Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

www.redcliffelabs.com

SMART HEALTH REPORT

ISO 9001 :2015

Redcliffe labs

Name

Gender

Patient ID

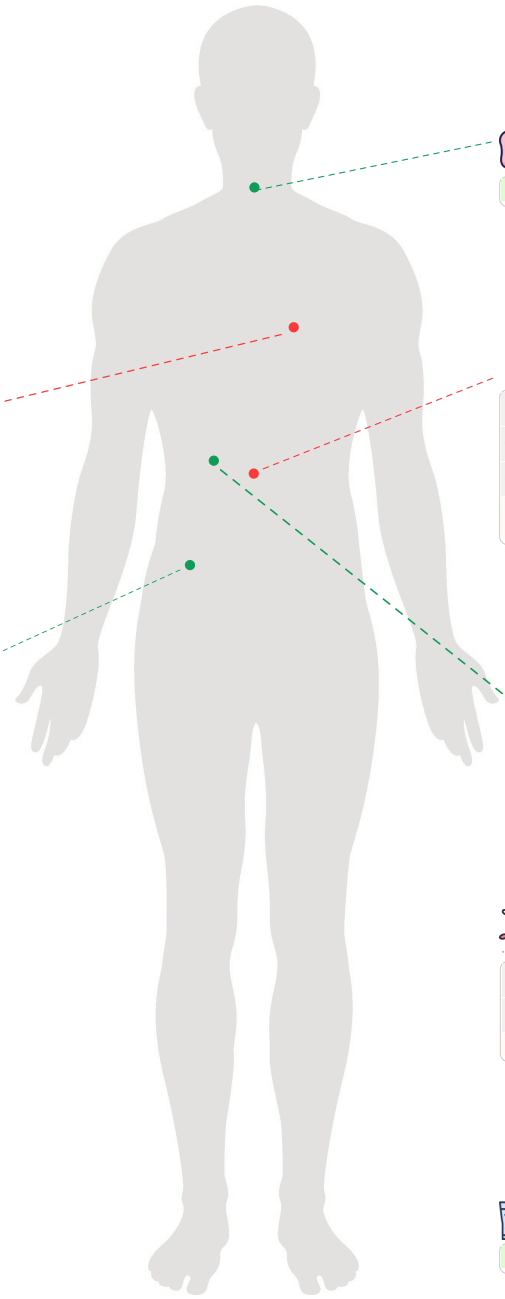
Age

Your Health Summary

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

View Detailed Summary on our App

Health Summary



BLOOD COUNTS

Everything looks good

LIPID PROFILE

Test Name	Result
Triglycerides	152
HDL Cholesterol	38.2
LDL Cholesterol	79.4

Please Watchout

KIDNEY PROFILE

Bun	8.6

Everything looks good

THYROID PROFILE

Everything looks good

DIABETES MONITORING

Test Name	Result
Glycosylated Hemoglobin (HbA1c)	8.8
Glucose Fasting	102

Please Watchout

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Test Name	Result
Hemoglobin	10.9

Please Watchout

MINERAL PROFILE

Everything looks good

Name

Gender

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Age

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Health Advisory

Normal (N) Low (L) Borderline (BL) High (H)

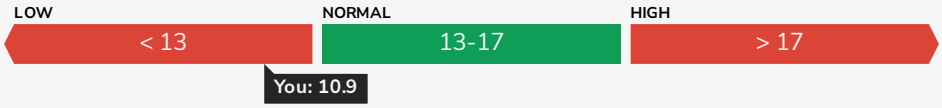
Anemia Profile

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: 10.9 g/dL

LOW

Hemoglobin is present in the Red Blood Cells and it carries oxygen to the tissues. If Hb is less it causes anemia. Anemia because of low hemoglobin and is more common in women.



Abnormal results may indicate :

Anemia.

Diet and Lifestyle Tips :

Eat iron rich foods as iron is essential for the production of hemoglobin. Iron-rich foods include meat, fish, eggs and oysters, beans, lentils, dark green leafy vegetables (spinach, watercress, curly kale), broccoli, iron fortified cereals and dried fruits (apricots, prunes and raisins).

Avoid drinking tea and coffee with meals, and foods with high phytic acid, such as whole grain cereals, as they can affect digestive absorption of iron from your diet.

Your body absorbs iron from plant-based foods better when you eat them with vitamin-C rich foods, such as oranges, strawberries, melons, peppers and tomatoes.

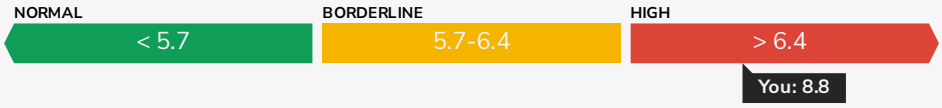
Diabetes

This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

Glycosylated Hemoglobin (HbA1c): 8.8 %

HIGH

HbA1c is your average blood glucose (sugar) levels for the past three months.



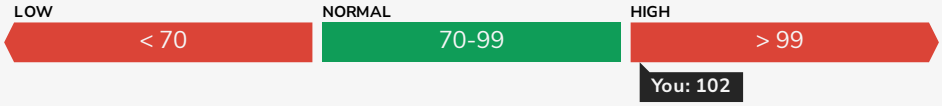
High HbA1c indicates: :

Average of blood glucose level in the last 2-3 months is abnormally high.

Glucose Fasting: 102 mg/dL

HIGH

The amount of glucose in your blood continuously changes - it sometimes goes up and sometimes comes down. But that depends on a lot of things. For example, your food timings affect the amount of glucose. That is why fasting is required for this test.

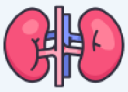


Symptoms :

Increased thirst and frequent urination

Extreme hunger

Unexplained weight loss



Kidney Profile

This panel is used to check healthy functioning of your kidneys. Kidneys filter blood in your body to remove waste products - these waste products are produced when breakdown of proteins (present in food, muscles and other cells) occurs in the body to generate energy

Bun: 8.6 mg/dL

This test measures the amount of urea nitrogen in the blood which is one of the waste products removed from the blood. A high value might indicate problem with kidney function

Common reasons for abnormal results :

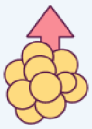
Dehydration

A high protein diet

Use of some medicines

Abnormal results may indicate :

Your kidneys are not functioning properly.



Lipid Profile

A panel of tests that measures the amount of fat or lipid in your blood.

Triglycerides: 152 mg/dL

● HIGH

The most common type of fat stored in your body. Triglycerides rise in your blood after you have a meal - as your body converts energy that is not needed right away - into fat.

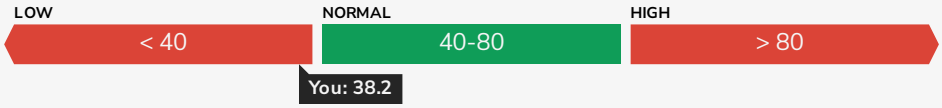
Abnormal results may indicate :

High triglyceride levels increase your risk of heart, vascular disease. metabolic syndrome and stroke.

HDL Cholesterol: 38.2 mg/dL

● LOW

Heart friendly cholesterol HDL reduces your chances of heart disease by removing harmful bad cholesterol.



Did You Know?

HDL particles have antioxidant, anti-inflammatory, anti-thrombotic properties, which may contribute to their ability to inhibit atherosclerosisNCBI-Books. HDL are called protective lipoproteins.

LDL Cholesterol: 79.4 mg/dL

LDL (Low-Density Lipoprotein) is "bad" cholesterol because it deposits fat around your blood vessels to cause heart disease.

Did You Know?

Saturated fats occur naturally in many foods, primarily meat and dairy products. Beef, lamb, pork and poultry (with the skin on), butter, cream and cheese made from whole milk, are high in saturated fats.

Plant-based foods that contain saturated fats include coconut oil, cocoa butter, palm oil and palm kernel oil (often called tropical oils).

LABORATORY REPORT

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

NABL M(EL)T LABS
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One Plus One Family Duo Package

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	**10.9**	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.0	10^6/µl	4.5 - 5.5
PCV *Calculated*	**37.1**	%	40 - 50
MCV *Calculated*	**74.2**	fl	83 - 101
MCH *Calculated*	**21.8**	pg	27 - 32
MCHC *Calculated*	**29.3**	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**17.2**	%	11.6 - 14.0
RDW-SD * *Calculated*	**45.4**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	8	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	62.5	%	40-80
Lymphocytes	30.6	%	20-40
Monocytes	2.4	%	2-10
Eosinophils	4.5	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	5	10^3/µl	2 - 7
Lymphocytes.	2.45	10^3/µl	1 - 3
Monocytes.	**0.19**	10^3/µl	0.2 - 1.0
Eosinophils.	0.36	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	298	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**13.2**	fL	9.3 - 12.1
PCT * *Calculated*	**0.4**	%	0.17 - 0.32

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MBBS, MD (Pathology)
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	15.9	fL	8.3 - 25.0
P-LCR * *Calculated*	**50.1**	%	18 - 50
P-LCC * *Calculated*	**149**	10^9/L	44 - 140
Mentzer Index * *Calculated*	14.84	%	> 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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Test Description	Value(s)	Unit(s)	Reference Range
Erythrocyte Sedimentation Rate (ESR)			
ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	4	mm/hr	0 - 14

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.

Reference- Dacie and lewis practical hematology

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	**8.8**	%	< 5.7
Estimated Average Glucose *	205.86	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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Test Description	Value(s)	Unit(s)	Reference Range

Glucose Fasting

Glucose Fasting *Hexokinase*	**102**	mg/dL	70 - <100

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 in 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
1.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.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Test Description	Value(s)	Unit(s)	Reference Range
Liver Function Test (LFT)			
Bilirubin Total *Photometric*	0.3	mg/dL	0.2 - 1.2
Bilirubin Direct * *Diazo Reaction*	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect *	0.1		
SGOT/AST *IFCC without P5P*	29.1	U/L	5 - 34
SGPT/ALT *IFCC without P5P*	17	U/L	0 to 55
SGOT/SGPT Ratio *	1.71		
Alkaline Phosphatase *IFCC*	111	U/L	40 - 150
Total Protein *Biuret*	7.1	g/dL	6.4 - 8.3
Albumin *BCG*	4.4	gm/dL	3.8 - 5.0
Globulin *	2.7		
Albumin :Globulin Ratio *	1.63		
Gamma Glutamyl Transferase (GGT) * *Photometric*	**10.2**	U/L	12 - 64

Interpretation:
The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:

1. AST (SGOT): may indicate tissue injury / damage in muscles or liver.
2. ALT (SGPT): Primarily in the liver. Elevated ALT and AST suggest liver damage.
3. Alkaline Phosphatase & GGT: Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

1. Low protein: May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
2. High protein (Hyperproteinemia): Often due to dehydration or increased protein production.
3. Low albumin: Caused by poor diet, kidney, or liver disease.
4. High albumin: Usually due to severe dehydration.

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Sample Collected	:	Report Date	:

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Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	18.4	mg/dL	18 - 55
Bun *	8.6		
Creatinine *Photometric*	0.9	mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	94.76		
Bun/Creatinine Ratio *	9.56		
Urea / Creatinine Ratio *	20.44		
Uric Acid *Uricase*	5.3	mg/dL	3.5 - 7.2
Calcium Serum *Arsenazo III*	9.0	mg/dL	8.8 - 10.0
Phosphorus *Photometric*	4.0	mg/dL	2.3 - 4.7
Sodium *Potentiometric*	139.5	mmol/L	136 - 145
Potassium *Potentiometric*	5.1	mmol/L	3.5 - 5.1
Chloride *Photometric*	**96.1**	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 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.

"eGFR test is applicable for patients aged 18 years or more."

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Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	148	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	**152**	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	**38.2**	mg/dL	>40
Non HDL Cholesterol *	109.8		
LDL Cholesterol *	79.4		
V.L.D.L Cholesterol *	30.4		
Chol/HDL Ratio *	3.87		
HDL/ LDL Ratio *	0.48		
LDL/HDL Ratio *	2.08		

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.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	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
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	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
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors

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

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
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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Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range
Thyroid Profile Total			
Triiodothyronine (T3) *ECLIA*	131	ng/dL	35 - 193
Total Thyroxine (T4) *ECLIA*	8.0	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *ECLIA*	3.9	mIU/L	0.35 - 4.94

Interpretation:

Pregnancy	Refrence Range TSH
1st Trimester	0 .1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Clinical Use:
1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance
Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. Primary Hypothyroidism: High TSH levels.
2. Secondary/Tertiary Hypothyroidism: Low TSH levels.
3. Euthyroid Sick Syndrome: Abnormal thyroid test results due to non-thyroidal illnesses (NTI).

TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low Or Nomral	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High Or Normal	High Or Normal	Hyperthyroidism
Low	Low Or Normal	Low Or Normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	**1.005**	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	**Positive**	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	2-3	/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

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Dr. Satotsna Patra
MBBS, MD (Pathology)
Consultant Pathologist

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

NABL M(EL)T LABS
NABL-M(EL)T-00375

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

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: 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.

pH: 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.

Specific gravity: 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.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Dr. Satotsna Patra
MBBS, MD (Pathology)
Consultant Pathologist

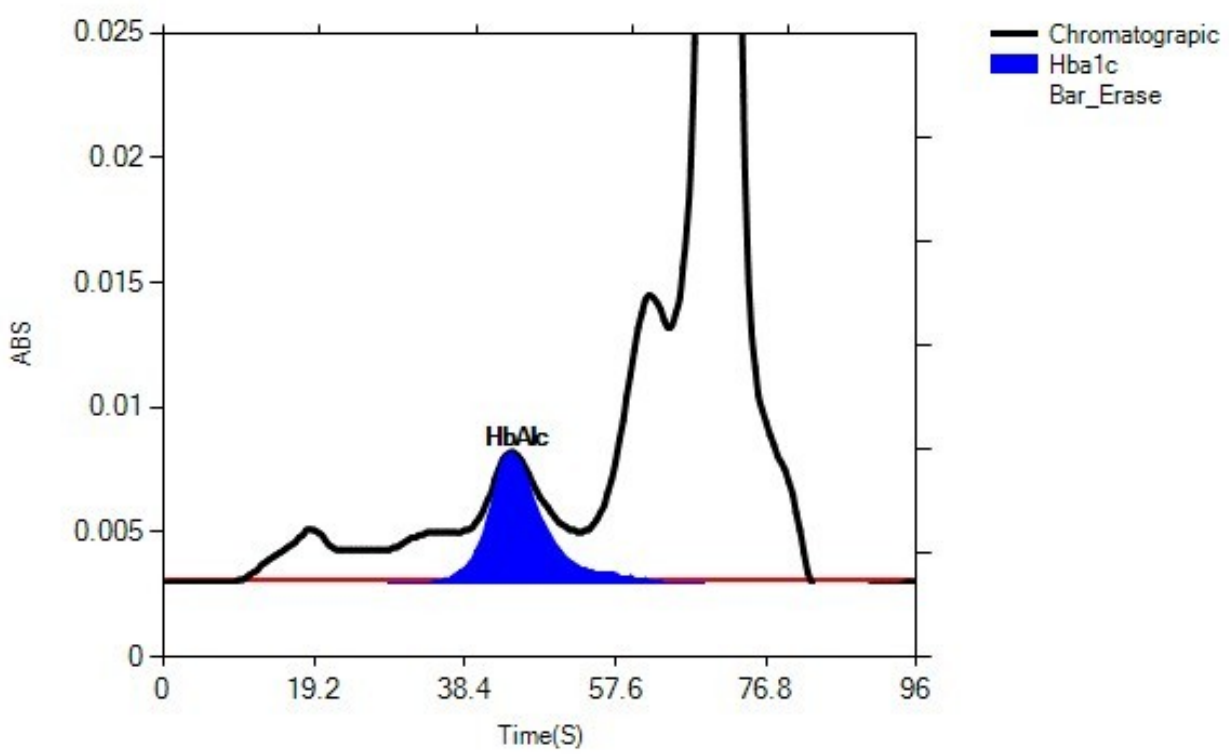
LABORATORY REPORT

Redcliffe labs

ADPL HBA1c Graph Report

Name :		Sample Id :	
Sample Type :	Whole Blood EDTA	Total Area :	**6.919**

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	0.113	6.077	87.9
HbA1c	45	0.0049	0.606	8.8
La1c	43	0.005	0.062	0.9
HbF	22	0.0013	0.085	1.2
Hba1b	16	0.0015	0.067	0.9
Hba1a	12	0.0007	0.022	0.3



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