

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For



Name

Gender

Patient ID

Age

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

Health Summary



BLOOD COUNTS

Everything looks good



CARDIAC PROFILE

Test Name
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)
LDL Cholesterol
HDL/ LDL Ratio
Please Watchout



KIDNEY PROFILE

Test Name	Result
Bun/Creatinine Ratio	11.36
Urea / Creatinine Ratio	24.3
Please Watchout	



ELECTROLYTES

Everything looks good



VITAMIN PROFILE

Test Name	Result
Vitamin D 25 - Hydroxy	24.64
Please Watchout	



THYROID PROFILE

Test Name	Result
Thyroid Stimulating Hormone (Ultrasensitive)	7.88
Please Watchout	



DIABETES MONITORING

Test Name	Result
Glycosylated Hemoglobin (HbA1c)	5.7
Please Watchout	



LIVER PROFILE

Test Name	Result
SGPT (ALT)	50
Total Protein	8.5
Globulin	3.8
Please Watchout	



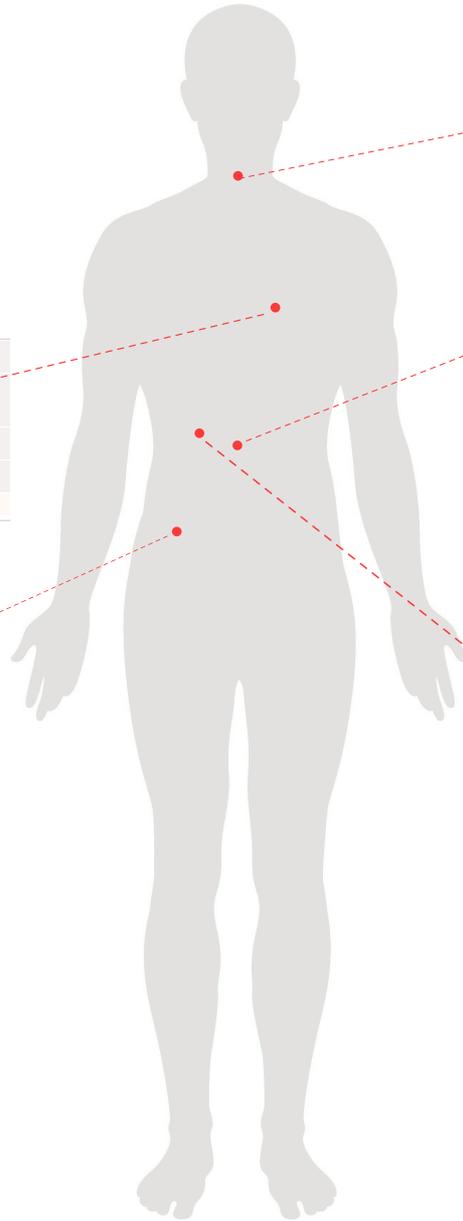
ANEMIA STUDIES

Test Name	Result
Transferrin Saturation	19.64
MCHC	31
RDW-CV	14.2
+ 1 tests Please Watchout	



MINERAL PROFILE

Everything looks good



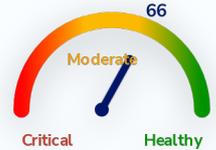
Name Gender
Patient ID Age

Quick Health Summary

Personal Insights - Score

66 (Good)

The overall health profile indicates good levels in vitamins, minerals, and organ functions, but there are concerns with inflammation and infection markers that require attention. Maintaining a balanced diet, regular exercise, and monitoring inflammation and infection markers are recommended. Consulting a healthcare professional for targeted management may help improve your health stability and reduce future risks.



Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
100	18

Health Status by Body System

Profile	Abnormal / Total	Key Results
Anemia Studies	4 / 11	<ul style="list-style-type: none"> ● Transferrin Saturation: 19.64 % (Normal: 20–50 %) ● MCHC: 31 g/dL (Normal: 31.5–34.5 g/dL) ● RDW (CV): 14.2 % (Normal: 11.6–14.0 %) <i>+1 more abnormal test</i>
Cardiac Profile	3 / 10	<ul style="list-style-type: none"> ● HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 9.56 mg/L (Normal: 0–1 mg/L) ● LDL Cholesterol: 101.78 mg/dL (Normal: 30–100 mg/dL) ● HDL/ LDL Ratio: 0.41 Ratio (Normal: 0.5–3.0 Ratio)
Liver Profile	3 / 12	<ul style="list-style-type: none"> ● SGPT/ALT: 50 U/L (Normal: 0–41 U/L) ● Total Protein: 8.5 g/dL (Normal: 6–7.8 g/dL) ● Globulin: 3.8 g/dL (Normal: 2.3–3.5 g/dL)
Inflammation	2 / 2	<ul style="list-style-type: none"> ● ESR - Erythrocyte Sedimentation Rate: 30 mm/hr (Normal: 0–10 mm/hr) ● CRP (Quantitative): 9.9 mg/L (Normal: 0–5 mg/L)
Kidney Profile	2 / 13	<ul style="list-style-type: none"> ● Bun/Creatinine Ratio: 11.36 (Normal: 12–20) ● Urea / Creatinine Ratio: 24.3 (Normal: 25.68–42.8)
Vitamin Profile	1 / 2	<ul style="list-style-type: none"> ● Vitamin D 25 - Hydroxy: 24.64 ng/mL (Normal: 30–100 ng/mL)
Thyroid Profile	1 / 3	<ul style="list-style-type: none"> ● Thyroid Stimulating Hormone (Ultrasensitive): 7.88 mIU/L (Normal: 0.35–4.94 mIU/L)

Profile	Abnormal / Total	Key Results
Blood Clotting	1 / 5	● PCT: 0.4 % (Normal: 0.17–0.32 %)
Diabetes Monitoring	1 / 3	● Glycosylated Hemoglobin (HbA1c): 5.7 % (Normal: 0–5.6 %)
Arthritis Screening	0 / 1	All Normal
Immunity	0 / 1	All Normal
Blood Counts	0 / 14	All Normal
Mineral Profile	0 / 1	All Normal
Electrolytes	0 / 3	All Normal
Urinalysis	0 / 17	All Normal

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
● ESR - Erythrocyte Sedimentation Rate	30 mm/hr	< 10
● CRP (Quantitative)	9.9 mg/L	< 5

ANEMIA STUDIES

Test Name	Result unit	Range
● Iron	62.3 µg/dL	33-193
● TIBC,(Total Iron Binding Capacity)	317.2 µg/dL	250-450
● UIBC	254.9 µg/dL	125-345
● Transferrin Saturation	19.64 %	20-50
● Hemoglobin	14.3 g/dL	13-17
● PCV	46.2 %	40-50
● MCV	89.5 fl	83-101
● MCH	27.8 pg	27-32
● MCHC	31 g/dL	31.5-34.5
● RDW (CV)	14.2 %	11.6-14
● RDW-SD	45.2 fl	35.1-43.9

CARDIAC PROFILE

Test Name	Result unit	Range
● HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	9.56 mg/L	< 1
● Total Cholesterol	170 mg/dL	< 200
● Triglycerides	131.6 mg/dL	< 150
● HDL Cholesterol	41.9 mg/dL	40-80
● Non HDL Cholesterol	128.1 mg/dL	< 130
● LDL Cholesterol	101.78 mg/dL	30-100
● V.L.D.L Cholesterol	26.32 mg/dL	< 30
● Cho/HDL Ratio	4.06 Ratio	3.5-5
● HDL/ LDL Ratio	0.41 Ratio	0.5-3
LDL/HDL Ratio	2.43 Ratio	

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

ARTHRITIS SCREENING

Test Name	Result <small>unit</small>	Range
● RHEUMATOID FACTOR, Quantitative	12 IU/mL	< 14

VITAMIN PROFILE

Test Name	Result <small>unit</small>	Range
● Vitamin - B12	326.3 pg/mL	187-883
● Vitamin D 25 - Hydroxy	24.64 ng/mL	30-100

THYROID PROFILE

Test Name	Result <small>unit</small>	Range
● Triiodothyronine (T3)	133.6 ng/dL	80-200
● Total Thyroxine (T4)	8.14 µg/dL	5.1-14.1
● Thyroid Stimulating Hormone (Ultrasensitive)	7.88 mIU/L	0.35-4.94

IMMUNITY

Test Name	Result <small>unit</small>	Range
● IMMUNOGLOBULIN IgE TOTAL SERUM	34.61 IU/mL	28-140

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

BLOOD COUNTS

Test Name	Result unit	Range
● RBC Count	5.2 $10^6/\mu\text{L}$	4.5-5.5
● TLC	7.5 $10^3/\mu\text{L}$	4-10
● Neutrophils	60 %	40-80
● Lymphocytes	27 %	20-40
● Monocytes	9 %	2-10
● Eosinophils	4 %	1-6
● Basophils	0 %	< 2
● Neutrophils.	4.5 $10^3/\mu\text{L}$	2-7
● Lymphocytes.	2.03 $10^3/\mu\text{L}$	1-3
● Monocytes.	0.68 $10^3/\mu\text{L}$	0.2-1
● Eosinophils.	0.3 $10^3/\mu\text{L}$	0.02-0.5
● Basophils.	0 $10^3/\mu\text{L}$	< 0.5
● Platelet Count	334 $10^3/\mu\text{L}$	150-410
Mentzer Index	17.21 %	

BLOOD CLOTTING

Test Name	Result unit	Range
● Mean Platelet Volume (MPV)	11.3 fL	9.3-12.1
● PCT	0.4 %	0.17-0.32
● PDW	13.6 fL	8.3-25
● P-LCR	35.1 %	18-50
● P-LCC	117 $10^9/\text{L}$	44-140

DIABETES MONITORING

Test Name	Result unit	Range
● Glycosylated Hemoglobin (HbA1c)	5.7 %	< 5.6
Estimated Average Glucose	116.89 mg/dL	
● Glucose Fasting	81.6 mg/dL	70-100

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

LIVER PROFILE

Test Name	Result <small>unit</small>	Range
● Bilirubin Total	0.3 mg/dL	< 1.2
● Bilirubin Direct	0.2 mg/dL	< 0.5
● Bilirubin Indirect	0.1 mg/dL	< 1
● SGOT/AST	36.1 U/L	5-40
● SGPT/ALT	50 U/L	< 41
SGOT/SGPT Ratio	0.72 %	
● Alkaline Phosphatase	105 U/L	40-129
● Total Protein	8.5 g/dL	6-7.8
● Albumin	4.7 g/dL	3.5-5.2
● Globulin	3.8 g/dL	2.3-3.5
● Albumin :Globulin Ratio	1.24	< 2.1
● Gamma Glutamyl Transferase (GGT)	19 U/L	< 40

KIDNEY PROFILE

Test Name	Result <small>unit</small>	Range
● Blood Urea	24.3 mg/dL	16.6-48.5
● Bun	11.36 mg/dL	6-20
● Creatinine	1 mg/dL	0.7-1.2
eGFR (CKD-EPI)	103.82 mL/min/1.73 sq m	
● Bun/Creatinine Ratio	11.36	12-20
● Urea / Creatinine Ratio	24.3	25.68-42.8
● Uric Acid	4.6 mg/dL	3.4-7
● Calcium Serum	9.2 mg/dL	8.6-10
● Colour	Pale yellow	
● Deposit	Absent	
● Urine Glucose (sugar)	Negative	
● Yeast Cells	Absent	
● Amorphous deposits	Absent	

MINERAL PROFILE

Test Name	Result <small>unit</small>	Range
● Phosphorus	3.6 mg/dL	2.5-4.5

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

ELECTROLYTE PROFILE

Test Name	Result <small>unit</small>	Range
● Sodium	137 mmol/L	136-145
● Potassium	5 mmol/L	3.5-5.1
● Chloride	98.3 mmol/L	98-107

URINALYSIS

Test Name	Result <small>unit</small>	Range
● Volume	15 mL	
● Transparency	Clear	
● Reaction (pH)	6	4.5-8
● Specific Gravity	1.015	1.01-1.03
● Urine Protein (Albumin)	Negative	
● Urine Ketones (Acetone)	Negative	
● Blood	Negative	
Leucocyte esterase	Negative	
● Bilirubin Urine	Negative	
● Nitrite	Negative	
● Urobilinogen	Normal	
Pus Cells (WBCs)	1-2 /hpf	
● Epithelial Cells	1-2 /hpf	
● Red blood Cells	Absent /hpf	
● Crystals	Absent	
● Cast	Absent	
● Bacteria	Absent	

Name
Mr ABHISHEK MISHRA

Gender
M

Patient ID
15404212

Age
30

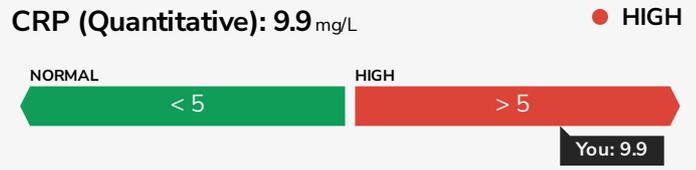
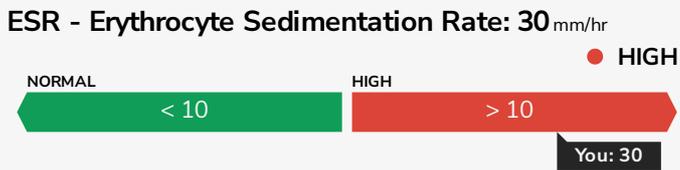
Health Advisory

● Normal (N) ● Low (L) ● High (H)



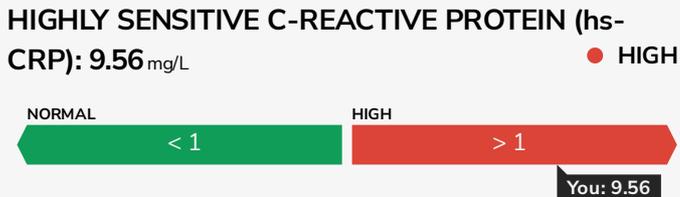
Inflammation

Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process. Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).



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.



Vitamins Profile

Vitamins are considered essential nutrients because they perform hundreds of roles in your body. They help maintain bones, heal wounds, and strengthen your immune system. They also convert food into energy, and repair cellular damage.





Thyroid

This panel is used to check the imbalance in your thyroid gland. A healthy thyroid gland is very important for metabolism, controlling body temperature, regulation of mood, muscle strength and regulation of body weight

Thyroid Stimulating Hormone (Ultrasensitive): 7.88_{mIU/L}

● HIGH



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): 5.7%

● HIGH



Liver Profile

One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

SGPT/ALT: 50_{U/L}

● 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
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Advance Plus Full Body Checkup with Free Heart Test (HsCRP)

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Cyanide-free colorimetry</i>	14.3	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	5.2	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	46.2	%	40 - 50
MCV <i>Direct Measure Impedence</i>	89.5	fl	83 - 101
MCH <i>Calculated</i>	27.8	pg	27 - 32
MCHC <i>Calculated</i>	31	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	14.2	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	45.2	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	7.5	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flowcytometry</i>	60	%	40-80
Lymphocytes <i>Flowcytometry</i>	27	%	20-40
Monocytes <i>Flowcytometry</i>	9	%	2-10
Eosinophils <i>Flowcytometry</i>	4	%	1-6
Basophils <i>Flowcytometry</i>	0	%	<2
Absolute Leukocyte Counts *			
Neutrophils. *	4.5	10 ³ /μl	2 - 7
Lymphocytes. *	2.03	10 ³ /μl	1 - 3
Monocytes. *	0.68	10 ³ /μl	0.2 - 1.0
Eosinophils. *	0.3	10 ³ /μl	0.02 - 0.5
Basophils. *	0	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count	334	10 ³ /μl	150 - 410

Dr. D B Dubey
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

Test Description	Value(s)	Unit(s)	Reference Range
<i>Electrical impedance and microscopy</i>			
Mean Platelet Volume (MPV) * <i>Calculated</i>	11.3	fL	9.3 - 12.1
PCT * <i>Calculated</i>	0.4	%	0.17 - 0.32
PDW * <i>Calculated</i>	13.6	fL	8.3 - 25.0
P-LCR * <i>Calculated</i>	35.1	%	18 - 50
P-LCC * <i>Calculated</i>	117	10 ⁹ /L	44 - 140
Mentzer Index * <i>Calculated</i>	17.21	%	> 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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Sample Collected :	

Test Description	Value(s)	Unit(s)	Reference Range
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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate <i>MODIFIED WESTERGREN</i>	30	mm/hr	0 - 10
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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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Patient NAME : _____
 DOB/Age/Gender : _____ Report STATUS : _____
 Patient ID / UHID : _____ Barcode NO : _____
 Referred BY : _____ Sample Type : _____
 Sample Collected : _____ Report Date : _____

Test Description	Value(s)	Unit(s)	Reference Range
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) <i>HPLC</i>	5.7	%	< 5.7
Estimated Average Glucose *	116.89	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 glycemc 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 glycemc 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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 Sample Collected : _____ Report Date : _____

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

Glucose Fasting <i>Hexokinase</i>	81.6	mg/dL	70 - 100
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Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 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

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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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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Liver Function Test (LFT)

Bilirubin Total <i>Colorimetric Diazo</i>	0.3	mg/dL	0 - 1.2
Bilirubin Direct <i>DIAZO</i>	0.2	mg/dL	0 - 0.5
Bilirubin Indirect * <i>Calculation (T Bil - D Bil)</i>	0.1	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	36.1	U/L	up to 40
SGPT/ALT <i>IFCC without P5P</i>	50	U/L	up to 41
SGOT/SGPT Ratio *	0.72	-	-
Alkaline Phosphatase <i>para-nitrophenyl phosphate</i>	105	U/L	40 - 129
Total Protein <i>Biuret</i>	8.5	g/dL	6.0 - 7.8
Albumin <i>Bromo cresol green</i>	4.7	g/dL	3.5 - 5.2
Globulin * <i>Calculation (T.P - Albumin)</i>	3.8	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * <i>Calculation (Albumin/Globulin)</i>	1.24	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * <i>ENZYMATIC</i>	19	U/L	5 -40

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:

- AST (SGOT):** may indicate tissue injury / damage in muscles or liver.
- ALT (SGPT):** Primarily in the liver. Elevated ALT and AST suggest liver damage.
- 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.

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

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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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Kidney Function Test (KFT)

Blood Urea <i>Urease</i>	24.3	mg/dL	16.6 - 48.5
Bun * <i>Calculated</i>	11.36	mg/dL	6 - 20
Creatinine <i>Jaffe</i>	1	mg/dL	0.70 - 1.20
eGFR (CKD-EPI) *	103.82	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
Bun/Creatinine Ratio * <i>Calculated</i>	11.36		12 - 20
Urea / Creatinine Ratio * <i>Calculated</i>	24.3		25.68- 42.8
Uric Acid <i>Uricase</i>	4.6	mg/dL	3.4 - 7.0
Calcium Serum <i>BAPTA</i>	9.2	mg/dL	8.6 - 10.0
Phosphorus <i>Phosphomolybdate</i>	3.6	mg/dL	2.5 - 4.5
Sodium <i>ISE-Indirect</i>	137	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	5	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	98.3	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and procedures that can be done to evaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carry out their vital functions. Some lead to a rapid (acute) decline in kidney function others lead to a gradual (chronic) decline in function. Both result in a buildup of toxic waste substances 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. 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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Patient NAME : _____
 DOB/Age/Gender : _____ Report STATUS : _____
 Patient ID / UHID : _____ Barcode NO : _____
 Referred BY : _____ Sample Type : _____
 Sample Collected : _____ Report Date : _____

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

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	170	mg/dL	<200
Triglycerides <i>Glycerol-3-phosphate oxidase phenol aminophenazone</i>	131.6	mg/dL	<150
HDL Cholesterol <i>CHOD & CHER</i>	41.9	mg/dL	> 40
Non HDL Cholesterol * <i>Calculated</i>	128.1	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	101.78	mg/dL	<100
V.L.D.L Cholesterol * <i>Calculated</i>	26.32	mg/dL	< 30
Chol/HDL Ratio * <i>Calculated</i>	4.06	Ratio	3.5 - 5.0
HDL/ LDL Ratio * <i>Calculated</i>	0.41	Ratio	0.5 - 3.0
LDL/HDL Ratio * <i>Calculated</i>	2.43	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.

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

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

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

Iron <i>FerroZine</i>	62.3	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Method :Spectrophotometric Assay</i>	317.2	µg/dL	250 - 450
UIBC <i>FerroZine</i>	254.9	µg/dL	125 - 345
Transferrin Saturation <i>Derived from IRON and TIBC values</i>	19.64	%	20 - 50

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.

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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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C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) <i>Immunoturbidimetric</i>	9.9	mg/L	0 - 5
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Interpretation:

Increased CRP level:

1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.

If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.



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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
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High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>immunoturbidimetric</i>	9.56	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.

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

Rheumatoid Factor (RF), Quantitative

RHEUMATOID FACTOR, Quantitative <i>Immunoturbidimetry</i>	12	IU/mL	<14
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Interpretation:

Approximately 85% of patients with Rheumatoid arthritis have detectable RA. It may also be seen in other medical conditions like Sjogren's syndrome and SLE.



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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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Ferritin

Ferritin CMIA	44.95	ng/mL	21.81 - 274.66
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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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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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Vitamin B12 / Cyanocobalamin

Vitamin - B12 ECLIA	326.3	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."

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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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Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy <i>ECLIA</i>	24.64	ng/mL	Deficiency : <30 ng/mL
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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.

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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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Thyroid Profile Total

Triiodothyronine (T3) <i>ECLIA</i>	133.6	ng/dL	80 - 200
Total Thyroxine (T4) <i>ECLIA</i>	8.14	µg/dL	5.1- 14.1
Thyroid Stimulating Hormone (Ultrasensitive) <i>CMIA</i>	7.88	mIU/L	0.35 - 4.94

Interpretation:

Pregnancy	Reference 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 Normal	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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Patient NAME		Report STATUS	: I
DOB/Age/Gender		Barcode NO	: .
Patient ID / UHID		Sample Type	: :
Referred BY		Report Date	: I
Sample Collected			

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

IMMUNOGLOBULIN IgE TOTAL SERUM <i>ECLIA</i>	34.61	IU/mL	28.0 - 140.0
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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 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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Urine Routine and Microscopic Examination

Physical Examination			
Volume *	15	mL	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	6	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.015	-	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

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

Test Description	Value(s)	Unit(s)	Reference Range
<p>exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever</p> <p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p> <p>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.</p> <p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p> <p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p> <p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

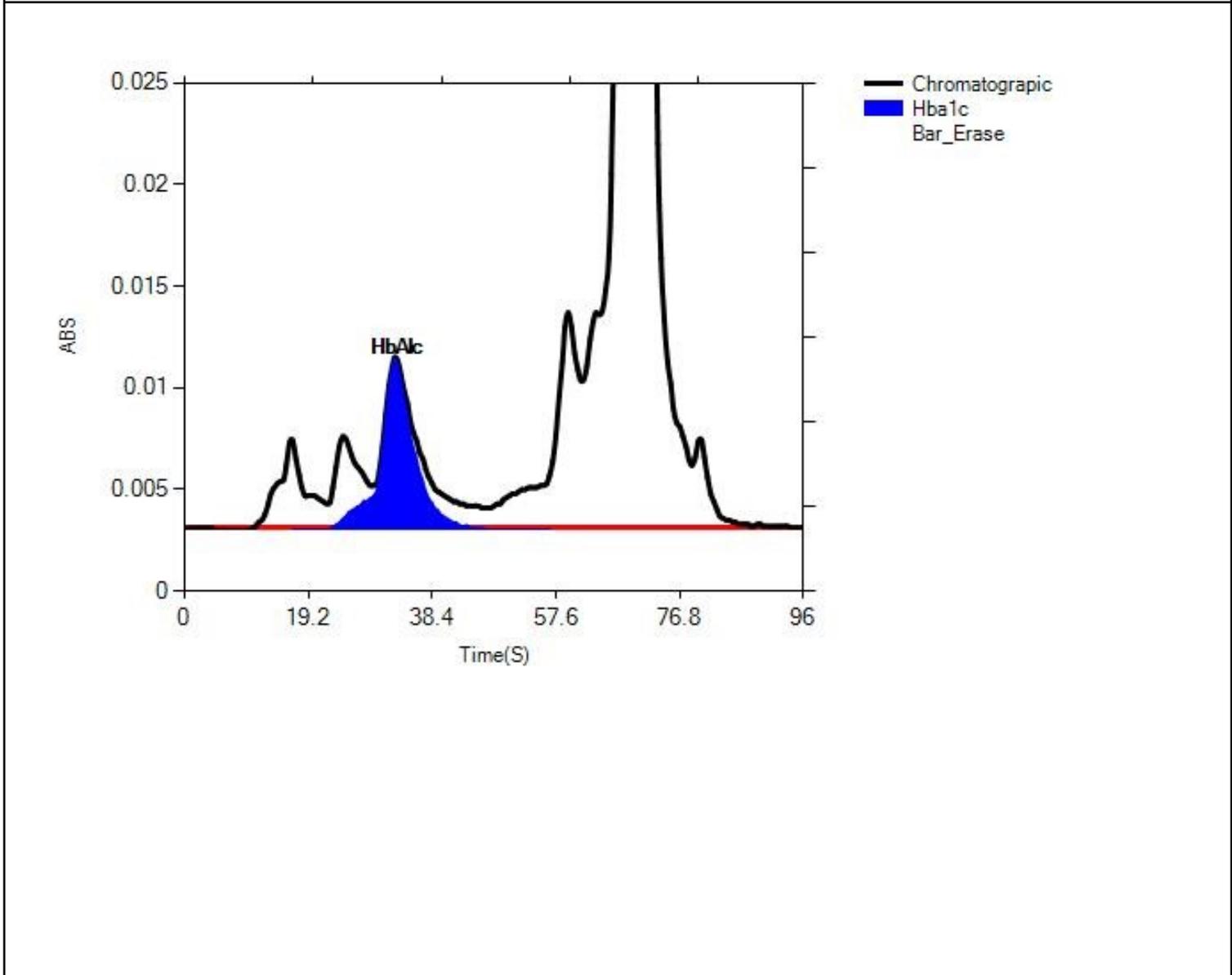
*** End Of Report ***

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ADPL HBA1c Graph Report

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

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	0.2734	10.696	90.9
HbA1c	33	0.007	0.713	5.7
La1c	31	0.0079	0.171	1.4
HbF	22	0.0014	0.089	0.7
Hba1b	16	0.0045	0.133	1.1
Hba1a	12	0.0008	0.032	0.2



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- ✓ ESR (1 Test)
- ✓ Lipid Profile (9 Tests)
- ✓ HbA1c (2 Tests)
- ✓ Liver Function Test (12 Tests)
- ✓ Vitamin D (1 Test)
- ✓ Kidney Function Test (12 Tests)
- ✓ Vitamin B12 (1 Test)
- ✓ Thyroid Profile Total (3 Tests)
- ✓ Iron Studies (4 Tests)
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- ✓ HBsAg (Rapid) (1 Test)
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