

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Mr DUMMY PL258

M 25

Name
Mr DUMMY PL258

Patient ID
10573437

Gender
M

Age
25

Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



LIPID PROFILE

Everything looks good



DIABETES MONITORING

Everything looks good



LIVER PROFILE

Everything looks good



ANEMIA STUDIES

Everything looks good



VITAMIN PROFILE

Everything looks good



MINERAL PROFILE

Everything looks good



Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : HQ871314
 Sample Type : Whole blood EDTA
 Report Date : Nov 26, 2024, 02:45 PM.



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

Insomnia Profile

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	15	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	4.9	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	43.2	%	40 - 50
MCV <i>Calculated</i>	88.2	fl	83 - 101
MCH <i>Calculated</i>	30.6	pg	27 - 32
MCHC <i>Calculated</i>	34.5	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	12.9	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	37.3	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	5.1	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Laser based Flow-cytometry</i>	49	%	40-80
Lymphocytes <i>Laser based Flow-cytometry</i>	40	%	20-40
Monocytes <i>Laser based Flow-cytometry</i>	9	%	2-10
Eosinophils <i>Laser based Flow-cytometry</i>	2	%	1-6
Basophils <i>Laser based Flow-cytometry</i>	0	%	<2
Absolute Leukocyte Counts			
Neutrophils. <i>Calculated</i>	2.5	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	2.04	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.46	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.1	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5

Dr. Neha Prabhakar
MBBS, MD (Pathology)
Consultant Pathologist



Booking Centre :- REDCLIFFE - ILC NOIDA
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

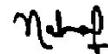
Report STATUS : Final Report
 Barcode NO : HQ871314
 Sample Type : Whole blood EDTA
 Report Date : Nov 26, 2024, 02:45 PM.



Test Description	Value(s)	Unit(s)	Reference Range
<i>Calculated</i>			
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	230	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.2	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.2	%	0.17 - 0.32
PDW <i>Calculated</i>	14.6	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	26.8	%	18 - 50
P-LCC <i>Calculated</i>	62	10 ⁹ /L	44 - 140
Mentzer Index <i>Calculated</i>	18	%	> 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)
Consultant Pathologist



Booking Centre :- REDCLIFFE - ILC NOIDA

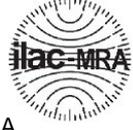
Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258	Report STATUS : Final Report		
DOB/Age/Gender : 25 Y/Male	Barcode NO : HQ871314		
Patient ID / UHID : 10573437/OF10573437	Sample Type : Whole blood EDTA		
Referred BY : Self	Report Date : Nov 26, 2024, 02:46 PM.		
Sample Collected : Nov 26, 2024, 01:45 PM			

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

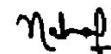
Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	7	mm/hr	0 - 10
---	---	-------	--------

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



Dr. Neha Prabhakar
MBBS, MD (Pathology)
Consultant Pathologist



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉️ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : HQ871314
 Sample Type : Whole blood EDTA
 Report Date : Nov 26, 2024, 04:41 PM.



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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) <i>HPLC</i>	5.1	%	< 5.7
Estimated Average Glucose <i>Calculated</i>	99.67	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

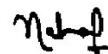
Note:

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



Dr. Neha Prabhakar
MBBS, MD (Pathology)
Consultant Pathologist



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : ZF468822
 Sample Type : FLUORIDE F
 Report Date : Nov 27, 2024, 01:53 PM.



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

Glucose Fasting (BSF)

Glucose Fasting <i>Hexokinase</i>	84.0	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 are commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy, insulinoma, or various liver diseases.

Note

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



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : ZF468823
 Sample Type : Serum
 Report Date : Nov 27, 2024, 01:55 PM.



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

Liver Function Test (LFT)

Bilirubin Total <i>Diazo with Sulphanilic acid</i>	1.0	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Reaction</i>	0.4	mg/dL	0.0 - 0.5
Bilirubin Indirect <i>Calculated</i>	0.6	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	23	U/L	5 - 35
SGPT/ALT <i>IFCC without P5P</i>	20	U/L	5 - 45
SGOT/SGPT Ratio <i>Calculated</i>	1.15	%	-
Alkaline Phosphatase <i>p-nitrophenyl Phosphate, AMP buffer</i>	98	U/L	20-130
Total Protein <i>Biuret</i>	7.1	g/dL	6.6 - 8.7
Albumin <i>BCG</i>	4.2	g/dL	3.8 - 5.0
Globulin <i>Calculated</i>	2.9	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculated</i>	1.45	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>ENZYMATIC</i>	32	U/L	5 -40

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utanyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

Indicate:

1. Bleeding
2. Liver disorder
3. Malnutrition
4. Agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258	Report STATUS : Final Report		
DOB/Age/Gender : 25 Y/Male	Barcode NO : ZF468823		
Patient ID / UHID : 10573437/OF10573437	Sample Type : Serum		
Referred BY : Self	Report Date : Nov 27, 2024, 01:55 PM.		
Sample Collected : Nov 26, 2024, 01:45 PM			

Test Description	Value(s)	Unit(s)	Reference Range
albumin levels may be			
Caused by:			
1.A poor diet (malnutrition).			
2.Kidney disease.			
3.Liver disease. High albumin levels may be caused by: Severe dehydration.			



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

 **928-909-0609**

 **ccsupport@redcliffelabs.com**

 **www.redcliffelabs.com**

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : ZF468823
 Sample Type : Serum
 Report Date : Nov 27, 2024, 01:55 PM.



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

Lipid Profile

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	126	mg/dL	<200
Triglycerides <i>Colorimetric - Lip/Glycerol Kinase</i>	108	mg/dL	<150
HDL Cholesterol <i>Phosphotungstic acid- Enzymatic</i>	45	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	81	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	59.4	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	21.6	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	2.8	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.76	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	1.32	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



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : ZF468823
 Sample Type : Serum
 Report Date : Nov 27, 2024, 01:55 PM.



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.



Booking Centre :- REDCLIFFE - ILC NOIDA
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : **Mr DUMMY PL258**
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : ZF468823
 Sample Type : Serum
 Report Date : Nov 27, 2024, 01:55 PM.



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

Iron Studies

Iron <i>Pyridyl azo dye</i>	106	µg/dL	-
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	393	µg/dL	228 – 428
UIBC	287	µg/dL	125 - 345
Transferrin Saturation <i>Calculated</i>	26.97	%	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.



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : ZF468823
 Sample Type : Serum
 Report Date : Nov 27, 2024, 01:55 PM.



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

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>immunoturbidimetric</i>	0.5	mg/L	< 1.00
--	-----	------	--------

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	109	ng/mL	Men (20Y-60Y) : 30-400 ng/mL Women(17Y-60Y) : 13-150 ng/mL
----------	-----	-------	---

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



Booking Centre :- REDCLIFFE - ILC NOIDA
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258	Report STATUS : Final Report		
DOB/Age/Gender : 25 Y/Male	Barcode NO : ZF468823		
Patient ID / UHID : 10573437/OF10573437	Sample Type : Serum		
Referred BY : Self	Report Date : Nov 27, 2024, 01:55 PM.		
Sample Collected : Nov 26, 2024, 01:45 PM			

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

Vitamin B12 / Cyanocobalamin

Vitamin - B12 ECLIA	527	pg/mL	-
------------------------	-----	-------	---

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."



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258
 DOB/Age/Gender : 25 Y/Male
 Patient ID / UHID : 10573437/OF10573437
 Referred BY : Self
 Sample Collected : Nov 26, 2024, 01:45 PM

Report STATUS : Final Report
 Barcode NO : ZF468823
 Sample Type : Serum
 Report Date : Nov 27, 2024, 01:55 PM.



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

Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy ECLIA	48.0	ng/mL	Deficiency : <30 ng/mL
---------------------------------	------	-------	------------------------

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.



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258	Report STATUS : Final Report		
DOB/Age/Gender : 25 Y/Male	Barcode NO : ZF468823		
Patient ID / UHID : 10573437/OF10573437	Sample Type : Serum		
Referred BY : Self	Report Date : Nov 27, 2024, 01:55 PM.		
Sample Collected : Nov 26, 2024, 01:45 PM			

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

Thyroid Profile Total

Triiodothyronine (T3) <i>ECLIA</i>	1.09	ng/mL	0.57 - 1.78
Total Thyroxine (T4) <i>CLIA</i>	5.9	g/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) <i>Chemiluminescence Immuno Assay (CLIA)</i>	2.57	µIU/mL	0.4 - 4.2

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

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothal- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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



Booking Centre :- REDCLIFFE - ILC NOIDA
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258	Report STATUS : Final Report		
DOB/Age/Gender : 25 Y/Male	Barcode NO : ZF468823		
Patient ID / UHID : 10573437/OF10573437	Sample Type : Serum		
Referred BY : Self	Report Date : Nov 27, 2024, 01:55 PM.		
Sample Collected : Nov 26, 2024, 01:45 PM			

Test Description	Value(s)	Unit(s)	Reference Range
Normal High High Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)			

Magnesium

Magnesium, Serum <i>Serum, Biochemical</i>	1.9	mg/dl	-
---	-----	-------	---

Interpretation:

Age	Ref Range in mg/dL
Newborn, 2 to 4 days	1.5 to 2.2
5 months to 6 years	1.7 to 2.3
6 to 12 years	1.7 to 2.1
12 to 20 years	1.7 to 2.2
Adult	1.6 to 2.6

Moderate or severe magnesium deficiency is usually due to losses of magnesium from gastrointestinal tract or kidneys as in vomiting and diarrhoea in former and alcohol, diabetes mellitus (osmotic diuresis), loop diuretics (furosemide) and aminoglycoside antibiotics in latter. Symptomatic hypermagnesemia is almost always caused by excessive intake with concomitant renal failure, thereby decreasing the ability of the kidneys to excrete excess magnesium.



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉️ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME : Mr DUMMY PL258	Report STATUS : Final Report
DOB/Age/Gender : 25 Y/Male	Barcode NO : ZF468823
Patient ID / UHID : 10573437/OF10573437	Sample Type : Serum
Referred BY : Self	Report Date : Nov 27, 2024, 01:55 PM.
Sample Collected : Nov 26, 2024, 01:45 PM	

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

Zinc, Serum

Zinc Br-PAPS	125	µg/dL	46 - 150
-----------------	-----	-------	----------

Interpretation:

Zinc Interpretation	Associated conditions
Zinc is vital trace element required for normal healing of wounds and normal immune function. Zinc levels lowered with systemic infections & inflammatory disorders, oral contraceptives, and pregnancy.	Zinc deficiency - Symptoms include depressed growth, teratogenesis, poor carbohydrate metabolism, altered Cognition, poor immune function, alopecia, impotence, eye and skin lesions, and diarrhoea.
Zinc exposure can occur from Occupational exposure related to mining and metallurgical industries. Use of commercial products containing zinc (e.g. Zinc containing shampoos, Multivitamins)	Zinc excess is not of major clinical concern, however elevated zinc concentrations may interfere with copper absorption.

1. Whole Blood / Serum metal testing is used for the detection of recent exposure or poisoning with the toxic element. However, blood metal levels in healthy subjects can vary considerably with exposure to the particular metal present in the diet and in the environment.
2. It should be noted that low or within acceptable levels in blood / Serum do not always exclude that the element is uninvolved in contributing to the patient's symptoms because certain elements may be sequestered in tissues.
3. Lower metal levels in patients on follow-up imply that the toxic element exposure is reduced in the patient's immediate environment or that the body has efficiently eliminated the toxic element.

Reference –

1. Sample collection guidelines for trace elements in blood and urine. International union of pure and applied chemistry clinical chemistry division commission on toxicology working party. Pure & Appl. Chem., Vol. 67, Nos 8/9, pp. 1575-1608, 1995.
2. Nutrient & toxic elements interpretative guide, metamatrix, USA, 2011.

*** End Of Report ***



Booking Centre :- REDCLIFFE - ILC NOIDA

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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.

About Redcliffe Labs

We are India's Most Trusted & Fastest Growing Network of Diagnostics Labs

Best Customer Experience



Commitment to excellence, high end technology oriented staff

100% Report Correctness



Focus on quality with accurate results

Best Prices With Fast Reports



Value for money with quick turn around time (TAT)

For every 10,000 patients served, we plant a tree



BharatFit-5

₹2299 ~~₹4214~~



- Blood Sugar Fasting (1 Test)
- Kidney Function Test (10 Test)
- Lipid Profile (9 Tests)
- Thyroid Profile Total (3 Tests)
- Liver Function Test (12 Tests)
- Many more

POCKET-SAVER PACKAGE

Glucose Fasting, TSH, Cholesterol Total

₹99

BUMPER POCKET SAVER PACKAGE

Glucose Fasting/Random Sugar, SGPT, TSH, Cholesterol, Creatinine, Uric Acid

₹199

