

# smart Health Report

An Insightful Health Analytics Report  
for Easier Understanding



Prepared For

**Mr MR.DUMMY**

**M 23**

Name  
Mr MR.DUMMY

Patient ID  
8053233

Gender  
M

Age  
23

## Health Summary



### LIPID PROFILE

Everything looks good



### DIABETES MONITORING

Everything looks good



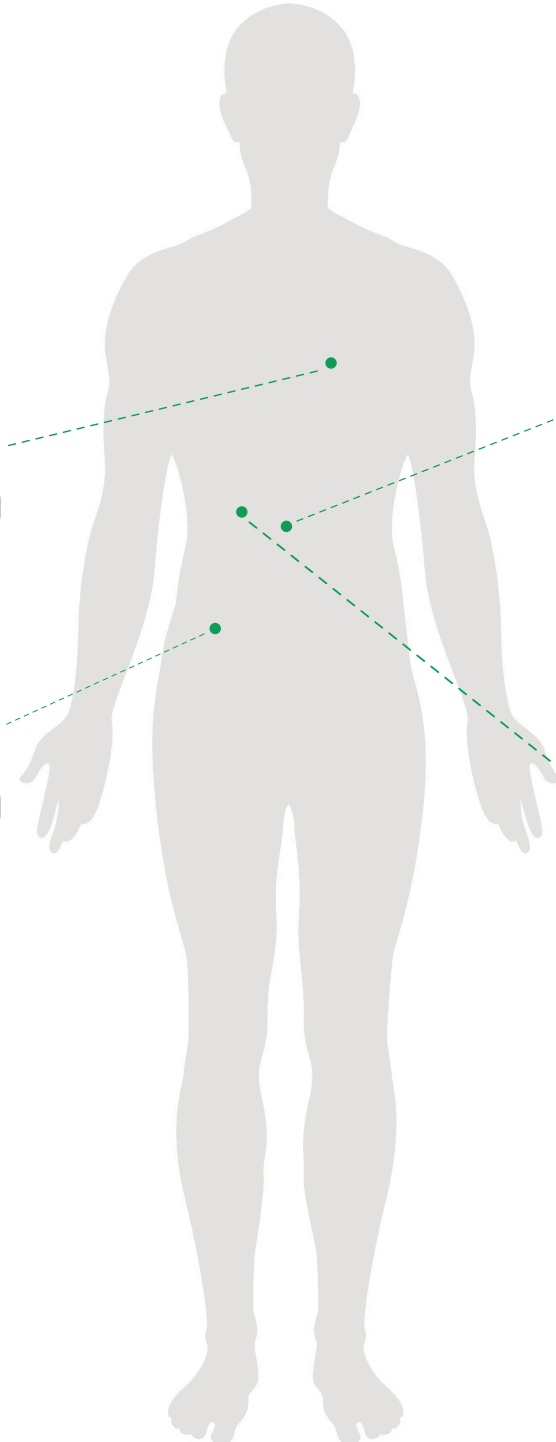
### KIDNEY PROFILE

Everything looks good



### LIVER PROFILE

Everything looks good



Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 25, 2024, 06:23 PM.
Patient ID / UHID : 8053233/RCL7249740	Barcode No : HY585712
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Whole blood EDTA	

Test Description	Value(s)	Unit(s)	Reference Range
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**Supersaver Diabetic Care Pro Pack for 2**

**HbA1C (Glycosylated Haemoglobin)**

Glycosylated Hemoglobin (HbA1c) <i>HPLC</i>	4.8	%	< 5.7
Estimated Average Glucose	91.06	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 Goal of therapy: < 7.0 Age < 19 years 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



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Processing Lab :-

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Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 11:45 AM.
Patient ID / UHID : 8053233/RCL7249740	Barcode No : ZC664069
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : FLUORIDE F	

Test Description	Value(s)	Unit(s)	Reference Range
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### Glucose Fasting (BSF)

Glucose Fasting <i>Hexokinase</i>	98.0	mg/dL	<100
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#### Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	≥126

**Reference :** American Diabetes Association

#### Comment :

Blood glucose determinations are commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

#### Note

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL or a random / 2 hour plasma glucose value of  $>$  or  $=$  200 mg/dL with symptoms of diabetes mellitus.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis.



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Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053233/RCL7249740	Report Date	: May 08, 2024, 12:44 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664068
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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### Blood Urea

Blood Urea <i>Urease with UV</i>	18.0	mg/dL	16.6 - 48.5
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**Interpretation:**  
Urea is a renal function test that is often interpreted with creatinine. It is also useful when measured before and after dialysis treatments.

### Blood Urea Nitrogen (Bun)

Blood Urea <i>Urease with UV</i>	18.0	mg/dL	16.6 - 48.5
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Bun <i>Calculated</i>	8.41	mg/dL	6 - 20
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### Creatinine

Creatinine <i>Jaffes</i>	0.7	mg/dL	0.70 - 1.20
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**Interpretation:**  
Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

### UREA / CREATININE RATIO

Urea / Creatinine Ratio	25.71		
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### BUN/CREATININE RATIO

Bun/Creatinine Ratio <i>Calculated</i>	12.01		
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### Uric Acid

Uric Acid <i>Uricase</i>	6.5	mg/dL	3.7 - 7.7
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**Interpretation:**  
Serum uric acid levels are very labile and show day to day and seasonal variation in some people. Levels are also increased by emotional stress, total fasting and increased body weight. Serum uric acid levels are used to diagnose and monitor treatment of gout, monitor chemotherapeutic treatment of neoplasms to avoid renal urate deposition with possible renal failure.

### Liver Function Test (LFT)

Bilirubin Total	0.2	mg/dL	0 - 1.2
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Referred By	: Dr. Dr. X	Barcode No	: ZC664068
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
<i>Diazo</i>			
Bilirubin Direct <i>Diazo Jondrof</i>	0.1	mg/dL	0 - 0.20
Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i>	0.1	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	15	U/L	up to 40
SGPT/ALT <i>IFCC without P5P</i>	16	U/L	up to 41
SGOT/SGPT Ratio <i>Calculated</i>	0.94	%	-
Alkaline Phosphatase <i>IFCC</i>	95	U/L	40 - 129
Total Protein <i>Biuret</i>	6.8	g/dL	6.4 - 8.3
Albumin <i>BCG Colorimetric</i>	4.0	g/dL	3.5 - 5.2
Globulin <i>Calculation (T.P - Albumin)</i>	2.8	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i>	1.43	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>IFCC Colorimetric</i>	15	U/L	8 - 61

**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-utaryl 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
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.



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DOB/Age/Gender	: 23 Y/Male	Report Date	: May 08, 2024, 12:44 PM.
Patient ID / UHID	: 8053233/RCL7249740	Barcode No	: ZC664068
Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Serum		

Test Description	Value(s)	Unit(s)	Reference Range
3.Liver disease. High albumin levels may be caused by: Severe dehydration.			



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Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 12:37 PM.
Patient ID / UHID : 8053233/RCL7249740	Barcode No : ZC664068
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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**Lipid Profile**

Total Cholesterol <i>CHOD-PAP</i>	124	mg/dL	<200
Triglycerides <i>Enzymatic colorimetric</i>	115	mg/dL	<150
HDL Cholesterol <i>CHOD-POD</i>	45	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	79	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	56	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	23	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	2.76	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.8	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	1.24	Ratio	-

**Interpretation:**

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

**Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.**

<b>Risk Category</b>	A. CAD with > 1 feature of high risk group
<b>Extreme risk group</b>	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease



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Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 12:37 PM.
Patient ID / UHID : 8053233/RCL7249740	Barcode No : ZC664068
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
<b>Very High Risk</b>	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia		
<b>High Risk</b>	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque		
<b>Moderate Risk</b>	2 major ASCVD risk factors		
<b>Low Risk</b>	0-1 major ASCVD risk factors		
<b>Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors</b>			
1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use		
2. Family history of premature ASCVD	4. High blood pressure		
5. Low HDL			

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

\* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

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Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 12:56 PM.
Patient ID / UHID : 8053233/RCL7249740	Barcode No : ZC664068
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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**Calcium**

Calcium Serum BAPTA	9.0	mg/dL	8.6 - 10.0
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**Interpretation:**  
 Elevated calcium value are associated with hyperparathyroidism, multiple myeloma, neoplasms of bone and parathyroid & conditions of rapid demineralization, tetany & occasionally with nephrosis & pancreatitis. Severe nephritis & uremia may cause either elevated or lowered calcium values. Decreased values of calcium are noted in hypoparathyroidism, vitamin D deficiency, renal insufficiency, hypoproteinemia, malabsorption syndrome, severe pancreatitis with pancreatic necrosis and pseudo-hypoparathyroidism.

**Estimated Glomerular Filtration Rate (eGFR)**

Creatinine Jaffes	0.7	mg/dL	0.70 - 1.20
eGFR (CKD-EPI)	133	ml/min/1.73 sq m	Normal Or High: >= 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15

**Interpretation:**

1. The CKD-EPI equation, expressed as a single equation, is:

- $GFR = 141 * \min(Scr/\kappa, 1)^\alpha * \max(Scr/\kappa, 1)^{-1.209} * 0.993^{Age} * 1.018$  [if female] \* 1.159 [if black]

Scr is serum creatinine (mg/dL),  $\kappa$  is 0.7 for females and 0.9 for males,  $\alpha$  is -0.329 for females and -0.411 for males, min indicates the minimum of Scr/ $\kappa$  or 1, and max indicates the maximum of Scr/ $\kappa$  or 1.

2. The CKD-EPI (Chronic Kidney Disease Epidemiology Collaboration) equation was developed in an effort to create a more precise formula to estimate glomerular filtration rate (GFR) from serum creatinine and other readily available clinical parameters, especially at when actual GFR is >60 mL/min per 1.73m<sup>2</sup>.

**Reference:** Levey et al. Annals of Internal Medicine 2009 May 5, 150 (9): 604-12



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Patient Name : <b>Mr MR.DUMMY</b>	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 12:51 PM.
Patient ID / UHID : 8053233/RCL7249740	Barcode No : ZC664070
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Spot Urine	

Test Description	Value(s)	Unit(s)	Reference Range
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**Microalbumin - Creatinine Ratio, Spot Urine**

Microalbumin <i>Immunoturbidimetric</i>	5.5	mg/L	
Creatinine ,Urine <i>Kinetic Alkaline Picrate</i>	28.0	mg/dL	24 - 392
Microalbumin Creatinine Ratio <i>Calculated</i>	19.64	mg/g	Normal <30 Microalbuminuria 30 to 299 Clinical albuminuria > 300



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Patient Name	: Mr MR.DUMMY	Sample Collected	: Apr 26, 2024, 01:00 PM
DOB/Age/Gender	: 23 Y/Male	Report Date	: May 25, 2024, 06:23 PM.
Patient ID / UHID	: 8053233/RCL7249740	Barcode No	: YA607743
Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Spot Urine		

Test Description	Value(s)	Unit(s)	Reference Range
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### Urine Routine and Microscopic Examination

Physical Examination			
Volume	20	ml	-
Colour	Pale yellow	-	Pale yellow
Transparency	Clear	-	Clear
Deposit	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	5.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.010	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legals Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Negative	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Negative	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Griless Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlichs Test</i>	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent

#### Interpretation:

**URINALYSIS-** Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

**Protein:** Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever



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Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Spot Urine		

Test Description	Value(s)	Unit(s)	Reference Range
<p><b>Glucose:</b> Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p>			
<p><b>Ketones:</b> Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.</p>			
<p><b>Blood:</b> Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p>			
<p><b>Leukocytes:</b> An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p>			
<p><b>Nitrite:</b> Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.</p>			
<p><b>pH:</b> The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.</p>			
<p><b>Specific gravity:</b> Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.</p>			
<p><b>Bilirubin:</b> In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p>			
<p><b>Urobilinogen:</b> Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

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

**Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.**

**Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.**



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This is a sample report provided for demonstration purposes only and does not represent an actual patient report. Test results, reference ranges, methodologies, instrumentation, and report formats may vary depending on the laboratory performing the test. The format and representation shown are indicative of reports generated by the National Reference Laboratory of Redcliffe Labs, Noida. This sample report should not be used for medical interpretation, diagnosis, or treatment decisions.