PharmEasy Labs

Report for Shubham Tejani(21Y/M)

Tests asked Comprehensive Full Body Checkup With Vitamin D And B12 - New, Prot

Test date 26 Jun 2024 **Report status** Complete Report

6 STEP quality control to ensure 100% report accuracy

- Qualified and trained technicians
- Temperature-controlled containers to store samples
- Strict quality checks on samples before processing
- Regular monitoring of lab analyzers by experts
- Assured machine inspection on a daily basis
- Verified reports by qualified pathologists

25+ Years of Trust & Experience | **NABL Accredited Labs** | **100+ Crore Samples Processed**

PharmEasy Labs

Name	: SHUBHAM TEJANI(21Y/M)	**ADDRESS :**	
Ref. By	: SELF	B-13 ROOM NO 9 NEW SIDDHIVINAYAK CHS MG COMPLEX SEC-14 VASHI NAVI MUMBAI	

Report Availability Summary

☑ Full Report Available

Note : This is summary page. Please refer to the table below for the details

Test	Report Status
COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW	☑ Available
25-OH VITAMIN D (TOTAL)	☑ Available
ALANINE TRANSAMINASE (SGPT)	☑ Available
ALBUMIN - SERUM	☑ Available
ALKALINE PHOSPHATASE	☑ Available
ASPARTATE AMINOTRANSFERASE (SGOT)	☑ Available
BILIRUBIN - TOTAL	☑ Available
BILIRUBIN -DIRECT	☑ Available
COMPLETE URINE ANALYSIS	☑ Available
FASTING BLOOD SUGAR(GLUCOSE)	☑ Available
GAMMA GLUTAMYL TRANSFERASE (GGT)	☑ Available
HbA1c	☑ Available
HEMOGRAM - 6 PART (DIFF)	☑ Available
IRON	☑ Available
KIDPRO	☑ Available
LIPID PROFILE	☑ Available
PROTEIN - TOTAL	☑ Available
TOTAL IRON BINDING CAPACITY (TIBC)	☑ Available
TOTAL THYROXINE (T4)	☑ Available

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

PharmEasy Labs

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Ref. By	: SELF	B-13 ROOM NO 9 NEW SIDDHIVINAYAK CHS MG COMPLEX SEC-14 VASHI NAVI MUMBAI	

Report Availability Summary

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Note : This is summary page. Please refer to the table below for the details

Test	Report Status
TOTAL TRIIODOTHYRONINE (T3)	☑ Available
TSH - ULTRASENSITIVE	☑ Available
UNSAT.IRON-BINDING CAPACITY(UIBC)	☑ Available
VITAMIN B-12	☑ Available

Note : Underlined values are Critical Values, Clinician's attention required.

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NAME : SHUBHAM TEJANI(21Y/M)
REF. BY : SELF
TEST ASKED : COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW,PROTEIN

HOME COLLECTION :
B-13 ROOM NO 9 NEW SIDDHIVINAYAK CHS MG COMPLEX SEC-14 VASHI NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	4.5	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines
Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics
Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**82**	**mg/dL**

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 26 Jun 2024 09:54
Sample Received on (SRT) : 26 Jun 2024 11:28
Report Released on (RRT) : 26 Jun 2024 12:52
Sample Type : EDTA Whole Blood
Labcode : 2606071127/PE002
Barcode : CM579843

Dr Sachin Patil MD(Path)

Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NGSP accredited)

PharmEasy Labs
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Lab Address: D-37/1. TTC MIDC, Turbhe. Navi Mumbai, 400703
7022 000 900

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REF. BY : SELF
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HOME COLLECTION :
B-13 ROOM NO 9 NEW SIDDHIVINAYAK CHS MG COMPLEX SEC-14 VASHI NAVI MUMBAI

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	5.51	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	**Flow Cytometry**	**39.9**	**%**	**40-80**
LYMPHOCYTE	**Flow Cytometry**	**52.5**	**%**	**20-40**
MONOCYTES	**Flow Cytometry**	**1.8**	**%**	**2-10**
EOSINOPHILS	Flow Cytometry	5.1	%	1-6
BASOPHILS	Flow Cytometry	0.4	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	2.2	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.89	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**Calculated**	**0.1**	**X 10³ / µL**	**0.2 - 1.0**
BASOPHILS - ABSOLUTE COUNT	Calculated	0.02	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.28	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10³ / µL	0-0.3
TOTAL RBC	**HF & EI**	**5.66**	**X 10^6/µL**	**4.5-5.5**
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	16.3	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	47.2	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	83.4	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	28.8	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	34.5	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**37**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	12.2	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	**Calculated**	**8.1**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	Calculated	8.3	fL	6.5-12
PLATELET COUNT	HF & EI	319	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	**Calculated**	**12.4**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	Calculated	0.27	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

Please Correlate with clinical conditions.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

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Lab Address: D-37/1. TTC MIDC, Turbhe. Navi Mumbai, 400703
7022 000 900

PharmEasy Labs

NAME	: SHUBHAM TEJANI(21Y/M)	**HOME COLLECTION :**	
REF. BY	: SELF	B-13 ROOM NO 9 NEW SIDDHIVINAYAK CHS MG COMPLEX SEC-14 VASHI NAVI MUMBAI	
TEST ASKED	: COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW,PROTEIN		

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**101.09**	**mg/dL**

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT)	: 26 Jun 2024 09:54
Sample Received on (SRT)	: 26 Jun 2024 11:30
Report Released on (RRT)	: 26 Jun 2024 14:35
Sample Type	: FLUORIDE
Labcode	: 2606071305/PE002
Barcode	: CK513049

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**6.46**	**ng/mL**

Bio. Ref. Interval. :

Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 ng/ml || Toxicity : >100 ng/ml

Clinical Significance:
Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health.
Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome.
Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

VITAMIN B-12	**E.C.L.I.A**	**> 100**	**pg/mL**

Bio. Ref. Interval. :

Normal: 197-771 pg/ml

Clinical significance :
Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

Please correlate with clinical conditions.

Sample Collected on (SCT) : 26 Jun 2024 09:54
Sample Received on (SRT) : 26 Jun 2024 11:36
Report Released on (RRT) : 26 Jun 2024 17:58
Sample Type : SERUM
Labcode : 2606071893/PE002
Barcode : CF749448

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	159.7	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	355.9	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	44.87	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	196.2	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	144	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**32**	**mg/dL**	**40-60**
HDL / LDL RATIO	**CALCULATED**	**0.32**	**Ratio**	**> 0.40**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	98	mg/dL	< 100
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.75	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	88	mg/dL	< 150
LDL / HDL RATIO	CALCULATED	3.1	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	111.7	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	17.5	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
HD/LD - Derived from HDL and LDL values.
LDL - Direct Measure
TC/H - Derived from serum Cholesterol and Hdl values
TRI/H - Derived from TRIG and HDL Values
TRIG - Enzymatic, End Point
LDL/ - Derived from serum HDL and LDL Values
NHDL - Derived from serum Cholesterol and HDL values
VLDL - Derived from serum Triglyceride values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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HOME COLLECTION :
B-13 ROOM NO 9 NEW SIDDHIVINAYAK CHS MG COMPLEX SEC-14 VASHI NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	103.6	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	1.07	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.2	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.87	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.9	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	1.78	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	18.9	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	10.6	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.01	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.46	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.55	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.75	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
PROT - Biuret Method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	**CALCULATED**	**14.98**	**mg/dL**	**Adult : 17-43**
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**7**	**mg/dL**	**7.94 - 20.07**
UREA / SR.CREATININE RATIO	CALCULATED	20.52	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.73	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	9.59	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.2	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**7.7**	**mg/dL**	**4.2 - 7.3**

Please correlate with clinical conditions.

Method :

UREAC - Derived from BUN Value.
BUN - Kinetic UV Assay.
UR/CR - Derived from UREA and Sr.Creatinine values.
SCRE - Creatinine Enzymatic Method
B/CR - Derived from serum Bun and Creatinine values
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	106	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	10.4	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.92	µIU/mL	0.54-5.30

Comments : SUGGESTING THYRONORMALCY

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3 - Fully Automated Electrochemiluminescence Compititive Immunoassay
T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Disclaimer :

Results should always be interpreted using the reference range provided by the laboratory that performed the test.
Different laboratories do tests using different technologies, methods and using different reagents which may cause difference In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports.
To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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TEST ASKED	: COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW,PROTEIN		

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	133	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a “gold standard” measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT)	: 26 Jun 2024 09:54
Sample Received on (SRT)	: 26 Jun 2024 11:36
Report Released on (RRT)	: 26 Jun 2024 17:58
Sample Type	: SERUM
Labcode	: 2606071893/PE002
Barcode	: CF749448

Dr Sachin Patil MD(Path)

Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

PharmEasy Labs
Registered Address: DOCON TECHNOLOGIES PRIVATE LIMITED, Office No 208, 209 & 210 Second floor, A wing, 'Dattani Plaza', Near East West Industrial Estate, Safed Pool, Saki Naka, Andheri (East), Mumbai - 400072
Lab Address: D-37/1. TTC MIDC, Turbhe. Navi Mumbai, 400703
7022 000 900

PharmEasy Labs

NAME : SHUBHAM TEJANI(21Y/M)
REF. BY : SELF
TEST ASKED : COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW,PROTEIN

HOME COLLECTION :
B-13 ROOM NO 9 NEW SIDDHIVINAYAK CHS MG COMPLEX SEC-14 VASHI NAVI MUMBAI

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.025	-	1.003-1.030
PH	pH indicator	5.5	-	5-8
Chemical Examination				
URINARY PROTEIN	**PEI**	**Trace (15-30 mg/dl)**	**mg/dL**	**Absent**
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	ABSENT	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	**Microscopy**	**CALCIUM OXALATE CRYSTALS**	**-**	**Absent**
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

Remarks : Alert!!! Calcium oxalate crystals seen/ HPF.

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase**)**

~~ End of report ~~

Sample Collected on (SCT) : 26 Jun 2024 09:54
Sample Received on (SRT) : 26 Jun 2024 11:31
Report Released on (RRT) : 26 Jun 2024 16:45
Sample Type : URINE
Labcode : 2606071499/PE002
Barcode : BM069042

Dr Sachin Patil MD(Path)

Note:- Underlined values are Critical Values, Clinician's attention required.

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Lab Address: D-37/1. TTC MIDC, Turbhe. Navi Mumbai, 400703
7022 000 900

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Docon Technologies Private Limited,Thyrocare Technologies Limited and its employees/representatives do not assume any liability,responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.

EXPLANATIONS

- **Name -** The name is as declared by the client and recorded by the personnel who collected the specimen.
- **Ref.By -** The name of the doctor who has recommended testing as declared by the client.
- **Labcode -** This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode -** This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCT -** Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT -** Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT -** Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range -** Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- For suggestions, complaints or feedback, write to us at grievance-office@docon.co.in or call us on 7022000900.