NABLM0726WB10257

Bill No. : **APZ/307**
Patient Name : **MR. SABIR ALI**
Sex / Age : Male / 41 Year
Referred By : SELF

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 307

PHC

BIOCHEMISTRY

Specimen : Glucose Plasma;SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Plasma Glucose (Fasting)	:	96.7	mg/dl	Adult Normal : < 100.0 Prediabetes : 101.0 - 125.0 Diabetes : >=126.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

Serum Cholesterol, Total	:	112.0	mg/dl	Upto 200

CHOD-PAP

NCEP Recommendations	Adults:Cholesterol Total (mg/dl)
Desirable	< 200.0
Borderline High risk	200.0 - 239.0
High Risk	>= 240.0

The determination of serum Cholesterol is considered to be significant in coronary ataery disease, Hiperlipoproteinemias, hypothyroidism, nephrosis, diabetes mellitus and various liver diseases. Hypocholesterolemia (low serum cholesterol) is found in pernicious anemia, hemolytic jaundice, malnutrition, acute inferctions and hyperthyroidism. Normal cholesterollevels are affected by stress, age , hormonal balance and pregnancy.

Serum Uric Acid	:	4.0	mg/dl	Men : 3.5 - 7.2 mg/dl Women : 2.6 - 6.0 mg/dl

Uricase-PAP

Cont...Page 2

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BIOCHEMISTRY

Specimen : Glucose Plasma;SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD

Comment: Serum uric acid is useful in the assessment of purine metabolism and hyperuricemia.
Elevated levels: May be associated with gout, renal impairment, increased uric acid production, or decreased uric acid excretion.
Results should be interpreted in correlation with renal function, clinical findings, and relevant medical history.

END OF REPORT

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Report based on sample collected and lebeled outside.

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Bill No. : **APZ/308**
Patient Name : **MS. RAI SHIT**
Sex / Age : Female / 52 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 308

PHC

HAEMATOLOGY

Specimen : EDTA

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
ROUTINE BLOOD PICTURE ((Electrical Impedence & VCS))					
Haemoglobin	:	11.5	gm/dL	[11.0 - 15.0]	Electrical Impedence & VCS
TOTAL COUNT					
Total Erythrocytic Count	:	3.97	millions/mm3	[3.5 - 5.0]	Electrical Impedence & VCS
Total Leucocytic Count, (TLC)	:	7.9	thou/mm3	[4.0 - 10.0]	Electrical Impedence & VCS
DIFFERENTIAL LEUCOCYTIC COUNT, (DLC)	:				
Neutrophil	:	60.0	%	[50.00 - 70.00]	Microscopic
Lymphocyte	:	35.0	%	[20.00 - 46.00]	Microscopic
Monocyte	:	2.0	%	[2.00 - 8.00]	Microscopic
Eosinophil	:	3.0	%	[1.00 - 3.00]	Microscopic
Basophil	:	00	%	[0.00 - 1.00]	Microscopic
ERYTHROCYTE SEDIMENTATION RATE (ESR)					
1st Hour	:	15.0	mm/hr.	[0.00 - 30.00]	Westergren Method
PERIPHERAL SMEAR					
RBC Morphology	:	Normocytic & Normochromic.			

END OF REPORT

Clinical correlation and further relevant investigation .

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Bill No. : **APZ/308**
Patient Name : **MS. RAI SHIT**
Sex / Age : Female / 52 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
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Lab No. : 308

PHC

REPORT ON EXAMINATION OF RHEUMATOID FACTOR.

Specimen : SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
RHEUMATOID FACTOR,				
Rheumatoid Factors (RF) :	14.58	IU/ml	[0 - 20]	Immunoturbidimetric Assay (Quantitative)

Note: Rheumatoid factor (RF) is an autoantibody directed against the Fc portion of IgG. It is most commonly of the IgM class.RF is not specific for rheumatoid arthritis and may also be positive in chronic infections and other systemic inflammatory conditions. Positive results may occur in some healthy individuals, especially those over 65 years of age.IgA and IgG rheumatoid factors may also be detected. IgA RF has been associated with more severe and erosive rheumatoid arthritis.

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Bill No. : **APZ/308**
Patient Name : **MS. RAI SHIT**
Sex / Age : Female / 52 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 308

PHC

REPORT ON EXAMINATION OF ANTI- STREPTOLYSIN "O" TITRE.

Specimen : SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE
Anti Streptolysin O Titre (Immunoturbidimetry)	:	**480.0**	IU/ml.	[0 - 200]

|Comment: ASO titre indicates an immune response to recent Group A Streptococcal infection. An elevated titre may support evidence of recent streptococcal exposure but does not by itself |
|confirm active infection. Interpret in correlation with clinical findings and other relevant investigations.|

END OF REPORT

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NABLM0726WB10257

Bill No. : **APZ/308**
Patient Name : **MS. RAI SHIT**
Sex / Age : Female / 52 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
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Reported on : 21/09/2026
Lab No. : 308

PHC

BIOCHEMISTRY

Specimen : SERUM;Glucose Plasma

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Plasma Glucose (Fasting)	:	**185.0**	mg/dl	Adult Normal : < 100.0 Prediabetes : 101.0 - 125.0 Diabetes : >=126.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

Serum Creatinine	:	1.0	mg/dl	[0.6 - 1.2]	Modified Jaffe;s method

Note: Serum creatinine measures the concentration of creatinine in blood. Creatinine is a waste product formed mainly from normal muscle metabolism and is filtered by the kidneys and excreted in urine. It is commonly used as an indicator of kidney function.

Serum Uric Acid	:	3.9	mg/dl	Men : 3.5 - 7.2 mg/dl Women : 2.6 - 6.0 mg/dl	Uricase-PAP

Comment: Serum uric acid is useful in the assessment of purine metabolism and hyperuricemia.
Elevated levels: May be associated with gout, renal impairment, increased uric acid production, or decreased uric acid excretion.
Results should be interpreted in correlation with renal function, clinical findings, and relevant medical history.

END OF REPORT

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Sex / Age : Female / 52 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
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Lab No. : 308

PHC

REPORT ON EXAMINATION OF HORMONE

Specimen : SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Thyroid Stimulating Hormone (TSH) :	2.55	µIU/ml	[0.30 - 4.3]	Chemi Luminescent Immuno Assay

Interpretation :

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
0 - 12 weeks	0.056 - 4.58
12 - 25 weeks	0.28 - 4.20
25 - 40 weeks	0.34 - 4.50

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. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential

diagnosisClinical Use :-

*Diagnose Hypothyroidism and Hyperthyroidism
*Monitor T4 replacement or T4 suppressive therapy
*Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

END OF REPORT

N.B:: All the reference ranges are age and sex matched. Reference limits mentioned herein are in accordence with the literature provided alongwith the kit. Clinical correlation and further relevant investigation .
Our Reporting System is Co-related with Quality Control Systems (EQAS) of CMC Vellore.
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Bill No. : **APZ/309**
Patient Name : **MS. RUMA KOLEY**
Sex / Age : Female / 40 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 309

PHC

HAEMATOLOGY

Specimen : EDTA

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
ROUTINE BLOOD PICTURE ((Electrical Impedence & VCS))					
Haemoglobin	:	**8.9**	gm/dL	[11.0 - 15.0]	Electrical Impedence & VCS
TOTAL COUNT					
Total Erythrocytic Count	:	3.6	millions/mm3	[3.5 - 5.0]	Electrical Impedence & VCS
Total Leucocytic Count, (TLC)	:	5.6	thou/mm3	[4.0 - 10.0]	Electrical Impedence & VCS
DIFFERENTIAL LEUCOCYTIC COUNT, (DLC)	:				
Neutrophil	:	60.0	%	[50.00 - 70.00]	Microscopic
Lymphocyte	:	37.0	%	[20.00 - 46.00]	Microscopic
Monocyte	:	**1.0**	%	[2.00 - 8.00]	Microscopic
Eosinophil	:	2.0	%	[1.00 - 3.00]	Microscopic
Basophil	:	00	%	[0.00 - 1.00]	Microscopic
ERYTHROCYTE SEDIMENTATION RATE (ESR)					
1st Hour	:	**85.0**	mm/hr.	[0.00 - 30.00]	Westergren Method
PERIPHERAL SMEAR					
RBC Morphology	:	Predominantly Normocytic & Normochromic.			

END OF REPORT

Clinical correlation and further relevant investigation .

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Sex / Age : Female / 40 Year
Referred By : DR. R.HALDER

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Lab No. : 309

PHC

BIOCHEMISTRY

Specimen : SERUM;Glucose Plasma

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Plasma Glucose (Fasting)	:	**138.4**	mg/dl	Adult Normal : < 100.0 Prediabetes : 101.0 - 125.0 Diabetes : >=126.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

Alanine aminotransferase - (SGPT)	:	48.8	IU/L	Men :Upto 49 Women : Upto 49	IFCC

Note: ALT (SGPT) is an enzyme primarily associated with the liver. Elevated levels may indicate hepatocellular injury and can occur in various liver disorders. Interpret in correlation with AST (SGOT), ALP, bilirubin, other liver function tests and clinical findings.

Serum Urea	:	27.0	mg/dl	[10.0 - 50]	GLDH, Kinetic

Note :-Urea is an organic compound with the chemical formula CO(NH2)2. It is the main nitrogenous waste product formed in humans during protein metabolism.Urea is produced mainly in the liver through the urea cycle and is transported to the kidneys through the blood.

Serum Creatinine	:	0.99	mg/dl	[0.6 - 1.2]	Modified Jaffe;s method

Note: Serum creatinine measures the concentration of creatinine in blood. Creatinine is a waste product formed mainly from normal muscle metabolism and is filtered by the kidneys and excreted in urine. It is commonly used as an indicator of kidney function.

Serum Uric Acid	:	3.89	mg/dl	Men : 3.5 - 7.2 mg/dl Women : 2.6 - 6.0 mg/dl	Uricase-PAP

Cont...Page 2

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Specimen : SERUM;Glucose Plasma

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Comment: Serum uric acid is useful in the assessment of purine metabolism and hyperuricemia.
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Referred By : DR. R.HALDER

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Lab No. : 309

PHC

REPORT ON EXAMINATION OF HORMONE

Specimen : SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Thyroxine, Free (FT4), Serum	:	**2.49**	ng/dl	[0.80 - 1.80]	Chemiluminescence Immunoassay
Thyroid Stimulating Hormone (TSH)	:	**0.12**	µIU/ml	[0.30 - 4.3]	Chemi Luminescent Immuno Assay

PREGNANCY	TSH (mIU/L	REFERENCE RANGE for FREE THYROXINE (FT4) ng/dl
0 - 12 weeks	0.1 - 2.5	0.8 - 1.53
13 - 28 weeks	0.2 - 3.0	0.70 - 1.20
29 - 40 weeks	0.3 - 3.0	0.65 - 1.10

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. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential
diagnosisClinical Use :-
*Diagnose Hypothyroidism and Hyperthyroidism
*Monitor T4 replacement or T4 suppressive therapy
*Quantify TSH levels in the subnormal range
Increased Levels:Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
Decreased Levels:Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

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Bill No. : **APZ/310**
Patient Name : **MR. MORSELIM KHAN**
Sex / Age : Male / 44 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 310

PHC

HAEMATOLOGY

Specimen : EDTA

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
ROUTINE BLOOD PICTURE ((Electrical Impedence & VCS))					
Haemoglobin	:	14.3	gm/dL	[12.0 - 16.0]	Electrical Impedence & VCS
TOTAL COUNT					
Total Erythrocytic Count	:	4.93	millions/mm3	[4.0 - 5.5]	Electrical Impedence & VCS
Total Leucocytic Count, (TLC)	:	8.0	thou/mm3	[4.0 - 10.0]	Electrical Impedence & VCS
DIFFERENTIAL LEUCOCYTIC COUNT, (DLC)	:				
Neutrophil	:	66.0	%	[50.00 - 70.00]	Microscopic
Lymphocyte	:	30.0	%	[20.00 - 46.00]	Microscopic
Monocyte	:	**1.0**	%	[2.00 - 8.00]	Microscopic
Eosinophil	:	3.0	%	[1.00 - 3.00]	Microscopic
Basophil	:	00	%	[0.00 - 1.00]	Microscopic
ERYTHROCYTE SEDIMENTATION RATE (ESR)					
1st Hour	:	15.0	mm/hr.	[0.00 - 30.00]	Westergren Method
PERIPHERAL SMEAR					
RBC Morphology	:	Normocytic & Normochromic.			

END OF REPORT

Clinical correlation and further relevant investigation .

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NABLM0726WB10257

Bill No. : **APZ/310**
Patient Name : **MR. MORSELIM KHAN**
Sex / Age : Male / 44 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 310

PHC

BIOCHEMISTRY

Specimen : Glucose Plasma;SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Plasma Glucose (Fasting)	:	**140.5**	mg/dl	Adult Normal : < 100.0 Prediabetes : 101.0 - 125.0 Diabetes : >=126.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

Serum Creatinine	:	1.13	mg/dl	[0.9 - 1.3]	Modified Jaffe;s method

Note: Serum creatinine measures the concentration of creatinine in blood. Creatinine is a waste product formed mainly from normal muscle metabolism and is filtered by the kidneys and excreted in urine. It is commonly used as an indicator of kidney function.

Serum Uric Acid	:	4.67	mg/dl	Men : 3.5 - 7.2 mg/dl Women : 2.6 - 6.0 mg/dl	Uricase-PAP

Comment: Serum uric acid is useful in the assessment of purine metabolism and hyperuricemia.
Elevated levels: May be associated with gout, renal impairment, increased uric acid production, or decreased uric acid excretion.
Results should be interpreted in correlation with renal function, clinical findings, and relevant medical history.

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REPORT ON EXAMINATION OF LIPID PROFILE

Specimen : SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
LIPID PROFILE					
Serum Cholesterol, Total	:	136.11	mg/dl	Upto 200	CHOD-PAP
Serum Triglycerides	:	**184.8**	mg/dl	Upto 150	GPO-PAP
Serum HDL Cholesterol	:	47.0	mg/dl	Normal : >55.0 Moderate Risk : 35.0 - 55.0 High Risk : < 35.0	Selective Inhibition
Serum LDL Cholesterol	:	76.0	mg/dl	Upto 100	Selective Solubilisation
Serum VLDL Cholesterol	:	13	mg/dl	< 30.0	Calculated
Serum Non-HDL Cholesterol	:	89.11	mg/dl	[0 - 130]	Calculated
Serum Cholesterol : LDL	:	1.79 : 1			Calculated
Serum Cholesterol : HDL	:	**2.9 : 1**		[3.30 - 4.40]	Calculated
Serum HDL : LDL	:	0.62 : 1			Calculated

The National Cholesterol Education program s third Adult Treatment panel (ATPIII) has issued its recommendations on evaluation and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol total in mg/dl	Triglycerides in mg/dl	LDL Cholesterol in mg/dl	Non HDL Cholesterol in mg/dl
Desireable	Adult < 200.0	< 150.0	Adult <100.0	<130.0
Above Optimal			100.0 - 129.0	130.0 - 159.0
Borderline High	200.0 - 239.0	150.0 - 199.0	130.0 - 159.0	160.0 - 189.0
High	>=240.0	200.0 - 499.0	160.0 - 189.0	190.0 - 219.0
Very High		>=500.0	>=190.0	>=220.0

NOTE :
1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol,Triglycerides, HDL & LDL Cholesterol.

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Lab No. : 310

PHC

REPORT ON EXAMINATION OF HORMONE

Specimen : SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Thyroid Stimulating Hormone (TSH) :	2.36	µIU/ml	[0.30 - 4.3]	Chemi Luminescent Immuno Assay

Interpretation :

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
0 - 12 weeks	0.056 - 4.58
12 - 25 weeks	0.28 - 4.20
25 - 40 weeks	0.34 - 4.50

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. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential

diagnosisClinical Use :-

*Diagnose Hypothyroidism and Hyperthyroidism
*Monitor T4 replacement or T4 suppressive therapy
*Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

END OF REPORT

N.B:: All the reference ranges are age and sex matched. Reference limits mentioned herein are in accordence with the literature provided alongwith the kit. Clinical correlation and further relevant investigation .
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NABLM0726WB10257

Bill No. : **APZ/311**
Patient Name : **MR. PROSANTA KOLEY**
Sex / Age : Male / 40 Year
Referred By : DR. R.HALDER

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 311

PHC

BIOCHEMISTRY

Specimen : Glucose Plasma

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Plasma Glucose (Fasting)	:	**143.8**	mg/dl	Adult Normal : < 100.0 Prediabetes : 101.0 - 125.0 Diabetes : >=126.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

END OF REPORT

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Sex / Age : Male / 40 Year
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Reported on : 21/09/2026
Lab No. : 311

PHC

REPORT ON EXAMINATION OF HORMONE

Specimen : SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Thyroid Stimulating Hormone (TSH) :	**12.0**	µIU/ml	[0.30 - 4.3]	Chemi Luminescent Immuno Assay

Interpretation :

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
0 - 12 weeks	0.056 - 4.58
12 - 25 weeks	0.28 - 4.20
25 - 40 weeks	0.34 - 4.50

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. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential

diagnosisClinical Use :-

*Diagnose Hypothyroidism and Hyperthyroidism
*Monitor T4 replacement or T4 suppressive therapy
*Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

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N.B:: All the reference ranges are age and sex matched. Reference limits mentioned herein are in accordence with the literature provided alongwith the kit. Clinical correlation and further relevant investigation .
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Bill No. : **APZ/312**
Patient Name : **MR. BAIDYANATH KARMAKAR**
Sex / Age : Male / 72 Year
Referred By : DR. R.HALDER

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PHC

REPORT ON EXAMINATION OF BLOOD

Specimen : EDTA

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
COMPLETE BLOOD COUNT,(CBC)					
((Electrical Impedence & VCS))					
Haemoglobin	:	12.8	gm/dL	[12.0 - 16.0]	Electrical Impedence & VCS
TOTAL COUNT					
Total Erythrocytic Count	:	4.41	millions/mm3	[4.0 - 5.5]	Electrical Impedence & VCS
Total Leucocytic Count, (TLC)	:	7.0	thou/mm3	[4.0 - 10.0]	Electrical Impedence & VCS
DIFFERENTIAL LEUCOCYTIC COUNT, (DLC)	:				
Neutrophil	:	60.0	%	[50.00 - 70.00]	Microscopic
Lymphocyte	:	35.0	%	[20.00 - 46.00]	Microscopic
Monocyte	:	2.0	%	[2.00 - 8.00]	Microscopic
Eosinophil	:	3.0	%	[1.00 - 3.00]	Microscopic
Basophil	:	00	%	[0.00 - 1.00]	Microscopic
ABSOLUTE LEUCOCYTE COUNT					
Neutrophils	:	4.2	thou/mm3	[2.00 - 7.00]	Calculated
Lymphocytes	:	2.45	thou/mm3	[1.00 - 3.00]	Calculated
Monocytes	:	**0.14**	thou/mm3	[0.20 - 1.00]	Calculated
Eosinophils	:	0.21	thou/mm3	[0.02 - 0.50]	Calculated
Basophils	:	**0.0**	thou/mm3	[0.02 - 0.10]	Calculated
HEMATOCRIT					
PCV (Packed Cell Volume)	:	38.4	%	[38.3 - 48.6]	Electrical Impedence & VCS
MCV(Mean Corpuscular Volume)	:	87.1	fL	[80.00 - 97.00]	Calculated
MCH(Mean Corpuscular Haemoglobin)	:	29.02	pg	[26.5 - 33.5]	Calculated
MCHC(Mean Corpuscular Haemoglobin Concentration)	:	33.33	gm/dL	[31.50 - 35.00]	Calculated
ERYTHROCYTE SEDIMENTATION RATE (ESR)					
1st Hour	:	15.0	mm/hr.	[0.00 - 30.00]	Westergren Method

Cont...Page 2

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REPORT ON EXAMINATION OF BLOOD

Specimen : EDTA

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
PLATELETS					
Platelets Count	:	225.0	thou/mm3	[150 - 450]	Microscopic
PERIPHERAL SMEAR					
RBC Morphology	:	Normocytic & Normochromic.			

Note:
1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

2. Test conducted on EDTA whole blood.

END OF REPORT

Clinical correlation and further relevant investigation .

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BIOCHEMISTRY

Specimen : Glucose Plasma;SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Plasma Glucose (Fasting)	:	**569.6**	mg/dl	Adult Normal : < 100.0 Prediabetes : 101.0 - 125.0 Diabetes : >=126.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

Plasma Glucose (PP)	:	**744.0**	mg/dl	< 140.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

Serum Urea	:	**155.48**	mg/dl	[10.0 - 50]	GLDH, Kinetic

Note :-Urea is an organic compound with the chemical formula CO(NH2)2. It is the main nitrogenous waste product formed in humans during protein metabolism.Urea is produced mainly in the liver through the urea cycle and is transported to the kidneys through the blood.

Serum Creatinine	:	**5.2**	mg/dl	[0.8 - 1.3]	Modified Jaffe;s method

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BIOCHEMISTRY

Specimen : Glucose Plasma;SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD

Note: Serum creatinine measures the concentration of creatinine in blood. Creatinine is a waste product formed mainly from normal muscle metabolism and is filtered by the kidneys and excreted in urine. It is commonly used as an indicator of kidney function.

ADVICE: CKD RISK MAP
KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated

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REPORT ON EXAMINATION OF C-REACTIVE PROTEIN

Specimen : SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
C-Reactive Protein (CRP)	:	1.75	mg/L	Upto 6.0	turbidimetric Assay (Quantitative)

Comments :-
CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR.Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

END OF REPORT

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REPORT ON EXAMINATION OF HORMONE

Specimen : SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Thyroid Stimulating Hormone (TSH) :	**5.56**	µIU/ml	[0.30 - 4.3]	Chemi Luminescent Immuno Assay

Interpretation :

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
0 - 12 weeks	0.056 - 4.58
12 - 25 weeks	0.28 - 4.20
25 - 40 weeks	0.34 - 4.50

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. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential

diagnosisClinical Use :-

*Diagnose Hypothyroidism and Hyperthyroidism
*Monitor T4 replacement or T4 suppressive therapy
*Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

END OF REPORT

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NABLM0726WB10257

Bill No. : **APZ/313**
Patient Name : **MR. DIPU KARAR**
Sex / Age : Male / 24 Year
Referred By : DR. ARUN BASU

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 313

PHC

REPORT ON EXAMINATION OF LIPID PROFILE

Specimen : SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
LIPID PROFILE					
Serum Cholesterol, Total	:	**295.3**	mg/dl	Upto 200	CHOD-PAP
Serum Triglycerides	:	**1200.0**	mg/dl	Upto 150	GPO-PAP
Serum HDL Cholesterol	:	45.0	mg/dl	Normal : >55.0 Moderate Risk : 35.0 - 55.0 High Risk : < 35.0	Selective Inhibition
Serum LDL Cholesterol	:	**165.0**	mg/dl	Upto 100	Selective Solubilisation
Serum VLDL Cholesterol	:	**85**	mg/dl	< 30.0	Calculated
Serum Non-HDL Cholesterol	:	**250.3**	mg/dl	[0 - 130]	Calculated
Serum Cholesterol : LDL	:	1.79 : 1			Calculated
Serum Cholesterol : HDL	:	**6.56 : 1**		[3.30 - 4.40]	Calculated
Serum HDL : LDL	:	0.27 : 1			Calculated

Cont...Page 2

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Bill No. : **APZ/313**
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Referred By : DR. ARUN BASU

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REPORT ON EXAMINATION OF LIPID PROFILE

Specimen : SERUM

INVESTIGATION | **RESULT** | **UNIT** | **BIO. REFERENCE VALUE** | **METHOD**

The National Cholesterol Education program s third Adult Treatment panel (ATPIII) has issued its recommendations on evaluation and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol total in mg/dl	Triglycerides in mg/dl	LDL Cholesterol in mg/dl	Non HDL Cholesterol in mg/dl
Desireable	Adult < 200.0	< 150.0	Adult <100.0	<130.0
Above Optimal			100.0 - 129.0	130.0 - 159.0
Borderline High	200.0 - 239.0	150.0 - 199.0	130.0 - 159.0	160.0 - 189.0
High	>=240.0	200.0 - 499.0	160.0 - 189.0	190.0 - 219.0
Very High		>=500.0	>=190.0	>=220.0

NOTE :
1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol,Triglycerides, HDL & LDL Cholesterol.

NOTE :: Elevated Triglyceride value is to be interpreted in a light of previous 72 hours dietary intake of lipids. Estimation with 72 hours fat-restricted diet followed by 12 hours fasting is suggested for better evaluation.

END OF REPORT

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Bill No. : **APZ/313**
Patient Name : **MR. DIPU KARAR**
Sex / Age : Male / 24 Year
Referred By : DR. ARUN BASU

Booking on : 21/09/2026
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PHC

BIOCHEMISTRY

Specimen : SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Serum Urea	:	29.0	mg/dl	[10.0 - 50]	GLDH, Kinetic

|Note :-Urea is an organic compound with the chemical formula CO(NH2)2. It is the main nitrogenous waste product formed in humans during protein metabolism.Urea is produced mainly in the liver through the urea cycle and is transported to the kidneys through the blood.|

Serum Creatinine	:	0.99	mg/dl	[0.9 - 1.3]	Modified Jaffe;s method

|Note: Serum creatinine measures the concentration of creatinine in blood. Creatinine is a waste product formed mainly from normal muscle metabolism and is filtered by the kidneys and excreted in urine. It is commonly used as an indicator of kidney function.|

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NABLM0726WB10257

Bill No. : **APZ/313**
Patient Name : **MR. DIPU KARAR**
Sex / Age : Male / 24 Year
Referred By : DR. ARUN BASU

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on :
Reported on : 21/09/2026
Lab No. : 313

PHC

REPORT ON EXAMINATION OF LIVER FUNCTION TEST.

Specimen : SERUM

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
LIVER FUNCTION TEST					
Serum Bilirubin, Total	:	**1.56**	mg/dl	Adults upto : 1.20 Infants : 0.20 - 8.0	Modified TAB
Serum Conjugated	:	**0.75**	mg/dl	Adult : 0.4 Infants : 0.6	Diazo sulfanilic acid
Serum Unconjugated	:	0.81	mg/dl	[0 - 1.00]	Calculated
Serum Total Protein	:	7.0	gm/dl	[6.0 - 8.0]	Direct bluret
Serum Albumin	:	4.0	gm/dl	[3.5 - 5.2]	Bromocresol green
Serum Globulin	:	3.0	gm/dl	[2.0 - 3.5]	Calculated
Alb : Glb	:	1.33 : 1		[1.0 - 2.0]	Calculated
Serum Alkaline Phosphatase	:	95.8	IU/l	[40 - 129]	IFCC
Alanine aminotransferase - (SGPT)	:	44.7	IU/L	Men :Upto- 49 Women : Upto- 49	IFCC
Aspartate aminotransferase- (SGOT)	:	**65.0**	IU/L	Male : Upto- 46 Female : Upto-40	IFCC

|Comment: Liver function test results should be interpreted collectively and correlated with clinical findings. Abnormal values may indicate hepatocellular injury, cholestasis or impaired hepatic synthetic function.|

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Reg.No.66300

Bill No. : **APZ/313**
Patient Name : **MR. DIPU KARAR**
Sex / Age : Male / 24 Year
Referred By : DR. ARUN BASU

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 313

PHC

REPORT ON EXAMINATION OF HORMONE

Specimen : SERUM

INVESTIGATION	RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Thyroid Stimulating Hormone (TSH) :	**4.74**	µIU/ml	[0.30 - 4.3]	Chemi Luminescent Immuno Assay

Interpretation :

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
0 - 12 weeks	0.056 - 4.58
12 - 25 weeks	0.28 - 4.20
25 - 40 weeks	0.34 - 4.50

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. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential

diagnosisClinical Use :-

*Diagnose Hypothyroidism and Hyperthyroidism
*Monitor T4 replacement or T4 suppressive therapy
*Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

END OF REPORT

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NABLM0726WB10257

Bill No. : **APZ/314**
Patient Name : **MR. SONATAN BHANDARI**
Sex / Age : Male / 65 Year
Referred By : M.C.H

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 314

PHC

BIOCHEMISTRY

Specimen : Glucose Plasma

INVESTIGATION		RESULT	UNIT	BIO. REFERENCE VALUE	METHOD
Plasma Glucose (Fasting)	:	**166.1**	mg/dl	Adult Normal : < 100.0 Prediabetes : 101.0 - 125.0 Diabetes : >=126.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

Plasma Glucose (PP)	:	**285.0**	mg/dl	< 140.0	GOD-PAP

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Glasma Glucose mg.dl	2nd hrs Plasma Glucose mg/dl	HbA1c%	RBS mg/dl
Prediabetes	101-125	140 - 199	5.7 - 6.4	NA
Diabetes	>=126	>=200	>=6.5	>200 with symptoms

Reference:-Diabetes care 2018: 41 (supl.1):S13-S27

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Bill No. : **APZ/315**
Patient Name : **MASTER ANKAN KARAR**
Sex / Age : Male / 9 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 315

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"O"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
|1.Test conducted on EDTA whole blood.

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Bill No. : **APZ/316**
Patient Name : **MS. TATHOI PATRA**
Sex / Age : Female / 18 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 316

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"O"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
|1.Test conducted on EDTA whole blood.

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Reg.No.66300

Bill No. : **APZ/317**
Patient Name : **MASTER RAHIT KOLEY**
Sex / Age : Male / 10 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 317

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"AB"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
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Reg.No.66300

Bill No. : **APZ/318**
Patient Name : **MASTER ARANYA MANDAL**
Sex / Age : Male / 7 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 318

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"A"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
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Bill No. : **APZ/319**
Patient Name : **MISS MILI NATH**
Sex / Age : Female / 9 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 319

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"O"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
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Bill No. : **APZ/320**
Patient Name : **MS. SUCHANDRA BHANDARI**
Sex / Age : Female / 14 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 320

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"AB"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
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Report based on sample collected and lebeled outside.

ADMIN

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Bill No. : **APZ/321**
Patient Name : **MASTER ANKUSH KOLEY**
Sex / Age : Male / 10 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 321

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"A"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
|1.Test conducted on EDTA whole blood.

END OF REPORT

N.B:: All the reference ranges are age and sex matched. Reference limits mentioned herein are in accordence with the literature provided alongwith the kit. Clinical correlation and further relevant investigation .
Our Reporting System is Co-related with Quality Control Systems (EQAS) of CMC Vellore.
NOTE:: Any discussion regarding report or specimen (sample) is entertained only upto 24 (twentyfour) hours after the issue of result. After 24 (twentyfour) hours, it would not be possible to enter into the matter.
Note :- Results reported are as per sample received at that point of time. " Result may vary depending on date and time and Patient's conditions and medication ".
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Bill No. : **APZ/322**
Patient Name : **MASTER TUSHAR KOLEY**
Sex / Age : Male / 9 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 322

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"A"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
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Bill No. : **APZ/323**
Patient Name : **MISS ADRIJA KOLEY**
Sex / Age : Female / 9 Year
Referred By : DR. T.K.PATRA

Booking on : 21/09/2026
Sample Collection on : 21/09/2026
Sample Received on : 21/09/2026
Reported on : 21/09/2026
Lab No. : 323

PHC

REPORT ON EXAMINATION OF SEROLOGY

Specimen : EDTA

INVESTIGATION		RESULT
BLOOD GROUP, ABO & RH TYPING		
ABO Group	:	"A"
Rh (D) Factor	:	**POSITIVE**

|NOTE :-ABO and Rh(D) blood grouping is used to determine the patient's ABO blood group and Rh(D) status. Proper identification and interpretation are essential for safe blood transfusion and pregnancy-related management. Any discrepancy or doubtful reaction should be investigated by repeat testing and appropriate confirmatory method .Before blood transfusion please confirm from blood bank laboratory.
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END OF REPORT

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