Accuprobe Diagnostics
Accuracy Matters...

LAB REPORT

Customer Care Number
9599593622
9599593625

Barcode No	**87130424**	Lab No	12052508210205
Patient Name	**Baby.GAURISHA SHARMA**	Reg Date	21/Aug/2025 12:47PM
Age/Sex	03 YRS/Female	Sample Coll. Date	21/Aug/2025 11:54 AM
Refered By	DR. ANIL KUMAR	Sample Rec.Date	21/Aug/2025 01:43 PM
Client Code/Name	AP091915 Belwal Diagnostic Centre		
Ref. Lab/Hosp		Report Date	21/Aug/2025 03:32PM
Panel Address	F-127, Opp. Ram Ram Mandir, West Vinod Nagar, Delhi Delhi		

HAEMATOLOGY

Test Name With Methodology	Result	Unit	Biological Ref.Interval
ABO Group & RH Type (Blood Group)			
Blood Group Forward grouping performed	O		
Rh Factor Forward grouping performed	Positive		

Dr Anupama Jha *(DCP)*
(Consultant Pathologist)

Dr. Prashant Goyal *(DCP)*
(Director & Chief Pathologist)
Reg. No. DMC-53016

Accuprobe Healthcare & Diagnostics Pvt. Ltd.
Corporate Office & Reference Lab:
B-14/7, Jhilmil Industrial Area, Delhi-110095
E: info@accuprobe.in | W: www.accuprobe.in
Customer Care Number : 9599593622, 9599593625

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Patient Name	**Baby.GAURISHA SHARMA**	Reg Date	21/Aug/2025 12:47PM
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Refered By	DR. ANIL KUMAR	Sample Rec.Date	21/Aug/2025 01:43 PM
Client Code/Name	AP091915 Belwal Diagnostic Centre		
Ref. Lab/Hosp		Report Date	21/Aug/2025 05:03PM
Panel Address	F-127, Opp. Ram Ram Mandir, West Vinod Nagar, Delhi Delhi		

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Complete Blood Count (CBC)+ESR			
Haemoglobin Whole Blood EDTA, Cyanide free	11.6	gm/dl	11.0-14.0
TLC (Total Leucocyte Count) /(WBC) Whole Blood EDTA, Flow Cytometry	8.59	th/cumm	5.0-15.0
DIFFERENTIAL LEUCOCYTE COUNT			
Polymorphs Whole Blood EDTA Flowcytometry	**60**	%	32-54
Lymphocytes Flowcytometry	34.4	%	27-57
Eosinophils Flowcytometry	0.1	%	0-3
Monocytes Whole Blood EDTA Flowcytometry	**5.5**	%	0-5
Basophils Whole Blood EDTA Flowcytometry	0	%	0-1
Absolute Neutrophil Count Whole Blood EDTA, Flowcytometry	5,154	/cumm	2000-7000
Absolute Lymphocyte Count. Whole Blood EDTA, Flowcytometry	2,955	/µL	1000.0 - 3000.0
Absolute Eosinophil Count Whole Blood EDTA, Flowcytometry	**9**	/cumm	20-500
Absolute Monocyte Count Whole Blood EDTA, Flowcytometry	472	/cumm	20-1000
RBC Whole Blood EDTA, Impedance	4.39	millions/cmm	4.0-5.2
HCT Whole Blood EDTA, Calculated	36.3	%	34-40
MCV Whole Blood EDTA, Calculated	82.69	fl	75-87
MCH Whole Blood EDTA, Calculated	26.42	pg	24-30
MCHC Whole Blood EDTA, Calculated	31.96	g/dl	31-37
Platelet Count Whole Blood EDTA, Impedance	306	thou/µL	200-490
MPV Calculated	8.8	fl	7.4-10.4
RDW- CV CALCULATED	**14.8**	%	11.6-14.0

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Whole Blood EDTA, Flowcytometry RDW- SD CALCULATED	44.5	fl	35-56
Whole Blood EDTA, Flowcytometry PCT Whole Blood EDTA, Flow Cytometry	0.27	%	0.10-0.28
PDW CALCULATED	15.1	fl	9.0-17.0
Whole Blood EDTA, Calculated Mentzer Index Calculated	18.84	Ratio	
RDWI	278.77		
Green and King	87.24		
Neutrophil - Lymphocyte Ratio (NLR) Calculated	1.74	Ratio	
Lymphocyte - Monocyte Ratio (LMR) Calculated	6.25	Ratio	
Platelet - Lymphocyte Ratio (PLR) Calculated	103.55	Ratio	
ESR [Westergren] Modified Westergren	**22**	mm/ 1 hr	0 -20

Kindly correlate clinically. Advise for recheck from fresh sample in case, it is not correlation clinically, to rule out any pre-analytical error.

Referrance range according to Practical Haematology, Dacie & Lewis, 12th edition, 2012.

Peripheral Blood Smear (PBS OR PBF)

PERIPHERAL SMEAR

RBC SERIES: RBCs are predominantly Normocytic Normochromic cells. No nRBC seen.

WBC SERIES: WBC series show no abnormality in morphology and count.

PLATELETS : Platelets count is adequate on smear.

PARASITE : No Haemoparasite seen**.**

IMPRESSION : Normocytic Normochromic Blood picture.

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MC-2097

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Refered By	DR. ANIL KUMAR	Sample Rec.Date	21/Aug/2025 01:43 PM
Client Code/Name	AP091915 Belwal Diagnostic Centre		
Ref. Lab/Hosp		Report Date	21/Aug/2025 03:55PM
Panel Address	F-127, Opp. Ram Ram Mandir, West Vinod Nagar, Delhi Delhi		

Test Name With Methodology	Result	Unit	Biological Ref.Interval
SEROLOGY			
Typhi Dot (Salmonella Typhi) (IgG, IgM (Rapid)			
Salmonella Typhi Dot - IgM Serum, Rapid immuno chromatography.	Detected		Not Detected
Salmonella Typhi Dot - IgG Serum, Rapid immuno chromatography.	Not Detected		Not Detected

Comments:

Typhidot is done on a dot ELISA kit that detects IgM and IgG antibodies against the outer membrane protein (OMP) of the Salmonella typhi. The Typhidot test is expected to become positive within 2–3 days of infection. The test is based on the presence of specific IgM and IgG antibodies. IgM shows recent infection whereas IgG signifies remote infection. Typhidot was 67% sensitive and 54% specific, with 85% positive and 81% NPVs.

Dr Vikas S. *(MBBS, MD, DNB Micro)*
(Consultant Microbiologist)

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Client Code/Name	AP091915 Belwal Diagnostic Centre		
Ref. Lab/Hosp		Report Date	21/Aug/2025 04:51PM
Panel Address	F-127, Opp. Ram Ram Mandir, West Vinod Nagar, Delhi Delhi		

Test Name With Methodology	Result	Unit	Biological Ref.Interval

.IMMUNO BIOCHEMISTRY-1

Vitamin D (25 Hydroxyvitamin D)

Vitamin D, 25 Hydroxy Serum, Electro Chemi Luminescent Immuno Assay	**9.59**	ng/mL	Deficiency: <20.0 Insufficient: 21-29 Sufficient: 30-100

Comments:

This test is used to determine the levels of Total 25-hydroxy-vitamin D and is used to determine if bone weakness, bone malformation, or abnormal metabolism of calcium is occurring as a result of a deficiency or excess of vitamin D. Since vitamin D is a fat-soluble vitamin and is absorbed from the intestine like a fat, vitamin D is also s used to monitor individuals with diseases that interfere with fat absorption, such as cystic fibrosis and Crohn's disease, and in patients who have had gastric bypass surgery and may not be able to absorb enough Vitamin D. Vitamin D is also used to determine effectiveness of treatment when vitamin D, calcium, phosphorus, and/or magnesium supplementation is prescribed. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, inadequate intake; malabsorption eg, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. In contrast to the high prevalence of 25-OH-VitD deficiency, hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

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Terms & Conditions

- The reported results are for the information of the referring doctor and should be correlated to clinical diagnosis.
- In case of insufficient quantity or poor quality of specimen test will not be performed. In such cases it is expected that fresh specimen is sent for reporting of the same parameter.
- There may be circumstances beyond our control that can delay results, e.g., invalid assay run.
- The results of a laboratory test are dependent on the quality of the sample as well as the assay procedure.
- The report is to be interpreted and used by medical personnel only.
- This reports is not intended for medico-legal purpose.
- Assays are performed in accordance with standard procedures. Results may vary from time to time and from lab to lab for the same parameter for the same patient. The reported results are dependent on individual assay method or equipments used and quality of specimen(s) received. Investigations have their limitations and isolated laboratory investigations may not confirm the final diagnosis of disease. They only assist in arriving at diagnosis in conjunction with clinical presentation and other related investigations.
- For the test performed on specimens received or collected from different locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request form and such verification has been carried out at the point of generation of the said specimen by the sender.
- Accuprobe will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring Laboratory.
- If any dispute arising in future party can file the suit in the court of law with the jurisdiction within Delhi jurisdiction only.

---------- End of Report ----------

For us, CARE means making high quality diagnostics affordable for you

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