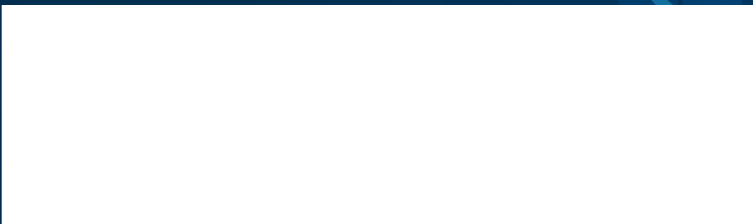


smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For



Name Gender

Patient ID Age

Your Health Summary

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

Your Health at a Glance – A Personalized Journey

Report Sections

- 1 Body Summary**
A visual snapshot of your overall health, simple and easy to understand
- 2 Quick Health Highlights**
Your health scores and a single view of all abnormal results for quick attention
- 3 Lab Report Overview**
Understand at a glance which tests are normal and which are abnormal
- 4 Personalized Health Advisory**
Actionable insights and expert guidance tailored just for you
- 5 Doctor's Reference Report**
Complete lab results with interpretations to share with your healthcare provider

How to Read This Report

This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

Name

Gender

Patient ID

Age

Your Health Summary

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Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



CARDIAC PROFILE

Test Name

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)

Please Watchout



KIDNEY PROFILE

Everything looks good



ANEMIA STUDIES

Test Name	Result
Hemoglobin	11.5
PCV	34.6
Please Watchout	



VITAMIN PROFILE

Everything looks good

Note: This section offers a quick snapshot of parameters. For detailed analysis and clinical interpretation, please refer to the following pages

Name Gender

Patient ID Age

Your Health Summary

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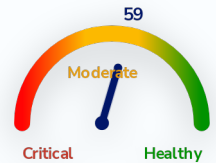
Quick Health Summary

Personal Insights - Health Score

59

Your health assessment indicates significant concerns in areas such as infection, cardiac health, and allergies, which require attention. While other parameters like liver and thyroid health are strong, it's essential to address the abnormal scores to mitigate future risks. We recommend lifestyle modifications and monitoring, along with potential minor medication to support your overall well-being.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
42	5

Health Status by Body System

Profile	Abnormal / Total	Key Results
Anemia Studies	2 / 11	<ul style="list-style-type: none"> ● Hemoglobin: 11.5 g/dL (Normal: 12.0–15.0 g/dL) ● PCV: 34.6 % (Normal: 36–46 %)
Blood Clotting	1 / 5	<ul style="list-style-type: none"> ● PCT: 0.4 % (Normal: 0.17–0.32 %)
Cardiac Profile	1 / 1	<ul style="list-style-type: none"> ● HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 6.6 mg/L (Normal: 0–1 mg/L)
Immunity	1 / 1	<ul style="list-style-type: none"> ● IMMUNOGLOBULIN IgE TOTAL SERUM: 136 IU/mL (Normal: 0–100 IU/mL)
Blood Counts	0 / 14	All Normal
Kidney Profile	0 / 1	All Normal
Thyroid Profile	0 / 1	All Normal
Vitamin Profile	0 / 2	All Normal

Name Gender

Patient ID Age

Your Health Summary

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Report Summary

● Normal
 ● Abnormal
 No color - Reference range not available

ANEMIA STUDIES

Test Name	Result <small>unit</small>	Range
● Hemoglobin	11.5 g/dL	12-15
● PCV	34.6 %	36-46
● MCV	84.9 fl	83-101
● MCH	28.3 pg	27-32
● MCHC	33.4 g/dL	31.5-34.5
● RDW (CV)	13 %	11.6-14
● RDW-SD	37.1 fl	35.1-43.9
● Iron	94 µg/dL	50-170
● TIBC,(Total Iron Binding Capacity)	343 µg/dL	250-450
● UIBC	249 µg/dL	70-310
● Transferrin Saturation	27.41 %	16-45

BLOOD COUNTS

Test Name	Result <small>unit</small>	Range
● RBC Count	4.1 $10^6/\mu\text{l}$	3.8-4.8
● TLC	7.2 $10^3/\mu\text{l}$	4-10
● Neutrophils	52 %	40-80
● Lymphocytes	40 %	20-40
● Monocytes	6 %	2-10
● Eosinophils	2 %	1-6
● Basophils	0 %	< 2
● Neutrophils.	3.74 $10^3/\mu\text{l}$	2-7
● Lymphocytes.	2.88 $10^3/\mu\text{l}$	1-3
● Monocytes.	0.43 $10^3/\mu\text{l}$	0.2-1
● Eosinophils.	0.14 $10^3/\mu\text{l}$	0.02-0.5
● Basophils.	0 $10^3/\mu\text{l}$	< 0.1
● Platelet Count	380 $10^3/\mu\text{l}$	150-410
Mentzer Index	20.71 %	

Name Gender

Patient ID Age

Your Health Summary

Understand Your Health At A Glance
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Report Summary

Normal
 Abnormal
 No color - Reference range not available

BLOOD CLOTTING

Test Name	Result <small>unit</small>	Range
<input checked="" type="radio"/> Mean Platelet Volume (MPV)	9.4 fL	9.3-12.1
<input type="radio"/> PCT	0.4 %	0.17-0.32
<input checked="" type="radio"/> PDW	14.4 fL	8.3-25
<input checked="" type="radio"/> P-LCR	27.5 %	18-50
<input checked="" type="radio"/> P-LCC	105 10 ⁹ /L	44-140

KIDNEY PROFILE

Test Name	Result <small>unit</small>	Range
<input checked="" type="radio"/> Calcium Serum	8.67 mg/dL	8.4-10.2

CARDIAC PROFILE

Test Name	Result <small>unit</small>	Range
<input type="radio"/> HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	6.6 mg/L	< 1

THYROID PROFILE

Test Name	Result <small>unit</small>	Range
<input checked="" type="radio"/> Thyroid Stimulating Hormone (Ultrasensitive)	3.4354 μ IU/mL	0.35-4.94

IMMUNITY

Test Name	Result <small>unit</small>	Range
<input type="radio"/> IMMUNOGLOBULIN IgE TOTAL SERUM	136 IU/mL	< 100

VITAMIN PROFILE

Test Name	Result <small>unit</small>	Range
<input checked="" type="radio"/> Vitamin D 25 - Hydroxy	39.9 ng/mL	30-100
<input checked="" type="radio"/> Vitamin - B12	251 pg/mL	187-883

Name

Gender

Patient ID

Age

Your Health Summary

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Health Advisory

● Normal (N) ● Low (L) ● High (H)

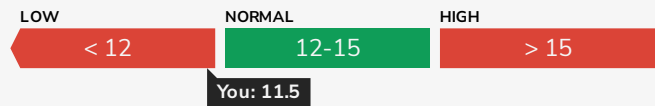


Anemia Profile

Anemia is the condition where your body has less RBCs (red blood cells) or the RBCs don't have enough haemoglobin. Haemoglobin is the protein present in RBCs that help carry oxygen to your body's tissues.

Hemoglobin: 11.5g/dL

● LOW



Cardiac Profile

Most people believe they are safe from heart diseases, but in reality, heart diseases are the leading cause of death in the world. There are many different forms of heart disease. Narrowing or blockage of the coronary arteries is the most common cause of heart disease, which are the vessels that supply blood to the heart. This is called coronary artery disease and it occurs slowly over time. It is the main cause of heart attacks.

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 6.6mg/L

● HIGH

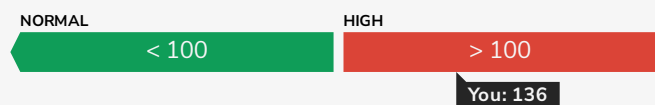


Immunity

Immunity is your body's ability to fight infection and protect your body from viruses and bacteria. When your immunity is weak, or your immune system does not work properly then it will result in you getting ill and some diseases like AIDS and HIV.

IMMUNOGLOBULIN IgE TOTAL SERUM: 136IU/mL

● HIGH

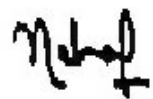


Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			
Test Description	Value(s)	Unit(s)	Reference Range

Fitness Package Advanced- Female

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Cyanide free spectrophotometry</i>	11.5	g/dL	12.0 - 15.0
RBC Count <i>Electrical impedance</i>	4.1	10 ⁶ /μl	3.8 - 4.8
PCV <i>Calculated</i>	34.6	%	36 - 46
MCV <i>Calculated</i>	84.9	fl	83 - 101
MCH <i>Calculated</i>	28.3	pg	27 - 32
MCHC <i>Calculated</i>	33.4	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	13	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	37.1	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	7.2	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	52	%	40 - 80
Lymphocytes <i>Flow-cytometry DHSS</i>	40	%	20 - 40
Monocytes <i>Flow-cytometry DHSS</i>	6	%	2 - 10
Eosinophils <i>Flow-cytometry DHSS</i>	2	%	1 - 6
Basophils <i>Flow-cytometry DHSS</i>	0	%	0 - 2
Absolute Leukocyte Counts			
Neutrophils. <i>Calculated</i>	3.74	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	2.88	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.43	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.14	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02-0.1



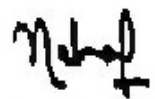
Dr. Neha Prabhakar
MBBS, MD(Pathology)

Patient NAME	Report STATUS :
DOB/Age/Gender	Barcode NO :
Patient ID / UHID	Sample Type :
Referred BY	Report Date :
Sample Collected	

Test Description	Value(s)	Unit(s)	Reference Range
<i>Calculated</i>			
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	380	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.4	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.4	%	0.17 - 0.32
PDW <i>Calculated</i>	14.4	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	27.5	%	18 - 50
P-LCC <i>Calculated</i>	105	10 ⁹ /L	44 - 140
Mentzer Index <i>Calculated</i>	20.71	%	> 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.



Dr. Neha Prabhakar
MBBS, MD(Pathology)

Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			

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

Calcium Serum <i>Arsenazo III</i>	8.67	mg/dL	8.4 - 10.2
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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.



Dr. Poulami Sarkar
MBBS,MD (Biochemistry)
Consultant Biochemist
NMC Certificate No. 24-005955

Patient NAME		Report STATUS
DOB/Age/Gender		Barcode NO
Patient ID / UHID		Sample Type
Referred BY		Report Date
Sample Collected		

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

Iron <i>Ferene</i>	94	µg/dL	50 - 170
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	343	µg/dL	250 – 450
UIBC <i>Ferene</i>	249	µg/dL	70 - 310
Transferrin Saturation <i>Calculated</i>	27.41	%	16 - 45

Interpretation:

Increased levels due to iron ingestion or ineffective erythropoiesis. Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency. Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron, ineffective erythropoiesis, haemochromatosis or liver disease. High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has: Hemochromatosis, Certain types of anemia due to accumulated iron, Malnutrition, kidney disease that causes a loss of protein in urine.



Dr. Poulami Sarkar
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Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Immunoturbidimetric</i>	6.6	mg/L	<1.00
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Interpretation:

Cardio CRP In mg/L	Cardiovascular Risk
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments:

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

Ferritin

Ferritin <i>CMIA</i>	26.7	ng/mL	4.63 - 204.0
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Interpretation:

Note:

Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

Comments

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels

1. Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
2. Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
3. Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns · Acute & Chronic hepatocellular disease

Decreased Levels

Iron deficiency anemia



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Patient NAME		Report STATUS	
DOB/Age/Gender		Barcode NO	
Patient ID / UHID		Sample Type	
Referred BY		Report Date	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

FT3 (Free Triiodothyronine 3)

T3, Free <i>CMIA</i>	2.97	pg/mL	1.58 - 3.91
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Interpretation:

1. Triiodothyronine (T3) is one of the two primary thyroid hormones the thyroid gland produces, along with thyroxine (T4). T3 regulates metabolism, energy production, growth, and development throughout the body.
2. Free T3 refers to the portion of T3 that is unbound to proteins in the blood and is considered the active form of the hormone. It represents the fraction of T3 available for cellular uptake and metabolic activity.
3. The free T3 blood test assesses thyroid function and diagnoses thyroid disorders, such as hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid). It provides valuable information about the body's metabolic rate and thyroid hormone status.

FT4 (Free Thyroxine 4)

T4, Free <i>CMIA</i>	1.08	ng/dL	0.7 - 1.48
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Interpretation:

1. Free T4 is the unbound and active form of thyroxine, a hormone produced by the thyroid gland that helps regulate metabolism, energy production, and overall growth and development. Interpreting free T4 levels helps diagnose thyroid function disorders.
2. Low free T4 levels, indicative of hypothyroidism, can result from several causes. Primary hypothyroidism occurs when the thyroid gland itself is underactive, often due to Hashimoto's thyroiditis, iodine deficiency, or thyroid surgery. Secondary hypothyroidism arises when the pituitary gland fails to produce sufficient thyroid-stimulating hormone (TSH) to activate the thyroid, commonly due to pituitary disorders. Tertiary hypothyroidism is caused by the hypothalamus failing to produce enough thyrotropin-releasing hormone (TRH), which leads to decreased production of TSH and subsequently T4.
3. High free T4 levels, indicative of hyperthyroidism, can be caused by various conditions. Graves' disease, an autoimmune disorder, overstimulates the thyroid gland, leading to excessive hormone production. Overactive thyroid nodules can also contribute to high free T4 levels by producing excess hormone independently. Thyroiditis, an inflammation of the thyroid, can release stored hormones into the bloodstream, causing elevated levels. Overmedication with thyroid hormone replacement can also result in high free T4 levels.



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Patient NAME		Report STATUS	
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Patient ID / UHID		Sample Type	
Referred BY		Report Date	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) CMIA	3.4354	µIU/mL	0.35 - 4.94
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Interpretation:

Pregnancy	Reference ranges TSH
1st Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Note:

TSH levels are subject to circadian variation, reaching peak levels between 2-4 am. and at a minimum between 6-10 pm. The variation is of 50 %, hence time of the day has influence on the measured serum TSH concentrations.

Clinical Use:

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

Increased Levels : Primary hypothyroidism, Subclinical hypothyroidis, TSH dependent Hyperthyroidism, Thyroid hormone resistance

Decreased Levels: Grace disease, Autonomous thyroid hormone secretion, TSH deficiency



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Patient NAME		Report STATUS :	
DOB/Age/Gender		Barcode NO :	
Patient ID / UHID		Sample Type :	
Referred BY		Report Date :	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

Luteinizing Hormone (LH)

Luteinising Hormone-LH <i>CMIA</i>	7.01	mIU/mL	Follicular Phase 1.80 - 11.78 Mid-Cycle Peak 7.59 - 89.08 Luteal Phase 0.56 - 14.00 Postmenopausal Females Without HRT 5.16 - 61.99
<p>Interpretation:</p> <p>Clinical Use</p> <ul style="list-style-type: none"> · Diagnosis of gonadal function disorders · Diagnosis of pituitary disorders <p>Increased levels</p> <ul style="list-style-type: none"> · Primary hypogonadism · Gonadotropin secreting pituitary tumors <p>Decreased levels</p> <ul style="list-style-type: none"> · Hypothalamic GnRH deficiency · Pituitary LH deficiency · Ectopic steroid hormone production · GnRH analog treatment 			

Follicle Stimulating Hormone (FSH)

Follicle Stimulating Hormone-FSH <i>CMIA</i>	4.65	mIU/mL	Normally Menstruating Females Follicular Phase 3.03 - 8.08 Mid-Cycle Peak 2.55 - 16.69 Luteal Phase 1.38 - 5.47 Postmenopausal Females 26.72 - 133.41
<p>Interpretation:</p> <p>Clinical Use</p> <ul style="list-style-type: none"> · Diagnosis of gonadal function disorders · Management and treatment of infertility in both genders <p>Increased levels</p> <ul style="list-style-type: none"> · Primary hypogonadism · Gonadotropin secreting pituitary tumors <p>Decreased levels</p> <ul style="list-style-type: none"> · Hypothalamic GnRH deficiency · Pituitary FSH deficiency · Ectopic steroid hormone production 			



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Patient NAME :		Report STATUS	
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Patient ID / UHID :		Sample Type	
Referred BY :		Report Date	
Sample Collected :			
Test Description	Value(s)	Unit(s)	Reference Range

Creatine Phosphokinase (CPK)

Creatine Kinase-CPK <i>NAC (N-acetyl-L-cysteine)</i>	94	U/L	29 - 168
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Interpretation:

High CPK levels may be seen in patients who have Brain injury or stroke, Convulsions, Delirium tremens, Dermatomyositis or polymyositis, Electric shock, Heart attack, Inflammation of the heart muscle (myocarditis), Lung tissue death (pulmonary infarction), Muscular dystrophies, Myopathy.



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Patient ID / UHID :		Sample Type
Referred BY :		Report Date
Sample Collected :		

Test Description	Value(s)	Unit(s)	Reference Range
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Immunoglobulin E (IgE Total)

IMMUNOGLOBULIN IgE TOTAL SERUM ECLIA	136	IU/mL	<100.0
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Interpretation:

The level of serum IgE rises during childhood and reaches adult levels during the teens. IgE is the mediator of the allergic response. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. Total serum IgE levels may also be elevated in the presence of some clinical conditions that are not related to allergy. These clinical conditions include parasitic infections, immunodeficiency states, autoimmune diseases, Hodgkins disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.



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Patient ID / UHID :		Sample Type
Referred BY :		Report Date
Sample Collected :		

Test Description	Value(s)	Unit(s)	Reference Range
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Vitamin D (25 Hydroxy)

Vitamin D 25 - Hydroxy <i>CMIA</i>	39.9	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100
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Interpretation:

25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

Vitamin B12

Vitamin - B12 <i>CMIA</i>	251	pg/mL	187 - 883
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Interpretation:

Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms.

Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

1. Out of 140 healthy indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."

*** End Of Report ***



Dr. Poulami Sarkar
MBBS, MD (Biochemistry)
Consultant Biochemist
NMC Certificate No. 24-005955

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.
5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

DISCLAIMER

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.