਗਰ ਦੇ ਰੋਗਾਂ ਦੇ 11 ਟੈਸਟ
- LIPID PROFILE ਦਿਲ ਅਤੇ ਬੱਲਡ ਪ੍ਰੈਸ਼ਰ ਰੋਗਾਂ ਦੇ 7 ਟੈਸਟ
- CBC ਖ਼ੂਨ ਦੇ ਸਾਰੇ ਸੈੱਲਾਂ ਦੇ 22 ਟੈਸਟ
- ELECTROLYTE SODIUM/ POTASSIUM CHLORIDE, 3 ਟੈਸਟ
- URIC ACID ਯੂਰੀਕ ਐਸਿਡ ਦਾ 1 ਟੈਸਟ
- CHOLESTEROL ਕੋਲੇਸਟ੍ਰੋਲ ਦਾ 1 ਟੈਸਟ
- AEC ਐਲਰਜੀ ਦਾ ਟੈਸਟ
- BLOOD SUGAR ਸ਼ੂਗਰ ਦਾ 1 ਟੈਸਟ
- PROTEIN ਪ੍ਰੋਟੀਨ ਦੇ 4 ਟੈਸਟ
- CALCIUM ਕੈਲਸ਼ੀਅਮ ਦਾ 1 ਟੈਸਟ
- VITAMIN B12 ਵਿਟਾਮਿਨ ਬੀ 12 ਦਾ 1 ਟੈਸਟ

ਹੈਲਥ ਪੈਕਜ 60 ਟੈਸਟ
₹600/-

HEALTH PACKAGE 1.1
ਹੈਲਥ ਪੈਕਜ 66 ਟੈਸਟ

- THYROID PROFILE T3, T4, TSH ਥਾਇਰਾਇਡ ਦੇ 3 ਟੈਸਟ
- KIDNEY PROFILE ਗੁਰਦਿਆਂ ਦੇ 15 ਟੈਸਟ
- LIVER PROFILE ਜਿਗਰ ਦੇ ਰੋਗਾਂ ਦੇ 11 ਟੈਸਟ
- LIPID PROFILE ਦਿਲ ਅਤੇ ਬੱਲਡ ਪ੍ਰੈਸ਼ਰ ਰੋਗਾਂ ਦੇ 7 ਟੈਸਟ
- CBC ਖ਼ੂਨ ਦੇ ਸਾਰੇ ਸੈੱਲਾਂ ਦੇ 22 ਟੈਸਟ
- ELECTROLYTE SODIUM/ POTASSIUM CHLORIDE, 3 ਟੈਸਟ
- URIC ACID ਯੂਰੀਕ ਐਸਿਡ ਦਾ 1 ਟੈਸਟ
- CHOLESTEROL ਕੋਲੇਸਟ੍ਰੋਲ ਦਾ 1 ਟੈਸਟ
- AEC ਐਲਰਜੀ ਦਾ ਟੈਸਟ
- BLOOD SUGAR ਸ਼ੂਗਰ ਦਾ 1 ਟੈਸਟ
- PROTEIN ਪ੍ਰੋਟੀਨ ਦੇ 4 ਟੈਸਟ
- CALCIUM ਕੈਲਸ਼ੀਅਮ ਦਾ 1 ਟੈਸਟ
- VITAMIN D ਵਿਟਾਮਿਨ ਡੀ ਦਾ 1 ਟੈਸਟ
- VITAMIN B12 ਵਿਟਾਮਿਨ ਬੀ 12 ਦਾ 1 ਟੈਸਟ
- IRON PROFILE ਆਇਰਨ ਦੇ 5 ਟੈਸਟ

ਹੈਲਥ ਪੈਕਜ 66 ਟੈਸਟ
₹850/-

HEALTH PACKAGE 1.2
ਹੈਲਥ ਪੈਕਜ 68 ਟੈਸਟ

- THYROID PROFILE T3, T4, TSH ਥਾਇਰਾਇਡ ਦੇ 3 ਟੈਸਟ
- KIDNEY PROFILE ਗੁਰਦਿਆਂ ਦੇ 15 ਟੈਸਟ
- LIVER PROFILE ਜਿਗਰ ਦੇ ਰੋਗਾਂ ਦੇ 11 ਟੈਸਟ
- LIPID PROFILE ਦਿਲ ਅਤੇ ਬੱਲਡ ਪ੍ਰੈਸ਼ਰ ਰੋਗਾਂ ਦੇ 7 ਟੈਸਟ
- CBC ਖ਼ੂਨ ਦੇ ਸਾਰੇ ਸੈੱਲਾਂ ਦੇ 22 ਟੈਸਟ
- ELECTROLYTE SODIUM/ POTASSIUM CHLORIDE, 3 ਟੈਸਟ
- URIC ACID ਯੂਰੀਕ ਐਸਿਡ ਦਾ 1 ਟੈਸਟ
- CHOLESTEROL ਕੋਲੇਸਟ੍ਰੋਲ ਦਾ 1 ਟੈਸਟ
- AEC ਐਲਰਜੀ ਦਾ ਟੈਸਟ
- BLOOD SUGAR ਸ਼ੂਗਰ ਦਾ 1 ਟੈਸਟ
- PROTEIN ਪ੍ਰੋਟੀਨ ਦੇ 4 ਟੈਸਟ
- CALCIUM ਕੈਲਸ਼ੀਅਮ ਦਾ 1 ਟੈਸਟ
- VITAMIN D ਵਿਟਾਮਿਨ ਡੀ ਦਾ 1 ਟੈਸਟ
- VITAMIN B12 ਵਿਟਾਮਿਨ ਬੀ 12 ਦਾ 1 ਟੈਸਟ
- IRON PROFILE ਆਇਰਨ ਦੇ 5 ਟੈਸਟ
- HBA1C ਸ਼ੂਗਰ ਦਾ 3 ਮਹੀਨੇ ਦਾ ਟੈਸਟ

ਹੈਲਥ ਪੈਕਜ 68 ਟੈਸਟ
₹1000/-

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