


Laboratory Investigation Report

Patient Name	: B/O Priyanka Kaushal Jaiswal	Centre	: 896 - Motherland Hospital
Age/Gender	: 0 Y 0 M 3 D /M	OP/IP No	: IP/21-22-1515/2ND F
Max ID/Mobile	: ML01331065/	Collection Date/Time	: 04/Aug/2021 04:14PM
Lab ID	: 0584082100172	Receiving Date	: 04/Aug/2021
Ref Doctor	: Dr.Mukesh Kumar	Reporting Date	: 10/Aug/2021

Clinical Biochemistry Special

Test Name	Result	Unit	Bio Ref Interval
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Newborn Screen, 7 test (CH, CAH, G6PD, CF, PKU, GLA & BIO)*, Special Card

Fluoro Immunoassay

TSH, Neonatal	6.4	mIU/L	< 10.0
17-OHP, Neonatal	22.6	ng/mL	< 60.6
G6PD	9.90	U/g Hb	> 2.0
IRT, Neonatal	13.70	ng/mL	< 70.0
Phenylalanine, Neonatal	48.7	μmol/L	< 120
Galactose, Neonatal	10.9	mg/dL	< 20.0
Biotinidase, Neonatal	146.4	Units	> 59.0

Ref Range Interpretation:

New Born Screening is aimed at early identification of conditions or diseases for which timely intervention can result in elimination or reduction of morbidity, mortality or disabilities

Phenylalanine (PHE) is increased in Phenylketonuria (PKU), Hyperphenylalaninemia, immature liver of prematurity and in genetic liver diseases including tyrosinemia. Failure to have adequate intake of protein prior to the test can cause false negative result. A definite clinical diagnosis should not be based on result of any single test. Recommended Plasma Phenylalanine by Ion Exchange or LC-MS/MS method for confirmation

Galactose (GAL) is increased with the deficiency of any one of three erythrocyte enzymes: Galactose - 1 - P - Uridyl transferase (Classic Galactosemia), Galactokinase, or UDP Galactose - 4 - Epimerase. Failure to have breast milk can cause false negative results. Results must be clinically correlated. Recommended Galactose - 1 - Phosphatase Uridyl Transferase activity, UDP Galactose - 4 - Epimerase and Galactokinase in RBC for confirmation

Biotinidase (BIO) The test is used to diagnose Biotinidase deficiency disorder which can cause Alopecia, Periorifacial Skin Rash, Conjunctivitis, Developmental Delay and Hypotonia. Recommended Urine Biotin & 3 - Hydroxy Iso valeric Acid by GC-MS method

17 - Hydroxyprogesterone (17 - OHP) is increased in Congenital Adrenal Hyperplasia (CAH), suspected cases of Adrenogenital Virilism. The 17 - OHP Values can vary with age, weight or with maturity status. Positive results are to be confirmed by Serum 17 - OH Progesterone.

Immunoreactive Trypsinogen (IRT) is increased in neonates with Cystic Fibrosis (CF). Values decrease with disease progression. Diagnosis of CF is to be confirmed by Repeat test 1 to 3 weeks later or Cystic Fibrosis Mutation Detection genetic test.

Thyroid Stimulating Hormone (TSH) is useful for detection of Congenital Hypothyroidism (CH). Serum TSH and Free T4 is recommended for confirmation

Glucose - 6 - Phosphate Dehydrogenase (G - 6 - PD) deficiency in blood can cause hemolytic anemia and neonatal jaundice. Hemolytic anemia can also be caused after ingestion of drugs like antimalarial in G6PD deficiency. Recommended Whole Blood G - 6 PD Test or G6PD Gene Mutation Detection for confirmation



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SIN No:b2b978206, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :896 - Motherland Hospital, Motherland hospital Sec-119, 9015112729

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Motherland Hospital: Plot No. NH-01, Sector-119, Noida, Uttar Pradesh-201305,
Phone: +91-9953 777 444, +91-120-415 4949 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.


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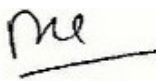
Test Name	Result	Unit	Bio Ref Interval
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Kindly correlate with clinical findings

*** End Of Report ***



Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology



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