# LABORATORY REPORT

Redcliffe labs

| | | | |
|---|---|---|---|
| Patient Name | : Ms Dummy | | |
| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Whole blood EDTA | Report Date | : Feb 18, 2024, 05:43 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **HEMATOLOGY REPORT** | | | |
| **Preconception Screening- Female** | | | |
| **Complete Blood Count (CBC)** | | | |
| **RBC Parameters** | | | |
| Hemoglobin<br>Method : colorimetric | 13.1 | g/dL | 12.0 - 15.0 |
| RBC Count<br>Method : Electrical impedance | **5** | 10^6/µl | 3.8 - 4.8 |
| PCV<br>Method : Calculated | 38.6 | % | 36 - 46 |
| MCV<br>Method : Calculated | **77.5** | fl | 83 - 101 |
| MCH<br>Method : Calculated | **26.3** | pg | 27 - 32 |
| MCHC<br>Method : Calculated | 33.9 | g/dL | 31.5 - 34.5 |
| RDW (CV)<br>Method : Calculated | **15.1** | % | 11.6 - 14.0 |
| RDW-SD<br>Method : Calculated | 41.7 | fl | 35.1 - 43.9 |
| **WBC Parameters** | | | |
| TLC<br>Method : Electrical impedance and microscopy | 8.4 | 10^3/µl | 4 - 10 |
| **Differential Leucocyte Count** | | | |
| Neutrophils<br>Method : Laser based Flow-cytometry | 66.5 | % | 40-80 |
| Lymphocytes<br>Method : Laser based Flow-cytometry | 24.9 | % | 20-40 |
| Monocytes<br>Method : Laser based Flow-cytometry | 6.8 | % | 2-10 |
| Eosinophils<br>Method : Laser based Flow-cytometry | 1.6 | % | 1-6 |
| Basophils<br>Method : Laser based Flow-cytometry | 0.2 | % | <2 |
| **Absolute Leukocyte Counts**<br>**Method : Calculated** | | | |
| Neutrophils.<br>Method : Calculated | 5.59 | 10^3/µl | 2 - 7 |
| Lymphocytes.<br>Method : Calculated | 2.09 | 10^3/µl | 1 - 3 |
| Monocytes.<br>Method : Calculated | 0.57 | 10^3/µl | 0.2 - 1.0 |



**Dr. Islam Barkatullah Khan**
**MD (Pathology)**
**Consultant Pathologist**

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| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Eosinophils.<br>Method : Calculated | 0.13 | 10^3/µl | 0.02 - 0.5 |
| Basophils.<br>Method : Calculated | 0.02 | 10^3/µl | 0.02 - 0.5 |
| **Platelet Parameters** | | | |
| Platelet Count<br>Method : Electrical impedance and microscopy | 293 | 10^3/µl | 150 - 410 |
| Mean Platelet Volume (MPV)<br>Method : Calculated | 10.3 | fL | 9.3 - 12.1 |
| PCT<br>Method : Calculated | 0.3 | % | 0.17 - 0.32 |
| PDW<br>Method : Calculated | 19.4 | fL | 8.3 - 25.0 |
| P-LCR<br>Method : Calculated | 37.3 | % | 18 - 50 |
| P-LCC<br>Method : Calculated | 109 | % | 44 - 140 |
| Mentzer Index<br>Method : Calculated | 15.5 | % | - |

**Interpretation:**
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.



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**Consultant Pathologist**

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| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Whole blood EDTA | Report Date | : Feb 18, 2024, 06:03 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## HEMATOLOGY REPORT

### Preconception Screening- Female

### Erythrocyte Sedimentation Rate (ESR)

| | | | |
|---|---|---|---|
| ESR - Erythrocyte Sedimentation Rate | 6 | mm/hr | 0 - 12 |

Method : MODIFIED WESTERGREN

**Interpretation:**

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

| AGE | MALE | FEMALE |
|---|---|---|
| 1 DAY | 0-12 | 0-12 |
| 2 - 7 DAYS | 0-4 | 0-4 |
| 8 - 14 DAYS | 0-17 | 0-17 |
| 15 DAYS - 17 YEARS | 0-20 | 0-20 |
| 18 - 50 YEARS | 0-10 | 0-12 |
| 51- 60 YEARS | 0-12 | 0-19 |
| 61 - 70 YEARS | 0-14 | 0-20 |
| 71 - 100 YEARS | 0-30 | 0-35 |

**Reference**- Dacie and lewis practical hematology



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| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Whole blood EDTA | Report Date | : Feb 18, 2024, 05:14 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## HEMATOLOGY REPORT

### Preconception Screening- Female

### HbA1C (Glycosylated Haemoglobin)

| | | | |
|---|---|---|---|
| Glycosylated Hemoglobin (HbA1c)<br>Method : HPLC | 5.3 | % | < 5.7 |
| Estimated Average Glucose | 105.41 | mg/dL | Refer Table Below |

**Interpretation:**

Interpretation For HbA1c% As per American Diabetes Association (ADA)

| Reference Group | HbA1c in % |
|---|---|
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |
| Therapeutic goals for glycemic control | Age > 19 years<br>Goal of therapy: < 7.0<br>Age < 19 years<br>Goal of therapy: <7.5 |

**Note:**

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate

**Comments :**

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

| HbA1c(%) | Mean Plasma Glucose (mg/dL) | HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|---|---|---|---|
| 6 | 126 | 12 | 298 |
| 8 | 183 | 14 | 355 |
| 10 | 240 | 16 | 413 |



Sohini Sengupta

Dr. Sohini Sengupta
MD (CI Biochemistry), DNB,
FNB (Lab Medicine)
Medical Laboratory Director
HOD (Biochemistry & Special Assays)

# LABORATORY REPORT

Redcliffe labs

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|---|---|---|---|
| Patient Name | **: Ms Dummy** | | |
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| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Whole blood EDTA | Report Date | : Feb 18, 2024, 05:46 PM |
| Barcode No | : XXX | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **HEMATOLOGY REPORT** | | | |
| **Preconception Screening- Female** | | | |
| **Blood Group ABO & Rh Typing** | | | |
| Blood Group | B | - | - |
| Rh Factor | Positive | - | - |



**Dr. Islam Barkatullah Khan**
**MD (Pathology)**
**Consultant Pathologist**

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| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Whole blood EDTA | Report Date | : Feb 18, 2024, 05:10 PM |
| Barcode No | : XXX | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **HEMATOLOGY REPORT** | | | |
| **Preconception Screening- Female** | | | |
| **Hemoglobin Variant Analysis (HB HPLC)** | | | |
| Hemoglobin<br>Method : colorimetric | 13.1 | g/dL | 12.0 - 15.0 |
| RBC Count<br>Method : Electrical impedance | **5** | 10^6/µl | 3.8 - 4.8 |
| PCV<br>Method : Calculated | 38.6 | % | 36 - 46 |
| MCV<br>Method : Calculated | **77.5** | fl | 83 - 101 |
| MCH<br>Method : Calculated | **26.3** | pg | 27 - 32 |
| MCHC<br>Method : Calculated | 33.9 | g/dL | 31.5 - 34.5 |
| RDW (CV)<br>Method : Calculated | **15.1** | % | 11.6 - 14.0 |
| RDW-SD<br>Method : Calculated | 41.7 | fl | 35.1 - 43.9 |
| Foetal Haemoglobin (HbF)<br>Method : HPLC | 0.1 | % | 0-2 |
| Haemoglobin A2 (HbA2)<br>Method : HPLC | 2.8 | % | 1.5-3.7 |
| Haemoglobin A (Hb Adult)<br>Method : HPLC | **86.4** | % | 94.3-98.5 |
| Peak 3<br>Method : HPLC | 4.7 | % | <10 |
| Peak 4<br>Method : HPLC | 4.6 | % | <10 |
| Others (Non Specific)<br>Method : HPLC | 0 | % | <10 |
| Haemoglobin D (HbD)<br>Method : HPLC | 0 | % | 0-0 |
| Haemoglobin S (HbS)<br>Method : HPLC | 0 | % | 0-0 |
| Haemoglobin C (HbC)<br>Method : HPLC | 0 | % | 0-0 |
| Haemoglobin E (HbE)<br>Method : HPLC | 0 | % | 0-0 |
| Impression | No Evidence of Hemoglobinopathy. | - | |

**Interpretation:**
**Method:** HPLC (High performance liquid chromatography), on whole blood.



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| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Whole blood EDTA | Report Date | : Feb 18, 2024, 05:10 PM |
| Barcode No | : XXX | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

1. All results have to be correlated with age and history of blood transfusion If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended.
2. In case of haemoglobinopathy, parents or family studies and counseling is advised.
3. This test detects Beta thalassaemia and haemoglobinopathies. DNA analysis is recommended to rule out alpha thalassaemia and silent carriers.
4. Mild to moderate increase in fetal heamoglobin can be seen in some acquired conditions like Pregnancy, Megaloblastic anaemia, Thyrotoxicosis, Hypoxia, Chronic kidney disease, Recovering marrow, MDS, Aplastic anaemia, PNH, Medications (Hydroxyurea, Erythropoietin) etc.
5. P3 window- Above 10% is often indicative of either denatured forms of hemoglobins or may suggest a possibility of abnormal haemoglobin variant. Hence,repeat analysis with fresh sample or DNA studies is advised.
6. Iron deficiency Anaemia may be associated with low HbA2 result
7. Megaloblastic; Anaemia may be associated with elevated HbA2 levels (False high result)
8. Adult hemoglobin mentioned above comprises of non glycosylated hemoglobin (HbAo), minor components of adult hemoglobin (HbA1a, HbA1b) and glycosylated hemoglobin (HbA1c).



**Dr. Islam Barkatullah Khan**
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# LABORATORY REPORT

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| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Fluoride Plasma | Report Date | : Feb 18, 2024, 04:09 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## BIOCHEMISTRY REPORT

### Preconception Screening- Female

**Glucose Random (BSR)**

| | | | |
|---|---|---|---|
| Glucose Random<br>Method : Hexokinase | 89.4 | mg/dL | Normal <140<br>Prediabetes 140–199<br>Diabetes =>200 |

**Interpretation:**

1.Also known as Casual plasma glucose .
2.Samples can be taken anytime during the day regardless of eating time.
3.Random blood glucose level of equal to or more than 200mg/dl is indicative of Diabetes mellitus.

**Source:** ADA Guidelines



Sohini Sengupta

Dr. Sohini Sengupta
MD (Cl Biochemistry), DNB,
FNB (Lab Medicine)
Medical Laboratory Director
HOD (Biochemistry & Special Assays)

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|---|---|---|---|
| Patient Name | **: Ms Dummy** | | |
| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Serum | Report Date | : Feb 18, 2024, 04:33 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **BIOCHEMISTRY REPORT** | | | |
| **Preconception Screening- Female** | | | |
| **Liver Function Test (LFT)** | | | |
| Bilirubin Total<br>Method : Photometric | 0.7 | mg/dL | 0.2 - 1.2 |
| Bilirubin Direct<br>Method : Diazo Reaction | 0.3 | mg/dL | 0.0 - 0.5 |
| Bilirubin Indirect<br>Method : Calculation (T Bil - D Bil) | 0.4 | mg/dL | 0.1 - 1.0 |
| SGOT/AST<br>Method : Enzymatic NADH (without P5P) | 27 | U/L | 11 - 34 |
| SGPT/ALT<br>Method : Enzymatic NADH (without P5P) | 30.8 | U/L | < 34 |
| SGOT/SGPT Ratio<br>Method : Calculated | 0.88 | - | - |
| Alkaline Phosphatase<br>Method : Photometric (Para-Nitrophenyl Phosphate) | 76 | U/L | 40 - 150 |
| Total Protein<br>Method : Biuret (Photometric) | 7.14 | g/dL | 6.4 - 8.3 |
| Albumin<br>Method : Colorimetric BCG | 4.39 | g/dL | 3.5 - 5.2 |
| Globulin<br>Method : Calculation (T.P - Albumin) | 2.75 | g/dL | 2.3 - 3.5 |
| Albumin :Globulin Ratio<br>Method : Calculation (Albumin/Globulin) | 1.6 | - | 1.0 - 2.1 |
| Gamma Glutamyl Transferase (GGT)<br>Method : Photometric | 32.3 | U/L | < 38 |

**Interpretation:**
The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

**indicate:**
1.bleeding



Sohini Sengupta
Dr. Sohini Sengupta
MD (Cl Biochemistry), DNB,
FNB (Lab Medicine)
Medical Laboratory Director
HOD (Biochemistry & Special Assays)

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| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Serum | Report Date | : Feb 18, 2024, 04:33 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

2.liver disorder
3.malnutrition
4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be

**caused by:**
1.A poor diet (malnutrition).
2.Kidney disease.
3.Liver disease. High albumin levels may be caused by: Severe dehydration.



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Dr. Sohini Sengupta
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FNB (Lab Medicine)
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| Sample Type | : Serum | Report Date | : Feb 18, 2024, 04:33 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **BIOCHEMISTRY REPORT** | | | |
| **Preconception Screening- Female** | | | |
| **Kidney Function Test (KFT)** | | | |
| Blood Urea<br>Method : Urease | **14.4** | mg/dL | 15 - 40 |
| Creatinine<br>Method : Kinetic Alkaline Picrate | 0.53 | mg/dL | 0.5 - 1.0 |
| Bun<br>Method : Calculated | 6.73 | mg/dL | 6 - 20 |
| Bun/Creatinine Ratio<br>Method : Calculated | 12.7 | | |
| Urea / Creatinine Ratio | 27.17 | | |
| Uric Acid<br>Method : Uricase | 4.38 | mg/dL | 2.5 - 6.2 |
| Calcium Serum<br>Method : Arsenazo III | 9 | mg/dL | 8.4 - 10.2 |
| Phosphorus<br>Method : Photometric | 2.9 | mg/dL | 2.3 - 4.7 |
| Sodium<br>Method : Potentiometric | **133.6** | mmol/L | 136 - 145 |
| Potassium<br>Method : Potentiometric | 4.6 | mmol/L | 3.5 - 5.1 |
| Chloride<br>Method : Potentiometric | 103.7 | mmol/L | 98 - 107 |

**Interpretation:**

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.



Sohini Sengupta

Dr. Sohini Sengupta
MD (Cl Biochemistry), DNB,
FNB (Lab Medicine)
Medical Laboratory Director
HOD (Biochemistry & Special Assays)

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| Sample Type | : Serum | Report Date | : Feb 18, 2024, 04:54 PM |
| Barcode No | : XXX | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## SEROLOGY AND IMMUNOLOGY REPORT

### Preconception Screening- Female

**VDRL**

| | | | |
|---|---|---|---|
| VDRL | NON REACTIVE | - | NON REACTIVE |

Method : RAPID CHROMATOGRAPHIC IMMUNOASSAY

**Interpretation:**

| RESULTS | REMARKS |
|---|---|
| Reactive | Indicates presence of IgM & IgG antibodies against Treponemal Pallidum antigens |
| Non Reactive | Indicates absence of IgM & IgG antibodies against Treponemal Pallidum antigens |

**Note**

1. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- AbS.
2. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.
3. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.
4. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.
5. Test conducted on serum.
6. It is a qualitative test.

**Uses**

To screen for presence of Syphilis infection.



Dr. Amit Singh
MD Microbiology
Consultant Microbiologist

Prof. Ashok Rattan
MD (Microbiology), MAMS.

| | | | |
|---|---|---|---|
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| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Serum | Report Date | : Feb 18, 2024, 04:54 PM |
| Barcode No | : XXX | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## SEROLOGY AND IMMUNOLOGY REPORT

### Preconception Screening- Female

### HIV Antibody, Rapid Card

| | | | |
|---|---|---|---|
| HIV 1 & 2 ANTIBODIES | NON REACTIVE | - | NON REACTIVE |

Method : Qualilative immunoassay,rapid card

**Interpretation:**

| RESULTS | REMARKS |
|---|---|
| Reactive | A reactive test results indicates antibody detected against HIV-1/2 |
| Non reactive | A non reactive test results indicates antibody is not detected against HIV- 1/2. |

**NOTE :**

**1. This is only a screening test. All samples detected reactive must be confirmed by using HIV Western Blot.** Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.

**2.** Some samples show cross reactivity fir HIV antibodies.Following factors are found to cause false positive HIV antibody test results: naturally occurring antibodies, Passive immunization, Leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpes simplex, Hypergammaglobulinemia, Malignant neoplasms, Rheumatoid ar thritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma, Haemophelia, Heat treated specimens, Lipemic serum, Anti-nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.

**3.** False negative results may occur during the window period and during the end stage of the disease.



Dr. Amit Singh
MD Microbiology
Consultant Microbiologist

Prof. Ashok Rattan
MD (Microbiology), MAMS.

| | | | |
|---|---|---|---|
| Patient Name | **: Ms Dummy** | | |
| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Serum | Report Date | : Feb 18, 2024, 04:54 PM |
| Barcode No | : XXX | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

**SEROLOGY AND IMMUNOLOGY REPORT**

**Preconception Screening- Female**

**Hepatitis C Antibody (HCV), Rapid Card**

| | | | |
|---|---|---|---|
| HEPATITIS C ANTIBODY (Anti-HCV)<br>Method : Qualitative immunoassay,rapid card | NON REACTIVE | | NON REACTIVE |

**Interpretation:**

| RESULTS | REMARKS |
|---|---|
| Reactive | Reactive test result indicates presence of Hepatitis C virus infection |
| Non Reactive | Non Reactive test result indicates absence of Hepatitis C virus infection |

NOTE

1.The **4TH Generation** HCV TRI-DOT detects anti-HCV in human serum or plasma and is **only a screening test**. All reactive samples should be confirmed by supplemental assays like RIBA .Therefore for a definitive diagnosis, the patient's clinical history ,symptomatalogy as well as serological data, should be considered. The results should be reported only after complying with above procedure.

2.A non reactive-results does not exclude the possibility of exposure to or infection with HCV.

3.Repeated false results may occur due to non-specefic binding of the sample to the membrane.

4.The presence of anti-HCV does not imply a HepatitisC infection but may be indicative of recent and /or past infection By HCV.

5.Patients with auto-immune liver diseases may show falsely reactive results.

6. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.

5. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.

**Uses** ·

To diagnose suspected HCV infection in risk group.

Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.



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MD Microbiology
Consultant Microbiologist

Prof. Ashok Rattan
MD (Microbiology), MAMS.

| | | | |
|---|---|---|---|
| Patient Name | : Ms Dummy | | |
| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Serum | Report Date | : Feb 18, 2024, 04:54 PM |
| Barcode No | : XXX | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

**SEROLOGY AND IMMUNOLOGY REPORT**

**Preconception Screening- Female**

**Hepatitis B Surface Antigen (HBsAg), Rapid Card**

| | | | |
|---|---|---|---|
| HEPATITIS B SURFACE ANTIGEN (HBsAg)<br>Method : Qualitative immunoassay,rapid card | NON REACTIVE | | NON REACTIVE |

**Interpretation:**

| RESULTS | REMARKS |
|---|---|
| Reactive | The sample is Reactive for HBsAg |
| Non Reactive | The sample is Non Reactive for HBsAg |

**Note**

1.**This is only a Screening test.** All reactive results should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient's clinical history ,symptomatalogy as well as serological data, should be considered. The results should be reported only after complying with above procedure.

2. Additional follow up testing using available clinical methods (along with repeat HBsAg rapid card test) is required, if the test is Non reactive with persisting clinical symptoms

3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.

4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.

**SEROLOGY AND IMMUNOLOGY REPORT**

**Preconception Screening- Female**

**Rubella IgG Antibodies**

| | | | |
|---|---|---|---|
| Rubella (German Measles)-IgG<br>Method : CLIA | 60.848 | IU/mL | Non-Reactive <5 IU/mL<br>Equivocal 5 - 10 IU/mL<br>Reactive >10 IU/mL |

**SEROLOGY AND IMMUNOLOGY REPORT**

**Preconception Screening- Female**

**Rubella IgM Antibodies**

| | | | |
|---|---|---|---|
| Rubella IgM<br>Method : CLIA | 0.001 | AU/mL | Non-Reactive <5 AU/mL<br>Equivocal 5 - 10 AU/mL<br>Reactive >10.0 AU/mL |



Dr. Amit Singh
MD Microbiology
Consultant Microbiologist

Prof. Ashok Rattan
MD (Microbiology), MAMS.

# LABORATORY REPORT

Redcliffe labs

| | | | |
|---|---|---|---|
| Patient Name | : **Ms Dummy** | | |
| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Spot Urine | Report Date | : Feb 18, 2024, 06:16 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **CLINICAL PATHOLOGY REPORT** | | | |
| **Preconception Screening- Female** | | | |
| **Urine Routine and Microscopic Examination** | | | |
| **Physical Examination** | | | |
| Volume | 15 | mL | - |
| Colour | Pale yellow | - | Pale yellow |
| Transparency | **Slightly Hazy** | - | Clear |
| Deposit | Present | - | Absent |
| **Chemical Examination** | | | |
| Reaction (pH)<br>Method : Double Indicator | 6.0 | - | 4.5 - 8.0 |
| Specific Gravity<br>Method : Ion Exchange | 1.010 | - | 1.010 - 1.030 |
| Urine Glucose (sugar)<br>Method : Oxidase / Peroxidase | Negative | - | Negative |
| Urine Protein (Albumin)<br>Method : Acid / Base Colour Excahnge | Negative | - | Negative |
| Urine Ketones (Acetone)<br>Method : Legals Test | Negative | - | Negative |
| Blood<br>Method : Peroxidase Hemoglobin | **Positive(Trace)** | - | Negative |
| Leucocyte esterase<br>Method : Enzymatic Reaction | Negative | - | Negative |
| Bilirubin Urine<br>Method : Coupling Reaction | Negative | - | Negative |
| Nitrite<br>Method : Griless Test | Negative | - | Negative |
| Urobilinogen<br>Method : Ehrlichs Test | Normal | - | Normal |
| **Microscopic Examination** | | | |
| Pus Cells (WBCs) | 2-4 | /hpf | 0 - 5 |
| Epithelial Cells | 4-6 | /hpf | 0 - 4 |
| Red blood Cells | 6-8 | /hpf | Absent |
| Crystals | Absent | - | Absent |
| Cast | Absent | - | Absent |
| Yeast Cells | Absent | - | Absent |
| Amorphous deposits | Absent | - | Absent |
| Bacteria | Absent | - | Absent |
| Protozoa | Absent | - | Absent |



**Dr. Islam Barkatullah Khan**
**MD (Pathology)**
**Consultant Pathologist**

# LABORATORY REPORT

Redcliffe labs

| | | | |
|---|---|---|---|
| Patient Name | **: Ms Dummy** | | |
| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM |
| Sample Type | : Spot Urine | Report Date | : Feb 18, 2024, 06:16 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|



Dr. Islam Barkatullah Khan
MD (Pathology)
Consultant Pathologist

| | | | |
|---|---|---|---|
| Patient Name | **: Ms Dummy** | | |
| DOB/Age/Gender | : 34 Y/Female | Bill Date | : Feb 17, 2024, 12:30 AM. |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 18, 2024, 11:34 AM. |
| Referred By | : Dr. | Sample Received | : Feb 18, 2024, 02:42 PM. |
| Sample Type | : EDTA Plasma$1 | Report Date | : Feb 20, 2024,04:53 PM. |
| Barcode No | : XXX | Report Status | : Final Report |

## MOLECULAR DIAGNOSTICS REPORT

## Hepatitis C (HCV) RNA By PCR, Qualitative

| TEST | RESULT |
|---|---|
| HEPATITIS C VIRAL (HCV) RNA PCR ( Qualitative) | NOT DETECTED |

**INTERPRETATION:**
1. A positive test result indicates that the patient is infected with the HEPATITIS C virus.
2. A negative test result suggests that the patient is not infected with HEPATITIS C virus.

**METHOD:** Real-Time Polymerase Chain Reaction (RT-PCR)

**REFERENCE VALUES** : Not Detected

**CLINICAL BACKGROUND:**
Hepatitis C is a viral infection that causes liver inflammation, sometimes leading to serious liver damage. The hepatitis C virus (HCV) spreads through contaminated blood.

Long-term infection with the hepatitis C virus is known as chronic hepatitis C. Chronic hepatitis C is usually a "silent" infection for many years, until the virus damages the liver enough to cause the signs and symptoms of liver disease.

**TEST LIMITATIONS:**
1) A **negative** result does not rule out the presence of PCR inhibitors in the patient specimen or assay-specific nucleic acid in concentrations below the level of detection by this assay.
2) An “Undetected” HCV RNA test result in conjunction with a positive anti-HCV status does not exclude the possibility of a resolved HCV infection. When clinically indicated, patients should be retested for HCV RNA in 1 to 2 months, to distinguish between past/resolved HCV infection and chronic HCV infection with episodic viral replication.



Dr. Amit Singh
MD Microbiology
Consultant Microbiologist

Hemraj Singh
M.SC. (Biotechnology)
Section Head, Mol. & Infectious

Prof. Ashok Rattan
MD (Microbiology), MAMS.

LABORATORY REPORT

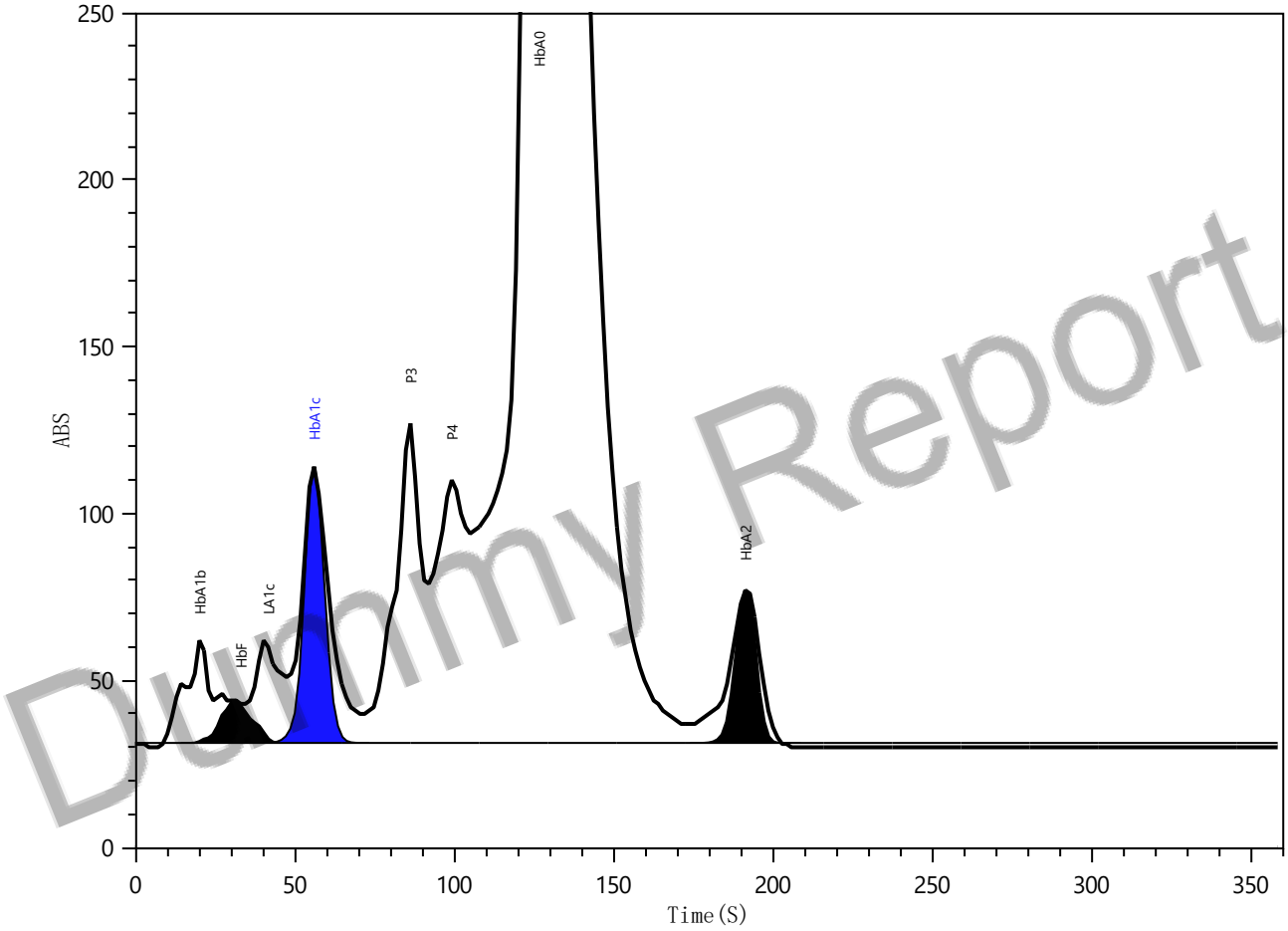
# Redcliffe Laboratory

Redcliffe labs

| | | | |
|---|---|---|---|
| Name: | Case: | Patient Type: | Test Date: 2024/02/18 16:42 |
| Gender: | Department: | Sample Type: Sample | Sample Id: XXX |
| Age: | Bed no: | | |

| Peak Name | Time(s) | Absorbance | Area | Area(%) | Reference Value |
|---|---|---|---|---|---|
| HbA1b | 20.0 | 62.0 | 3896.0 | 1.9 | |
| HbF | 32.6 | 43.0 | 2051.0 | 0.1 | |
| LA1c | 41.5 | 61.0 | 3015.0 | 1.4 | |
| HbA1c | 56.4 | 114.0 | 9146.0 | 4.7 | |
| P3 | 86.3 | 127.0 | 9525.0 | 4.7 | |
| P4 | 99.9 | 109.0 | 9391.0 | 4.6 | |
| HbA0 | 126.9 | 1140.0 | 161379.0 | 79.8 | |
| HbA2 | 192.2 | 78.0 | 5990.0 | 2.8 | |

Total Area: 204393






**Diagnosis:**

Sender: Send Date: 2024/02/18 Report Date: 2024/02/18 Tester: Checker:

Comment:

# LABORATORY REPORT

Redcliffe labs

| | | | |
|---|---|---|---|
| Patient Name | **: Ms Dummy** | | |
| DOB/Age/Gender | : 34 Y 0 M 0 D /Female | Bill Date | : 17-Feb-24 12:30 AM |
| Patient ID / UHID | : XXX | Sample Collected | : 18/Feb/2024 11:34AM |
| Referred By | : Dr. | Sample Received | : 18/Feb/2024 02:42PM |
| Sample Type | : URINE | Report Date | : 20/Feb/2024 05:24PM |
| Barcode No | : XXX | Report Status | : Final Report |

## Culture Aerobic, Urine

| | |
|---|---|
| NATURE OF SPECIMEN | URINE |
| RESULT | NO GROWTH AFTER 48 HOURS OF AEROBIC INCUBATION AT 37°C |

**Comment:**
**NOTE:**

1. Result of culture and antimicrobial susceptibility test need to be correlated clinically.
2. Previous history of antibiotic usage may influence the growth of microorganisms in vitro.

| Colony Count | Interpretation |
|---|---|
| Colony Counts of 10000 - >= 100000 CFU/ml of single/two Potential pathogen/s. | Significant growth. Suggestive of Urinary tract infection (UTI) requiring treatment based on antimicrobial susceptibility testing results. |
| Colony counts between 1000 to 10000 CFU/ml of single Potential pathogen. | Can be considered Significant growth,correlation with Microscopy and Clinical history required. |
| Colony counts upto 100 CFU/ml. | Insignificant growth. Probable commensal contamination during voiding. |
| Any number / Any count. | Significant in case of Suprapubic aspirates/surgically obtained (e.g. cystoscopy) specimens. |
| >= 3 organism types with no predominant (10000 >= 100000 CFU/ml ) pathogen. | Fresh specimen required as possibility of contamination during voiding. |

1. Low counts can be considered significant in patients on antimicrobial therapy, diuretics and growth of pure culture of S.aureus.
2. Any growth of yeasts may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.

***** End Of Report *****



**Dr. Amit Singh**
**MD Microbiology**
**Consultant Microbiologist**

**Prof. Ashok Rattan**
MD (Microbiology), MAMS.

# Terms and Conditions of Reporting

1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.

2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.

3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.

4. This report shall not be deemed valid or admissible for any medico-legal purposes.

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