



Name : Mr. RAVINDERPAL SINGH Collected : 24/10/2019 2:35:00PM

Lab No. : 275020882 Age: 29 Years Gender: Male Received : 24/10/2019 2:39:22PM Reported : 24/10/2019 5:06:13PM

A/c Status : P Ref By : Dr. HARPAL SINGH Report Status : Final

g/dL %	13.00 - 17.00
	13.00 - 17.00
	13.00 - 17.00
%	
	40.00 - 50.00
mill/mm3	4.50 - 5.50
fL	80.00 - 100.00
pg	27.00 - 32.00
g/dL	32.00 - 35.00
%	11.50 - 14.50
thou/mm3	4.00 - 10.00
%	40.00 - 80.00
%	20.00 - 40.00
%	2.00 - 10.00
%	1.00 - 6.00
%	<2.00
thou/mm3	2.00 - 7.00
thou/mm3	1.00 - 3.00
thou/mm3	0.20 - 1.00
thou/mm3	0.02 - 0.50
thou/mm3	0.01 - 0.10
_	% % % thou/mm3 thou/mm3 thou/mm3

^{*} Not in NABL scope



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Test Name	Results	Units	Bio. Ref. Interval
Mean Platelet Volume (MPV) *	10.20	fL	6.50 - 12.00
ESR	103	mm/hr	0 - 15

Note

- 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

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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total	0.63	ng/mL	0.70 - 2.04
T4, Total	11.46	ug/dL	5.74 - 13.03
TSH	2.11	uIU/mL	0.34 - 5.60

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. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- · Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- · Thyroid dysfunction in infancy and early childhood







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Test Name Results Units Bio. Ref. Interval

Male

<5.00 37.70 **C-REACTIVE PROTEIN; CRP, SERUM** mg/L

(Immunoturbidimetry)

Comments

Lab No.

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.

Dr Daaman Sharma MD. Microbiology

Daama

Consultant Microbiologist Dr Lal PathLabs Ltd

Dr Ruchi Gupta MD, Pathology Consultant Pathologist Dr Lal PathLabs Ltd

Ruchi Gupta

Age: 29 Years

Dr Tejinder pal kaur MD. Pathology Chief of Laboratory Dr Lal PathLabs Ltd

-----End of report ----

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 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.

