LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053315/RCL7247996	Report Date	: May 04, 2024, 10:29 PM
Referred By	: Dr. Dr. X	Barcode No	: HY569751
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Cancer Screening Package Advance - Female

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry*	**11.5**	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.8	10^6/µl	4.5 - 5.5
PCV *Calculated*	**34.9**	%	40 - 50
MCV *Calculated*	**73.3**	fl	83 - 101
MCH *Calculated*	**24.1**	pg	27 - 32
MCHC *Calculated*	32.9	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**14.3**	%	11.6 - 14.0
RDW-SD *Calculated*	36	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	**10.4**	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow-cytometry DHSS*	57.2	%	40-80
Lymphocytes *Flow-cytometry DHSS*	30.2	%	20-40
Monocytes *Flow-cytometry DHSS*	9	%	2-10
Eosinophils *Flow-cytometry DHSS*	3.6	%	1-6
Basophils *Flow-cytometry DHSS*	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	5.95	10^3/µl	2 - 7
Lymphocytes. *Calculated*	**3.14**	10^3/µl	1 - 3
Monocytes. *Calculated*	0.94	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.37	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5

Dr. Islam Barkatullah Khan
MD (Pathology)
Consultant Pathologist

Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

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Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	163	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	11.8	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	**29.8**	fL	8.3 - 25.0
P-LCR *Calculated*	**50.4**	%	18 - 50
P-LCC *Calculated*	82	%	44 - 140
Mentzer Index *Calculated*	15.27	%	> 13

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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Patient ID / UHID	: 8053315/RCL7247996	Report Date	: May 04, 2024, 03:07 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC624426
Sample Type	: Serum	Report Status	: Final Report

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

CA 125 (Ovarian Cancer Marker)

CA 125 OVARIAN CANCER MARKER, SERUM *CMIA*	12.4	U/mL	<35

Interpretation:

CA 125 is a surface antigen, identified as a 200 - 1000 kDa mucin-like glycoprotein associated with non-mucinous epithelial ovarian malignancy. CA 125 is a useful tumor marker for evaluating therapy and monitoring disease status in patients under treatment for ovarian cancer. Measured serially the levels of CA 125 correspond with disease progression or regression. The rate of change in CA 125 is also highly prognostic. As a diagnostic tool however, the level of CA 125 alone is not sufficient to determine the presence of extent of disease. Levels of CA 125 should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed ovarian carcinorma frequently have levels of CA 125 within the range observed in healthy regarding the histological grade or diameter of the tumor mass.

Elevated levels of CA 125 can be observed in patients with nonmalignant diseases. Patients with certain benign conditions, such as hepatic cirrhosis, acute pancreatitis, endometriosis, pelvic inflammatory disease, menstruation and first trimester pregnancy show elevated levels of CA 125. Elevated levels are also found in 1 to 2 % of healthy donors. Measurements of CA 125 sholud always be used in conjunction with other diagnostic procedures, including information from the patients clinical evaluation. The concentration of CA 125 in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods, calibration, and reagent specificity. Values obtained with different assay methods cannot be used interchangeably. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animal or to animal serum products can be prone to this interference and anomalous values may be observed

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Carcinoembryonic Antigen (CEA)

CEA; CARCINO EMBRYONIC ANTIGEN, SERUM *CMIA*	2.9	ng/mL	<3.0

Interpretation:

REFERENCE GROUP	REFERENCE RANGE IN ng/mL
Non Smokers	<3.0
Smokers	<5.0

Note :
1. This test is not recommended for cancer screening in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed carcinoma may show normal pre-treatment CEA levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CEA levels are usually indicative of progressive malignant disease and poor therapeutic response.

Clinical Use
1. Monitoring patients with Colorectal, Gastrointestinal, Lung & Breast carcinoma
2. Diagnosis of occult metastatic disease and / or residual disease

CA 15.3 (Breast Cancer Marker)

CA 15.3 BREAST CANCER MARKER, SERUM *CMIA*	12.0	U/mL	<31.3

Interpretation:
Note :
1. This test is not recommended to screen Breast cancer in the general population.
2. False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed Breast cancer may show normal pre-treatment CA 15.3 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.

Clinical Use :
1. An aid in the management of Breast cancer patients. It Is useful in monitoring therapy and progression in Metastatic Breast cancer patients. A significant increase in levels must be at least 25% that correlates with disease progression in 90% of the patients. A decrease of at least 25% in levels correlates with regression of the disease in 78% of patients
2. Predict recurrence in patients with stage II / III Breast carcinoma

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Human Chorionic Gonodotropin (HCG), Tumor Marker

HCG BETA, TOTAL, TUMOR MARKER *CMIA*	2.1	mIU/mL	<5.0

Interpretation:

Note:

1. This test is not recommended to screen Germ cell tumors in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. HCG levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies, nonspecific protein binding, HCG like substances & certain medications

Clinical Use :

1. An aid in the management of Trophoblastic tumors. HCG is elevated in nearly all patients and correlates with tumor volume and disease prognosis. It is also useful in monitoring therapy. Persistent HCG levels following therapy indicate the presence of residual disease. During chemotherapy, weekly HCG measurement is recommended. After remission is achieved, yearly HCG measurement is recommended to detect relapse.
2. Monitoring Germ cell tumors, Non seminomatous testicular tumors & less frequently Seminomas . HCG alone is useful in identifying Trophoblastic tumors, and alongwith AFP in detecting Non seminomatous testicular tumors

Increased Levels :

1. Testicular tumors
2. Ovarian Germ cell tumors
3. Gestational Trophoblastic disease
4. Non germ cell tumors - Melanoma & Carcinomas of breast, GI Tract, Lung & Ovary
5. Benign conditions like Cirrhosis, Duodenal ulcer and Inflammatory bowel disease

*** 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.

Dr. Dummy

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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.

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