

Patient Name : Mrs.BARKHA RANDER
 Age/Gender : 27 Y 7 M 27 D/F
 UHID/MR No : RMAR.0000117000
 Visit ID : RMAROPV741457
 Ref Doctor : Dr.Dr GARIMA JAIN

Collected : 06/Sep/2025 06:49AM
 Received : 06/Sep/2025 09:49AM
 Reported : 06/Sep/2025 09:59AM
 Status : Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.2	g/dL	12-15	Spectrophotometer
PCV	29.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,580	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	0.6	%	1-6	Electrical Impedance
MONOCYTES	2.7	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
CORRECTED TLC	7,580	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4820.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2448.34	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	45.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	204.66	Cells/cu.mm	200-1000	Calculated
BASOPHILS	60.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.97		0.78- 3.53	Calculated
PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
MPV	8.6	fL	8.1-13.9	Calculated

Page 1 of 5



Dr.Nisha
 M.B.B.S,MD(Pathology)
 Consultant Pathologist

SIN No:BED250079545

Patient Name VES : Mrs.BARKHA RANDER
 Age/Gender : 27 Y 7 M 27 D/F
 UHID/MR No : RMAR.0000117000
 Visit ID : RMAROPV741457
 Ref Doctor : Dr.Dr GARIMA JAIN

Collected 06/Sep/2025 09:00AM
 Received 06/Sep/2025 10:47AM
 Reported 06/Sep/2025 11:09AM
 Status Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70 - 100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL

	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE - (1HR) , SODIUM FLUORIDE PLASMA (1HR)	159	mg/dL	70-180	GOD - POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE - (2 HR) , SODIUM FLUORIDE PLASMA (2 HR)	145	mg/dl	70 - 140	GOD - POD

Comment:

- Biological reference Ranges are incorporated as per ADA guidelines 2023.

Page 2 of 5

Dr.Nisha
 M.B.B.S,MD(Pathology)
 Consultant Pathologist

SIN No:PT0023677



Name : Mrs.BARKHA RANDER
 Age/Gender : 27 Y 7 M 27 D/F
 UHID/MR No : RMAR.0000117000
 Visit ID : RMAROPV741457
 Ref Doctor : Dr.Dr GARIMA JAIN

Collected : 06/Sep/2025 06:49AM
 Received : 06/Sep/2025 10:47AM
 Reported : 06/Sep/2025 11:08AM
 Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
TSH (Ultrasensitive/4thGen) , SERUM	3.680	μIU/mL	0.270-4.20	ECLIA

Comment:

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies.

It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Reported
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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D), SERUM	8.27	ng/mL	30-100	ECLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Page 4 of 5



Dr.Nisha
 M.B.B.S,MD(Pathology)
 Consultant Pathologist

SIN No:SPL25034893

PATIENT INFO:
 Age/Gender : Mrs.BARKHA RANDER
 UHID/MR No : 27 Y 7 M 27 D/F
 Visit ID : RMAR.0000117000
 Ref Doctor : RMAROPV741457
 Dr.Dr GARIMA JAIN

Collected : 06/Sep/2025 06:49AM
 Received : 06/Sep/2025 10:47AM
 Reported : 06/Sep/2025 11:08AM
 Status : Final Report

Test Name
VITAMIN B12 , SERUM

DEPARTMENT OF IMMUNOLOGY

Result	Unit	Bio. Ref. Interval	Method
79.42	pg/mL	197-771	ECLIA

Comment:

Population based data reflecting exact scenario of vitamin B12 levels in Indian population is still evolving, however, different studies reporting a deficiency in adults, pregnant women and children ranging from 16% to 77% with average of about 47%. This high incidence is attributed to vegetarian food habits of large majority of Indian population.

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. B12 levels in the range of 150 to 190 pg/ml may not be associated with any clinical manifestations, while B12 levels below 100 pg/ml are often associated with clinical symptoms. However, for an individual based on other co-morbid conditions or other nutritional deficiency (especially folate) the manifestations can vary accordingly. If clinical symptoms suggest deficiency, measurement of active vitamin B12, MMA and homocysteine should be considered as further workup.

*** End Of Report ***

Page 5 of 5

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL25034893



Patient Name : Mrs.BARKHA RANDER
 Age/Gender : 27 Y 7 M 27 D/F
 UHID/MR No : RMAR.0000117000
 Visit ID : RMAROPV741457
 Ref Doctor : Dr.Dr GARIMA JAIN

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Reported
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06/Sep/2025 06:49AM
 06/Sep/2025 10:47AM
 06/Sep/2025 11:08AM
 Final Report

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever
2. This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature.
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6. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen
7. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
8. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies
9. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
10. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only

Dr.Nisha
 M.B.B.S,MD(Pathology)
 Consultant Pathologist

SIN No:SPL25034893





Bill Of Supply

Name : Mrs. Barkha Rander
Age/Gender : 27 Y F
Contact No : +917002557203
Address : aecs layout

Name	: Mrs. Barkha Rander
Age/Gender	: 27 Y F
Contact No	: +917002557203
Address	: aecs layout
UHID	: RMAR.0000117000
Bill No	: RMAR-OCS-739450
Bill/Reg Date	: 01.09.2025 11:52
Referred by	: Dr. GARIMA JAIN,
Center	: Cradle Marathahalli
Emp No/Auth Code	:
GGST	
CGST	
SGST/UTGST	
SGST/UTGST	

Authorized Signature : (L N Shwetha)

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+91-124-4550000

GSTIN: 29ADCN1803G1ZP
Address: Opus 143, 1st Cross, 5th Block,
Bengaluru - 560001, Karnataka

Patient Name & Patient Id: Mrs Barkha Rander, PAT13746
Age/Gender: 27y, Female

Date & Time: 01/09/2025 12:18

Diagnosis:

1. PRIMI A + EDD 20/12/25

Obstetric History :

Examination											
Date	Pal-lor	Oedema	Height	Weight	BMI	BP	Fundus	Presenta-tion	Liquor	FHR	
01 Sep 2025	No	No	-	70.5 kg	-	100/60 mmHg	24 weeks	EB	Normal	144 BPM	
Notes : REVIEW WITH SCAN											

Advices:

1. CONTINUE ALL MEDICATIONS

Lab Investigation:

NAME	NOTE
USG OBS	GROWTH SCAN <i>28/9 - 1000g 37/10</i>

6/9/25 D₃ + B₁₂ +.

7. NEUROBION FORTE
100 mg
4 Month

→ ULTRA D₃ 2000 IU
1-0.4 Month

→ inj NEUROBION FORTE 1amp 4m
(alternate day) 5days.

Address: Apollo Cradle & Children's Hospital, 101/209 & 210, ITPL Main Road, Kundalahalli, Brookfield, Bangalore - 560 037 T: +91 80 4944 4111

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Bill Of Supply

Name : Mrs. Barkha Rander
Age/Gender : 27 Y F
Contact No : +917002557203
Address : acs layout
UHID : RMAR.0000117000

Department

Description Of Service SAC/HSN
Code

Dr. GARIMA JAIN. 999312

Qty 1
Rate 1,000.00
Gross Value 1,000.00
Discount 0.00
CGST Rate 0.00
CGST Amt 0.00

SGST/UTGST Rate 0.00
SGST/UTGST Amt 0.00
Net Value 1,000.00

Payments

Receipt No

Mode

Amount

Settlement
28-07-2025

RMARCA579620

Debit Card

1,000.00

Received with thanks: One Thousand Rupees only

Authorized Signature :(L N Shwetha)

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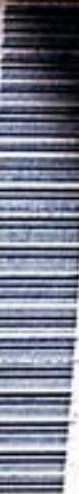
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GSTIN: 29AADCN1803G1ZP
Address: Opus 143, 1st Cross, 5th Block,
Koramangala, Bengaluru, Karnataka



Bill Of Supply

Name : Mrs. Barkha Rander
 Age/Gender : 27 Y F
 Contact No : +917002557203
 Address : aecs layout
 UHID : RMAR.0000117000

Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST Rate	SGST Amt	UTGST Rate	UTGST Amt	Net Value
1. Service	IM INJECTION	999312	1	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Payments	Receipt No		Mode		Amount								
Settlement	RMARRCA579626		Debit Card		60.00								
Received with thanks: Sixty Rupees only													

Bill Amount:
60.00

Total Discount:
0.00

Patient Payment:
60.00

Patient Due:
0.00

Authorized Signature : (L N Shwetha)

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GSTIN: 29AADCN1803G1ZP
Address: Opus 143, 1st Cross, 5th Block,
Koramangala, Bengaluru Karnataka

Name : 00000000000000000000000000000000

Age/Gender : Mrs. Barkha Rander
Contact No : 27 Y F

Address : +917002557203
UHID : aeccs layout

Department : RMAR.0000117000

Bill Of Supply

Bill No	RMAR-OCS-729916
Bill/Reg Date	28.07.2025 18:49
Referred by Center	Dr. GARIMA JAIN

SAC/HSN	Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
ULTRA SOUND TIFFA	999316	1	4,000.00	4,000.00	0.00	0.00	0.00	0.00	0.00	4,000.00

Receipt No	Mode	Amount
RMARRCA579618	Debit Card	4,000.00

28-07-2025	Bill Amount:	4,000.00
	Total Discount:	0.00
	Patient Payment:	4,000.00
	Patient Due:	0.00

Received with thanks: Four Thousand Rupees only

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Hyderabad - 500 016, Telangana

GSTIN: 29AADCN1803G1ZP

Address: Opus 143, 1st Cross, 5th Block,
Koramangala, Bengaluru, Karnataka

Patient Name & Patient Id: Mrs Barkha Rander , PAT13746
 Age/Gender: 27y, Female

Date & Time: 28/07/2025 19:01

Diagnosis:

1. PRIMI A + EDD 20/12/25

Obstetric History :

Examination										
Date	Pal-lor	Oedema	Height	Weight	BMI	BP	Fundus	Presentation	Liquor	FHR
28 Jul 2025	No	No	-	68.4 kg	-	100/60 mmHg	20 weeks	EB	Normal	150 BPM
Notes : ANOMALY SCAN NORMAL										

Advices:

1. CONTINUE ALL MEDICATIONS

Lab Investigation:

NAME	NOTE
Complete Blood Count (CBC) Test	-
Glucose Tolerance Test (GTT 3)	-
Vitamin B12 Test	-
Vitamin D Test	-
TSH	-

luy 7-d laup 4m end done.



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98803 04613

DR. GARIMA JAIN
MBBS, DNB, CIMP, CGC, CCCGDM
SENIOR CONSULTANT
KMC NO: 72133

Barkha 27. 25/4/25.

→ UPT+ne

BHCG 113 on 13/4/25 Afne

Menseslo regular LMP: 11/3/25

Clo spotting x 1 day.

ML: -2 years

→ 18r PP

PSMN .NS, NS.

Fd: - DM⁺ / H7N⁺ / NS / NS.

→ T. MCBM 69 0-1-0.

→ T. Dydrohope 10mg
1-0-1 x to continue.

→ Rp- Scan x 10 days.

→ Restricted activities



Dr. Garima Jain
KMC NO: 72133

Children's
Hospital

16/05/25

Mrs Barkha Randa

H/o nausea \oplus

H/o reduced appetite \oplus

H/o weakness \oplus

$$PLT = 1.98 \text{ L/mm}^3$$

To do

Dengue Serology } day after
CBC, UFT } tomorrow

Adv

1) T. Amicee Sonng

1-0-0

2) T. Eflute 1-0-0

to
outline

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email : contactus@apollocradle.com website : www.apollocradle.com

Mrs. Barkha Bander

27y | F

25/04/25



D₃ if fever

1-5 ⇒ fever, body pain.

5-7 ⇒ albicide, Plt count.

Days ⇒ Plt count ↑

To do

~~Plt count~~ CBC, UTI on Day 5

Note [Plenty of
hydration]

1) T. Dih 65mg SOS
(upto 1-1-1-1)

2) T. Emerg MD 6mg (H2)
SOS

MARATHAHALLI

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Telangana. Ph: +91-40-4904 7777 | Fax: +91-40-4904 7744, Web: www.thecradle.in

Patient name	Mrs. BARKHA RANDER	Age/Sex	27 Years / Female
Patient ID	117000	Visit No	3
Referred by	Dr. GARIMA JAIN	Visit Date	28/07/2025
LMP Date	11/03/2025 LMP EDD: 16/12/2025 C-EDD: 17/12/2025		

OB - 2/3 Trimester Scan Report

Indication(s)

ROUTINE ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single live intrauterine gestation

Maternal

Cervix measured 3.60 cms in length.

OS is closed.

Right uterine PI : 1.14.

Left uterine PI : 0.74.

Mean PI : 0.94 (28%ile)

Fetus

Biometry (Hadlock)

BPD 44.6 mm 19W 3D			HC 166.1 mm 19W 2D			AC 144.3 mm 19W 5D			FL-Rt 32.8 mm 20W 2D			EFW BPD,HC,AC,FL 320 grams		
5%	50%	95%	5%	50%	95%	5%	50%	95%	5%	50%	95%	5%	50%	95%
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Humerus 31.1 mm

Foot Length : 32.2 mm

ODO : 20.2 mm

Survey

Presentation - variable

Placenta - POSTERIOR & 2.4cm AWAY FROM THE INTERNAL OS

Liquor - Adequate

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 138 bpm

Aneuploidy Markers

Nasal Bone : 6.3 mm - Seen

Nuchal Fold : 2 mm - Seen

MARATHAHALLI

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Patient name	Mrs. BARKHA RANDER	Age/Sex	27 Years Female
Patient ID	117000	Visit No	3
Referred by	Dr. GARIMA JAIN	Visit Date	28/07/2025
LMP Date	11/03/2025 LMP EDD: 16/12/2025 C-EDD: 17/12/2025		

Fetal doppler

Middle Cerebral Artery PSV : 22 PI : 2.15

Umbilical Artery PI : 1.25

MCA PSV MOM : 0.87

Cerebroplacental ratio : 1.72

Umbilical artery, fetal MCA and uterine artery doppler study is within normal limits.

Impression

Single live intrauterine gestation corresponding to a gestational age of 19 Weeks 5 Days
Gestational age assigned as per biometry (BPD,HC,AC,FL)

Menstrual age 19 Weeks 6 Days

EDD 17-12-2025

Placenta - POSTERIOR & 2.4cm AWAY FROM THE INTERNAL OS
Presentation - variable

Liquor - Adequate

Estimated fetal weight according to BPD,HC,AC,FL :- 320 +/- 32 gms.
- No gross fetal abnormalities detected.

All anomalies cannot be detected in USG due to certain technical limitation, obesity, due to certain fetal position, fetal movements or abnormal amount of amniotic fluid. Suggested detail cardiac scan at 22-24 weeks of gestation. This is not a medico legal document.

USG Scan being an investigation with technical limitation has to be correlated clinically

Ultrasound is not 100% specific modality and all anomalies cannot be ruled out by this scan. Visualisation of ear and digits is not a part of anomaly scan.

DISCLAIMER:

I DR. ROHIT VALLABHANENI declare that while conducting ultrasonography/image scanning on MRS.BARKHA RANDER, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. ROHIT VALLABHANENI
CONSULTANT RADIOLOGIST
KMC : 98261

MARATHAHALLI
101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037 T: +91 80 4944 4111

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CIN - U85100TG2009PTC099414

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Mrs. BARKHA RANDER

117000

Dr. GARIMA JAIN

Age/Sex

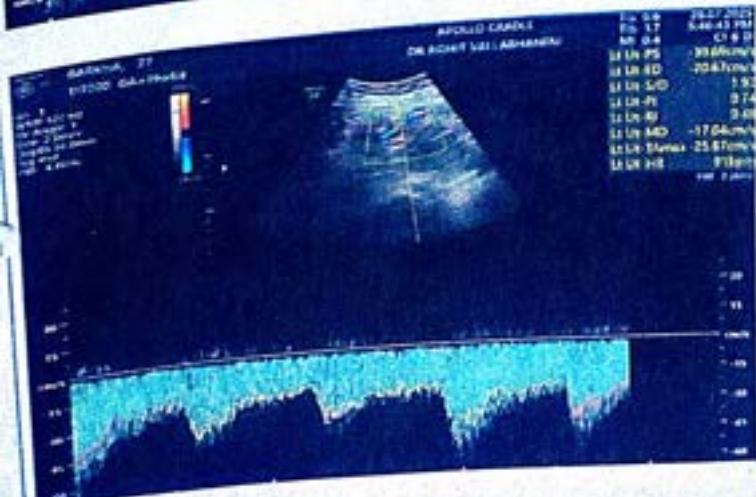
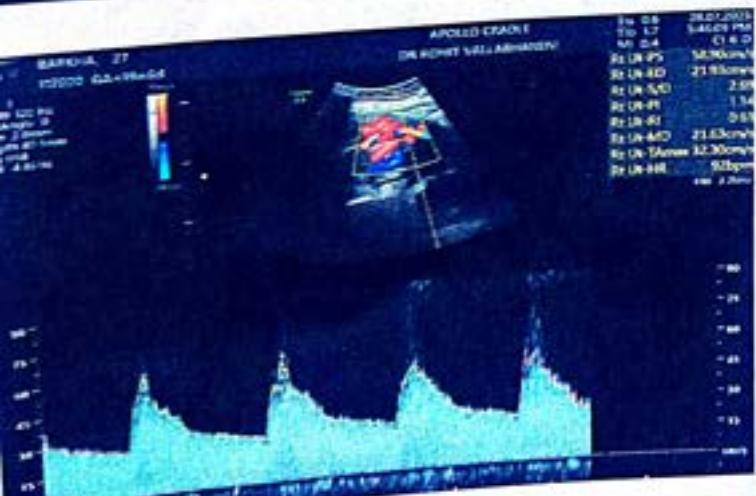
27 Years / Female

Visit No

3

Visit Date

28/07/2025

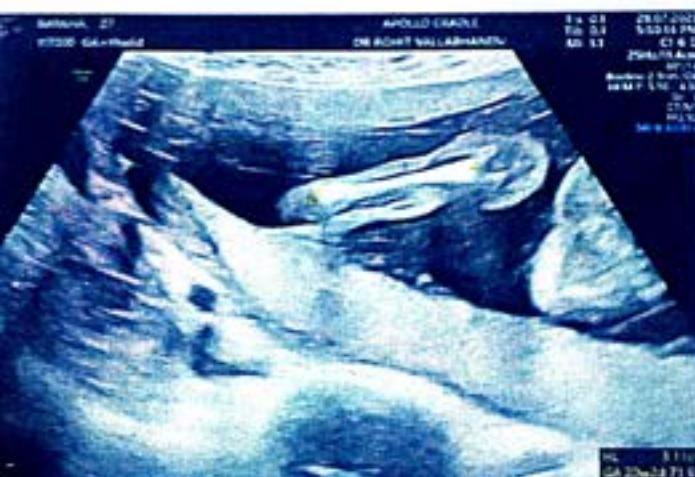
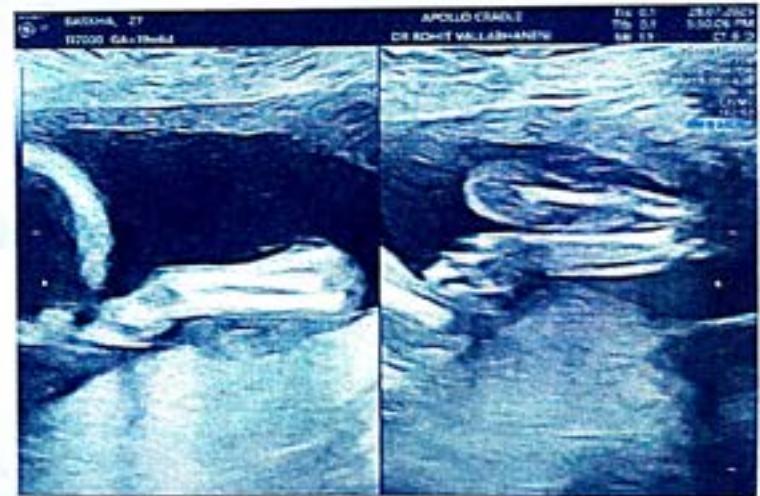
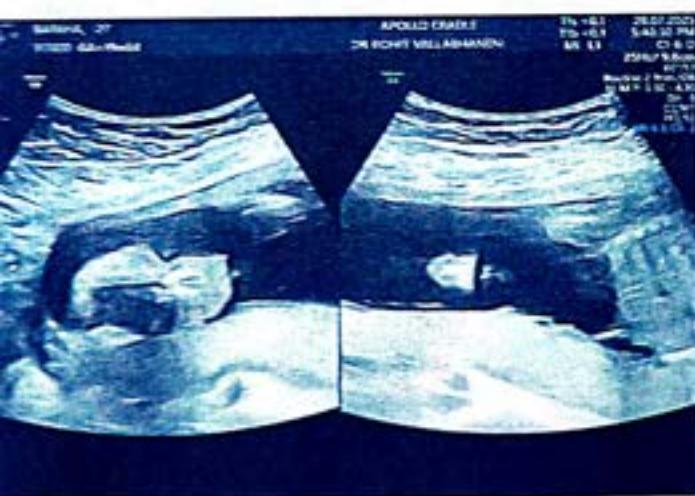


BARKHA RANDER

117000

by Dr. GARIMA JAIN

Age/Sex	27 Years / Female
Visit No	3
Visit Date	28/07/2025



Mrs. BARKHA RANDER

117000

Reviewed by Dr. GARIMA JAIN

Age/Sex

27 Years / Female

Visit No

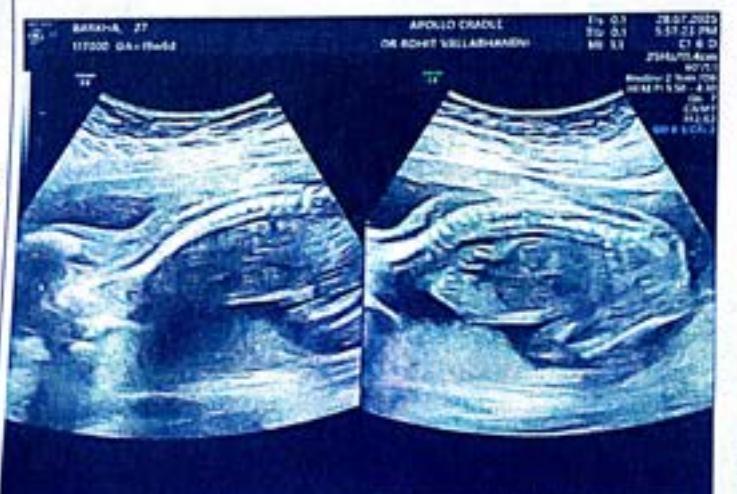
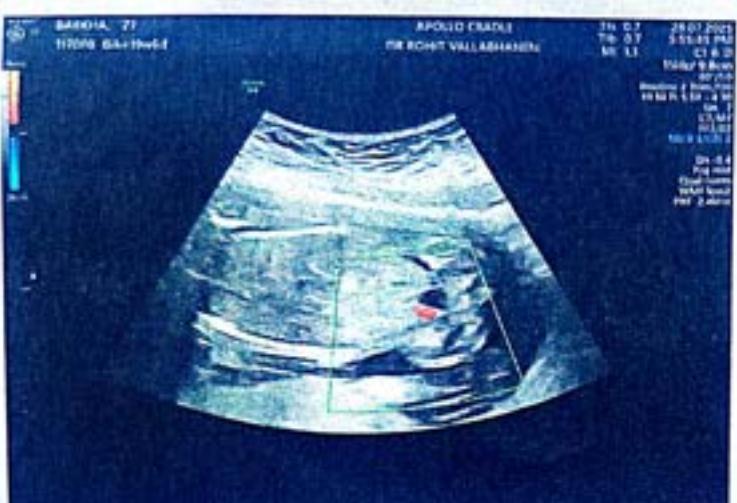
3

Visit Date

28/07/2025



Patient name	Mrs. BARKHA RANDER	Age/Sex	27 Years / Female
Patient ID	117000	Visit No	3
Referred by	Dr. GARIMA JAIN	Visit Date	28/07/2025



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