Max Lab, A Division of Max Healthcare Institute Ltd. Max Super Speciality Hospital, Saket (West Block)

1, Press Enclave Road, Saket, New Delhi - 110 017. Call 0120 4868 010 for any assistance.



Laboratory Investigation Report

Patient Name : Miss. Aishwarya Malik Centre : 924 - Primex Diagnostics Center

Age/Gender : 24 Y 0 M 0 D /F OP/IP No :/

UHID/Mobile : ML00533697/7210409040 Collection Date/Time : 18/Nov/2019 10:31AM

 Lab ID
 : 0653111900064
 Receiving Date
 : 18/Nov/2019

 Ref Doctor
 : SELF
 Reporting Date
 : 18/Nov/2019

Hematology Special							
Test Name	Result	Unit	Bio.Ref.Range				
PDF Attached							
Haemoglobin HPLC,EDTA							
Lab Number	8691/19						
Hb F	0.3	%	0.0-1.0				
P2	3.4						
P3	4.8	%	<6.0				
HbA0 (non-glycated)	87.0	%	80-90				
Hb A2	3.2	%	2.0-3.5				
RBC Indices							
Haemoglobin. Non- Haemoglobincyanide	12.5	gm/dl	12-15				
RBC Count. Electrical Impedance	4.41	10~12/L	4.5-5.5				
MCV. Electrical Impedance	81.7	fL	83-101				
MCH. Calculated	28.4	pg	27-32				
RDW. Calculated	14.4	%	11.5-14.5				

Interpretation (HPLC) Normal Study

Comment

(Syn: - High Performance Liquid Chromatography, Hb HPLC)

Hb HPLC is used for screening of Beta Thalassemia and detection of many other haemoglobin variants (Hemoglobin E, D Punjab, Sickle cell anaemia etc.) along with their concentration to establish zygosity.

Normal HbA2 values can be seen in Alpha Thalassemia trait, silent/ atypical Beta Thalassemia and Beta Thalassemia with iron deficiency.

A repeat Hb HPLC should be performed after replenishing iron stores in cases with microcytic hypochromic indices.

Advise: -

If there is absence of iron deficiency & persistence of microcytic hypochromic indices, then the possibility of Alpha Thalassemia trait or silent/ atypical Beta Thalassemia trait cannot be ruled out. Hb HPLC of parents and molecular sequencing of globin genes are recommended in these cases.



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Conditions of Reporting

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name or 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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Hematology Special

Test Name Result Unit Bio.Ref.Range

In individuals with beta thalassemia trait and carriers of haemoglobin variants –

1. Familial study is recommended.

2. In cases of young/ pregnant females - Hb HPLC testing of spouse is strongly recommended.

3. Genetic counselling

Kindly correlate with clinical findings

Dr. Poonam. S. Das, M.D.

Max Lab & Blood Bank Services

Senior Director -

*** End Of Report ***

Dr. Dilip Kumar, M.D.

HOD-Saket & Manager-Quality (Pan Max)

Dr. Nitin Dayal, M.D.

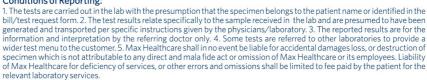
Senior Consultant & Chief - Haemato Pathology and Immuno Haematology













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Immunoassay

LH-Luteinizing Hormone, Serum

Date 18/Nov/2019 Unit Bio.Ref.Range

10:31AM

Luteinizing Hormone 2.76 mlU/mL

CLIA

Comment

LH(Male-Adult)	Reference Range		
	1.24-8.62		
LH (Female-Adult)			
Follicular	2.12-10.89		
Mid Cycle Peak	19.18-103.03		
Luteal Phase	1.2-12.86		
Post Menopausal (>50 Year)	10.87-58.64		

Interpretation

Increased in Primary gonadal dysfunction, polycystic ovarian syndrome (LH/FSH ratio is high in 60% cases), post-menopause, and pituitary adenoma. Decreased in pituitary or hypothalamic impairment, isolated gonadotropic deficiency associated with anosmia or hyposmia (Kallmann's syndrome), anorexia nervosa, isolated LH deficiency ("fertile eunuch"), sever stress, malnutrition, and sever illness.

Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

Prolactin, Serum

Date 18/Nov/2019 Unit Bio.Ref.Range

10:31AM

Prolactin 51.38 ng/mL

Comment

CLIA

Males: 2.64 - 13.13

Females : Premenopausal

(<50 years of 3.34 - 26.74

age):

Postmenopausal

(>50 years of 2.74 - 19.64

age):







MC-2714



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Immunoassay

Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pitutary disease (e.g. sarcoidosis, granulomatous diseases, crangiopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery Decreased in pituitary apoplexy (Sheehan's Syndrome)

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Poonam. S. Das, M.D.

Senior Director -

Max Lab & Blood Bank Services

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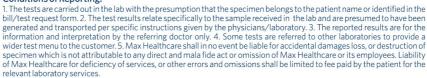














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Patient Data

Sample ID:

B2B145944

Patient ID: Name:

Physician:

Sex: DOB:

Comments:

Analysis Data

Analysis Performed: 18/11/2019 14:35:12

Injection Number: 6314
Run Number: 198
Rack ID: 0007

Tube Number: 5

Report Generated: 18/11/2019 14:56:27

Operator ID:

Peak Name	Calibrated Area %	Area %	Retention Time (min)	Peak Area
Unknown		0.1	1.00	1638
F	0.3		1.09	8353
Unknown		1.3	1.20	36574
P2		3.4	1.32	98159
P3		4.8	1.74	137149
Ao		87.0	2.37	2502575
A2	3.2		3.64	90428

Total Area: 2,874,876

F Concentration = 0.3 % A2 Concentration = 3.2 %

Analysis comments:

