



A08 - DEVA PATH LABS

DEVKALI ROAD GULAB BARI AYODHYA

Ayodhya Office : Deva Path Labs, 8 Devkali Road, Near Gulab Bari, Ayodhya (Faizabad) Uttar Pradesh- 224 001

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Dev Path Labs

REPORT

Name	Mrs. MADHU SINGH	Collected	11/9/2021 2:59:00PM
Lab No.	310587498	Received	11/9/2021 3:19:20PM
A/c Status	P	Reported	14/9/2021 6:28:42PM
Ref By	Dr.SUMITA VERMA	Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
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BOH (BAD OBSTETRIC HISTORY) ADVANCED PANEL

TORCH PANEL EXTENDED, IgG & IgM, SERUM (CLIA, EIA)

Toxoplasma, IgG*	<3.00	IU/mL	<7.20
Toxoplasma, IgM*	<3.00	AU/mL	<10.00
Rubella, IgG*	46.00	IU/mL	<7.00
Rubella, IgM*	<10.0	AU/mL	<20.00
Cytomegalovirus, IgG*	48.30	U/mL	<12.00
Cytomegalovirus, IgM*	<5.00	U/mL	<18.00
Herpes simplex virus 1, IgG*	44.40	Index	<0.90
Herpes simplex virus 1, IgM*	0.50	Index	<0.80
Herpes simplex virus 2, IgG*	<0.500	Index	<0.90
Herpes simplex virus 2, IgM*	0.58	Index	<0.80

Interpretation

INFECTION	UNITS	NEGATIVE	EQUIVOCAL	POSITIVE
Toxoplasma IgG	IU/mL	<7.20	7.20-<8.80	≥8.80
Rubella IgG	IU/mL	<7.00	7.00-<10.00	≥10.00
CMV IgG	U/mL	<12.00	12.00-<14.00	≥14.00
HSV 1, IgG	Index	<0.90	>0.90-<1.10	≥1.10
HSV 2, IgG	Index	<0.90	0.90-<1.10	≥1.10
Toxoplasma IgM	AU/mL	<10.00	-	≥10.00
Rubella IgM	AU/mL	<20.00	20.00-<25.00	≥25.00

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A/c Status :	P	Gender:	Female
	Ref By : Dr.SUMITA VERMA	Report Status	Final

Test Name		Results	Units	Bio. Ref. Interval
CMV IgM	U/mL	<18.00	18.00-<22.00	≥22.00
HSV 1, IgM	Index	<0.80	0.80-1.20	>1.20
HSV 2, IgM	Index	<0.80	0.80-1.20	>1.20

TORCH Extended IgG

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
3. Equivocal results should be re-tested in 10-14 days.
4. Negative result indicates person has not been exposed to TORCH in the past. Pregnant females with negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.
5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present.

TORCH Extended IgM

1. This assay is used for quantitative detection of specific IgM antibodies to TORCH in serum samples.
2. Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and persistence of positive IgM (except Herpes Simplex virus) for upto 2 years is not uncommon.
3. An equivocal result requires repeat testing in 10-14 days.
4. Negative result indicates no serological evidence of infection with TORCH. False negative can be due to immunosuppression or due to low/undetectable level of IgM antibodies. A suspected diagnosis of acute TORCH infection should be confirmed by PCR analysis or repeat test after 10-14 days.
5. The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings.
6. The magnitude of the measured result is not indicative of the amount of antibody present.

REPORT

Name	Mrs. MADHU SINGH	Collected	11/9/2021 2:59:00PM
Lab No.	SH007088	Received	11/9/2021 3:19:20PM
Age:	28 Years	Gender:	Female
Ref By:	Dr. SUMITA VERMA	Reported	14/9/2021 6:28:42PM
A/c Status	P	Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
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Comments

Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes *Toxoplasma*, Rubella, Cytomegalovirus & Herpes Simplex virus, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity, but have serious fetal consequences. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection. Primary CMV infection may result in establishment of persistent or latent infection. In man the infection is usually asymptomatic. Infections can be acquired through direct contact with individuals shedding the virus. Once HSV infection occurs, it persists in a latent state in sensory ganglia from where it may re-emerge to cause periodic recurrence of infection induced by many stimuli, which may or may not result in clinical lesions. Demonstration of Toxoplasma IgG in the serum of person with eye lesion helps in diagnosing ocular toxoplasmosis while persistent or increasing IgG antibody levels in the infant compared with the mother and/or positive result of Toxoplasma specific IgM or IgA are diagnostic of Congenital toxoplasmosis. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of postnatal Rubella infection and to check response to Rubella vaccination. Single test results of CMV IgG are useful in screening organ transplant recipients and donors before transplantation and donors of blood products that are to be administered to premature infants and bone marrow transplant patients. Positive result of HSV (1/2) IgG indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection.

Interpretation

INFECTION	UNITS	NEGATIVE	EQUIVOCAL	POSITIVE
Toxoplasma IgG	EU/mL	<7.20	7.20-<8.80	≥8.80
Rubella IgG	EU/mL	<7.00	7.00-<10.00	≥10.00
CMV IgG	U/mL	<12.00	12.00-<14.00	≥14.00
HSV 1, IgG	Index	<0.90	>0.90-<1.10	≥1.10
HSV 2, IgG	Index	<0.90	0.90-<1.10	≥1.10
Toxoplasma IgM	EU/mL	<10.00	-	≥10.00
Rubella IgM	EU/mL	<20.00	20.00-<25.00	≥25.00
CMV IgM	U/mL	<18.00	18.00-<22.00	≥22.00
HSV 1, IgM	Index	<0.80	0.80-1.20	≥1.20

 REPORT

Name :	Mrs. MADHU SINGH	Collected :	11/9/2021 2:59:00PM
Lab No. :	310587498	Age:	29 Years
Gender:	Female	Received :	11/9/2021 3:19:20PM

A/c Status :	P	Ref By :	Dr.SUMITA VERMA	Report Status :	Final
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Test Name	Results	Units	Bio. Ref. Interval
HSV 2, IgM	Index <0.80	0.80-1.20	>1.20

TORCH Extended IgG

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
3. Equivocal results should be re-tested in 10-14 days.
4. Negative result indicates person has not been exposed to TORCH in the past. Pregnant females with negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.
5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present.

TORCH Extended IgM

1. This assay is used for quantitative detection of specific IgM antibodies to TORCH in serum samples.
2. Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and persistence of positive IgM (except Herpes Simplex virus) for upto 2 years is not uncommon.
3. An equivocal result requires repeat testing in 10-14 days.
4. Negative result indicates no serological evidence of infection with TORCH. False negative can be due to immunosuppression or due to low/undetectable level of IgM antibodies. A suspected diagnosis of acute TORCH infection should be confirmed by PCR analysis or repeat test after 10-14 days.
5. The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings.
6. The magnitude of the measured result is not indicative of the amount of antibody present.

Comments

REPORT

Name : Mrs. MADHU SINGH	Collected : 11/9/2021 2:59:00PM
Lab No. : 310587498	Received : 11/9/2021 3:19:20PM
Age: 29 Years	Reported : 14/9/2021 6:28:42PM
Gender: Female	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes <i>Toxoplasma</i> , <i>Rubella</i> , <i>Cytomegalovirus</i> & <i>Herpes Simplex virus</i> , are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity, but have serious fetal consequences. Reliable recognition of acute infection is highly important in pregnant women.			

IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection. Primary CMV infection may result in establishment of persistent or latent infection. In man the infection is usually asymptomatic. Infections can be acquired through direct contact with individuals shedding the virus. Once HSV infection occurs, it persists in a latent state in sensory ganglia from where it may re-emerge to cause periodic recurrence of infection induced by many stimuli, which may or may not result in clinical lesions. Demonstration of Toxoplasma IgG in the serum of person with eye lesion helps in diagnosing ocular toxoplasmosis while persistent or increasing IgG antibody levels in the infant compared with the mother and/or positive result of Toxoplasma specific IgM or IgA are diagnostic of Congenital toxoplasmosis. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of postnatal Rubella infection and to check response to Rubella vaccination. Single test results of CMV IgG are useful in screening organ transplant recipients and donors before transplantation and donors of blood products that are to be administered to premature infants and bone marrow transplant patients. Positive result of HSV (1/2) IgG indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection.

ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM*	26.44	Units	<20.00
(EIA)			

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA's have also been detected in patients with Autoimmune Hepatitis (80%), Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydralazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

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Report By : Dr.SUMITA VERMA

Report Status	Final
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Test Name	Results	Units	Bio. Ref. Interval
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CARDIOLIPIN ANTIBODY, IgA ,SERUM* (EIA)	6.44	APL	<12.00
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Interpretation

RESULT IN APL	REMARKS
<12	Negative
12-20	Equivocal
20-80	Low Positive
>80	High Positive

Comments

Anticardiolipin antibodies(ACA) belong to the group of Antiphospholipid antibodies which are positive in 30-40% cases of Systemic lupus erythematosus and also in patients with other Rheumatic diseases.

Presence of cardiolipin antibodies is considered to be of significant diagnostic relevance in cases of Venous/Arterial thrombosis, Thrombocytopenia, Livedo reticularis, Habitual abortions and Neurological manifestations. Elevated ACA levels are also seen in patients with Cardiovascular insufficiency and Myocardial infarction.

CARDIOLIPIN ANTIBODY, IgG, SERUM* (EIA)	8.78	GPL	<15.00
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Interpretation

RESULT IN GPL	REMARKS
<15	Negative
15-20	Equivocal
20-80	Low Positive
>80	High Positive

Comments

Anticardiolipin antibodies(ACA) belong to the group of Antiphospholipid antibodies which are positive in 30-40% cases of Systemic lupus erythematosus and also in patients with other Rheumatic diseases.

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Test Name

Presence of cardiolipin antibodies is considered to be of significant diagnostic relevance in cases of Venous/Arterial thrombosis, Thrombocytopenia, Livedo reticularis, Habitual abortions and Neurological manifestations. Elevated ACA levels are also seen in patients with Cardiovascular insufficiency and Myocardial infarction. Results must be correlated with the history and clinical findings of the patient.

CARDIOLIPIN ANTIBODY, IgM, SERUM* (EIA)	Results	Units	Bio. Ref. Interval
	22.19	MPL	<12.50

Interpretation

RESULT IN MPL	REMARKS
<12.50	Negative
12.50-20	Equivocal
20-80	Low Positive
>80	High Positive

Comments

Anticardiolipin antibodies (ACA) belong to the group of Antiphospholipid antibodies which are positive in 30-40% cases of Systemic lupus erythematosus and also in patients with other Rheumatic diseases. Presence of cardiolipin antibodies is considered to be of significant diagnostic relevance in cases of Venous/Arterial thrombosis, Thrombocytopenia, Livedo reticularis, Habitual abortions and Neurological manifestations. Elevated ACA levels are also seen in patients with Cardiovascular insufficiency and Myocardial infarction.

LUPUS ANTICOAGULANT BY DRVVT (Electromechanical Clot Detection)

SCREEN*

Patient Value*	42.80	sec	33.0 - 41.10
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Control Value*

37.10 sec

Screen Ratio*

1.15 <1.20

INTERPRETATION

No lupus like anticoagulant present

Note

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Test Name	Results	Units	Bio. Ref. Interval
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1. As per ISTH guidelines Lupus Anticoagulant detection must be done by using at least two clot based assays employing separate clotting principles like PTT-LA & dRVVT.
2. Results of this test should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.
3. A positive LA can be seen in otherwise normal individuals and in certain viral or other infections.
4. Once a patient has been tested positive for LA, it is imperative that testing be repeated on a second occasion > 12 weeks after the initial testing.
5. Anticoagulation therapy effects such as Warfarin (especially when the effect is supratherapeutic), excess Heparin, direct thrombin inhibitors (DTI) (eg, Dabigatran [Pradaxa]), Argatroban [Ancova], Bivalirudin [Angiomax]), direct factor Xa inhibitors (eg, Rivaroxaban [Xarelto], Apixaban [Eliquis], Edoxaban [Savaysa]) may result in a false-positive assay performance for LA. Clinical correlation and repeat testing after discontinuation (>1 week) of anticoagulation therapy is suggested...
6. Although the dilute Russell viper venom time (DRVVT) reagents contain a heparin inhibitor (Polybrene) that is sufficient for neutralization of heparin (up to 1-2 U/mL), the results may not necessarily represent what would occur if no heparin were present in the specimen. Therefore, DRVVT results from heparinized plasma should be interpreted with caution.
7. DRVVT assays, when performed in isolation, will not distinguish LA from heparin or inhibitors of factors V or VIII, which may cause false-positive results of LA testing.
8. Test conducted on Citrated plasma.

Comments

Lupus Anticoagulants are heterogenous IgG or IgM autoantibodies which interfere with phospholipid dependent in vitro coagulation tests, particularly activated partial thromboplastin time (APTT). These antibodies are associated with thrombosis (arterial & venous), recurrent abortions, neurological & neuropsychiatric disorders. Various methods for testing Lupus Anticoagulants include PTT-LA, activated kaolin clotting time and dilute Russells Viper Venom time. Out of these the DrVVT assay is the most robust & specific because DrVVT is not influenced by deficiencies of intrinsic pathway or antibodies to factors VIII, IX or XI.

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Test Name	Results	Units	Bio. Ref. Interval
PHOSPHOLIPID ANTIBODIES PANEL, IgG & IgM, SERUM (EIA)			
IgG*	1.67	GPL U/mL	<12.00
IgM*	1.73	MPL U/mL	<12.00

Interpretation

RESULT IN U/ml	REMARKS
< 12	Negative
12.00-18.00	Equivocal
>18.00	Positive

2006 International Consensus statement on Classification of definite APS

Clinical Criteria	Laboratory Criteria
Arterial/Venous thrombosis	Cardiolipin antibodies (aCL)
Fetal Loss	Beta 2 Glycoprotein 1 Antibodies
Premature birth	Lupus Anticoagulant (LA)

Note: APS is established if at least 1 Laboratory criteria and 1 Clinical criteria are met. The Laboratory criteria should be present on two or more occasions 12 weeks apart for diagnosing APS.

Comments

Phospholipid antibody is a quantitative assay to screen the presence of autoantibodies against cardiolipin, phosphatidyl serine, phosphatidyl inositol & phosphatidic acid in the diagnosis of an increased risk of thrombosis in patients with Systemic lupus erythematosus (20-35%) and other lupus like disorders.

This test is also used to diagnose Anti-phospholipid syndrome in patients with recent miscarriage (11-22% in all trimesters), Pulmonary hypertension, Non-vegetative endocarditis, Livedo reticularis, Stroke at young age and Deep vein thrombosis.

Interpretation

RESULT IN U/ml	REMARKS
< 12	Negative
12.00-18.00	Equivocal

Deva Path Labs

Ayodhya Office : Deva Path Labs, Quality Matters...

DEVKALI ROAD GULAB BARI AYODHYA

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Test Name	Results	Units	Bio. Ref. Interval
>18.00	Positive		

2006 International Consensus statement on Classification of definite APS

Clinical Criteria	Laboratory Criteria
Arterial/Venous thrombosis	Cardiolipin antibodies (aCL)
Fetal Loss	Beta 2 Glycoprotein 1 Antibodies
Premature birth	Lupus Anticoagulant (LA)

Note: APS is established if at least 1 Laboratory criteria and 1 Clinical criteria are met. The Laboratory criteria should be present on two or more occasions 12 weeks apart for diagnosing APS.

Comments

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Accuracy, Quality Matters...

DEVKALI ROAD GULAB BARI AYODHYA
Ayodhya

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A/c Status	P	Reported	14/9/2021 6:28:42PM

Age: 29 Years Gender: Female

Ref By : Dr.SUMITA VERMA

Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
ANTI THYROID PEROXIDASE ANTIBODY;(ANTI TPO), SERUM* (CLIA)	32.00	U/mL	<60.00

Note: Thyroid Peroxidase antibodies may be detected in individuals without clinically significant thyroid disease. They do not define the patient's thyroid functional status. Anti TPO is technically superior and a more specific method for measuring thyroid antibodies. It is especially useful in patients presenting with subclinical hypothyroidism where TSH is elevated but free T4 levels are normal.

Clinical Use

- Confirm presence of Autoimmune thyroid disease

Increased Levels

- Hashimoto thyroiditis
- Graves disease
- Postpartum thyroiditis
- Primary hypothyroidism due to Hashimoto thyroiditis

THYROID PROFILE, FREE, SERUM (CLIA)

T3, Free; FT3*	3.06	pg/mL	2.30 - 4.20
T4, Free; FT4*	1.17	ng/dL	0.89 - 1.76
TSH, Ultrasensitive*	0.370	μIU/mL	0.550 - 4.780

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. TSH Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Reference Ranges for pregnancy

PREGNANCY	REFERENCE RANGE for TSH in	REFERENCE	REFERENCE
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Accurate Diagnosis for better treatment and recovery

Deva Path Labs

A08 - DEVA PATH LABS Quality Matters...

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Ref By : Dr.SUMITA VERMA Report Status : Final

Test Name

	µIU/mL (As per American Thyroid Association)	Results	Units	Bio. Ref. Interval
1st Trimester	0.100 - 2.500	RANGE for FT3 in pg/mL	RANGE for FT4 in ng/dL	
2nd Trimester	0.200 - 3.000	2.11-3.83	0.70 - 2.00	
3rd Trimester	0.300 - 3.000	1.96-3.38	0.50 - 1.60	

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End of report

* Test conducted under NABL scope MC-2113,LPL-NATIONAL REFERENCE LAB at NEW DELHI