



Final Report

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|-----------------|-----------------------------|--------------------------|---------------------|
| Patient Name | MR. KIRAN BHAGWAN Taware | UHID | MGM240017131 |
| Age / Gender | 56 Yrs 3 Mth / MALE | Patient Case Type | IPD |
| Ref. Consultant | DR.PRASHANT ATHALE | Collection Date & Time | 07-11-2024 07:21 |
| Sample ID | MGM24166065 | Result Entry Date & Time | 07-11-2024 09:53 |
| Ward/Bed No | SURGICAL WARD UNIT / SW-518 | Reporting Date & Time | 07-11-2024 11:24:58 |
| IP No. | MGMIP2406720 | Receipt Number | MGMWPR240100296 |
| | | *MGM240017131* | |

SEROLOGY REPORT

| Test | Result | Unit | Biological Reference Interval |
|--------------------|--------|------|-------------------------------|
| Sample Type: Serum | | | |

CRP Quantitative. [Immunoturbidimetric]

CH 18.90

mg/dL

0-0.9

CRP Interpretation

- 1.CRP is one of the proteins commonly referred to as acute phase reactants. It is distinguished by its rapid response to trauma or infection.
- 2.The rise in CRP occurs much earlier (4-6 hours) than for other acute phase reactants which usually take more than 24 hours to produce a detectable signal in serum.
- 3.CRP levels return to normal quickly at the end of the acute episode. It rises in Inflammatory disorders, tissue injury, infections.
- 4.CRP is used for monitoring recovery from surgery. It is increased in Myocardial infarction, Transplantation, Inflammatory Bowel disease, Rheumatic disease, Infectious diseases.
- 5.CRP does not indicate the exact location or cause of inflammation.
- 6.CRP is not diagnostic of any condition but it can be used together with clinical findings and other tests as hs-CRP, ESR and platelet counts.

End of the Report

TECH. SHILPA POLIYATH

MICROBIOLOGY LAB INCHARGE
DR. SHALINI YADAV
M.D. (MICROBIOLOGY)



Sr.MICROBIOLOGIST
DR. SHALINI YADAV
M.D.(MICROBIOLOGY)