

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr MR.DUMMY

M 23



Name	Patient ID	Gender	Age
Mr MR.DUMMY	8051909	M	23

Health Summary



BLOOD COUNTS

Everything looks good



LIPID PROFILE

Everything looks good



KIDNEY PROFILE

Everything looks good



LIVER PROFILE

Everything looks good



ANEMIA STUDIES

Test Name	Result
Hemoglobin	8
Please Watchout	



VITAMIN PROFILE

Everything looks good



Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051909/RCL7248440	Report Date	: May 25, 2024, 05:15 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY586799
Sample Type	: Whole blood EDTA	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Arthritis Package - Comprehensive

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Spectrophotometry</i>	8	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	2.5	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	25.2	%	40 - 50
MCV <i>Calculated</i>	99.5	fl	83 - 101
MCH <i>Calculated</i>	31.7	pg	27 - 32
MCHC <i>Calculated</i>	31.9	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	15.4	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	59	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	5.9	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	77	%	40-80
Lymphocytes <i>Flow-cytometry DHSS</i>	20	%	20-40
Monocytes <i>Flow-cytometry DHSS</i>	2	%	2-10
Eosinophils <i>Flow-cytometry DHSS</i>	1	%	1-6
Basophils <i>Flow-cytometry DHSS</i>	0	%	<2
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils.	4.54	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	1.18	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.12	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.06	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5



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Referred By : Dr. Dr. X		Barcode No : HY586799	
Sample Type : Whole blood EDTA		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	160	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.8	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.1	%	0.17 - 0.32
PDW <i>Calculated</i>	16.3	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	31.6	%	18 - 50
P-LCC <i>Calculated</i>	46	%	44 - 140
Mentzer Index <i>Calculated</i>	39.8	%	> 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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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	4	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.																														
<table><tr><th>AGE</th><th>MALE</th><th>FEMALE</th></tr><tr><td>1 DAY</td><td>0-2</td><td>0-2</td></tr><tr><td>2 - 7 DAYS</td><td>0-4</td><td>0-4</td></tr><tr><td>8 - 14 DAYS</td><td>0-17</td><td>0-17</td></tr><tr><td>15 DAYS - 17 YEARS</td><td>0-20</td><td>0-20</td></tr><tr><td>18 - 50 YEARS</td><td>0-10</td><td>0-12</td></tr><tr><td>51- 60 YEARS</td><td>0-12</td><td>0-19</td></tr><tr><td>61 - 70 YEARS</td><td>0-14</td><td>0-20</td></tr><tr><td>71 - 100 YEARS</td><td>0-30</td><td>0-35</td></tr></table>				AGE	MALE	FEMALE	1 DAY	0-2	0-2	2 - 7 DAYS	0-4	0-4	8 - 14 DAYS	0-17	0-17	15 DAYS - 17 YEARS	0-20	0-20	18 - 50 YEARS	0-10	0-12	51- 60 YEARS	0-12	0-19	61 - 70 YEARS	0-14	0-20	71 - 100 YEARS	0-30	0-35
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Reference- Dacie and lewis practical hematology																														



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Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8051909/RCL7248440

Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 09, 2024, 12:50 PM.

Barcode No : ZC666827

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Liver Function Test (LFT)

Bilirubin Total <i>Diazo with Sulphanilic acid</i>	0.56	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Reaction</i>	0.12	mg/dL	0.0 - 0.5
Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i>	0.44	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	17.8	U/L	5 - 35
SGPT/ALT <i>IFCC without P5P</i>	19.4	U/L	5 - 45
SGOT/SGPT Ratio <i>Calculated</i>	0.92	%	-
Alkaline Phosphatase <i>p-nitrophenyl Phosphate, AMP buffer</i>	102.0	U/L	20-130
Total Protein <i>Biuret</i>	7.9	g/dL	6.6 - 8.7
Albumin <i>BCG</i>	4.9	g/dL	3.8 - 5.0
Globulin <i>Calculation (T.P - Albumin)</i>	3	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i>	1.63	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>ENZYMATIC</i>	16.5	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-glutamyl 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

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Patient ID / UHID	: 8051909/RCL7248440	Report Date	: May 09, 2024, 12:50 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC666827
Sample Type	: Serum	Report Status	: Final Report

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.			

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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051909/RCL7248440	Report Date	: May 09, 2024, 01:08 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC666827
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Kidney Function Test (KFT)

Blood Urea <i>Urease</i>	23.8	mg/dL	19 - 44.1
Creatinine <i>Kinetic Alkaline Picrate</i>	0.78	mg/dL	0.6 - 1.2
Bun <i>Calculated</i>	11.12	mg/dL	8.9 - 20.6
Bun/Creatinine Ratio <i>Calculated</i>	14.26		
Urea / Creatinine Ratio	30.51		
Uric Acid <i>Uricase</i>	5.2	mg/dL	3.7 - 7.7
Calcium Serum <i>Arsenazo III</i>	10.0	mg/dL	8.4 - 10.2
Phosphorus <i>Phosphomolybdate</i>	4.3	mg/dL	2.3 - 4.7
Sodium <i>ISE-Indirect</i>	139.0	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	4.5	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	104.0	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 substance 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 (sodium, potassium, and chloride) 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.



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Patient ID / UHID : 8051909/RCL7248440

Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 09, 2024, 10:17 AM.

Barcode No : ZC666827

Report Status : Final Report

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

Total Cholesterol <i>Enzymatic</i>	187.0	mg/dL	<200
Triglycerides <i>Glycerol phosphate oxidase</i>	104.0	mg/dL	<150
HDL Cholesterol <i>Accelerator Selective Detergent</i>	78.0	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	109	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	88.2	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	20.8	mg/dL	<30
Chol/HDL Ratio <i>Calculated</i>	2.4	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.88	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	1.13	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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Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 09, 2024, 10:17 AM.

Barcode No : ZC666827

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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 ID / UHID	: 8051909/RCL7248440	Report Date	: May 08, 2024, 12:21 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC666827
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) <i>Immunoturbidimetric</i>	1.5	mg/L	<5
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 ID / UHID : 8051909/RCL7248440		Report Date : May 08, 2024, 12:27 PM.	
Referred By : Dr. Dr. X		Barcode No : ZC666827	
Sample Type : Serum		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range

Rheumatoid Factor (RF), Quantitative

RHEUMATOID FACTOR, Quantitative Immunoturbidimetry	4.8	IU/mL	<14
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 ID / UHID	: 8051909/RCL7248440	Report Date	: May 08, 2024, 11:59 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC666827
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy CMIA	83.0	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100
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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Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 09, 2024, 01:21 PM.

Barcode No : ZC666827

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Anti Streptolysin O (ASO), Quantitative

Antistreptolysin-O (ASO) Titre, Serum <i>Immunoturbidimetry</i>	54.0	IU/mL	< 200
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Interpretation:

Positive Antistreptolysin O (ASO) titres are useful for confirming exposure to Streptococcus pyogenes in the absence of other confirmatory laboratory evidence. ASO antibodies are detected in acute and convalescent serum samples primarily to diagnose Acute Rheumatic Fever and Acute Glomerulonephritis following infection with Group A streptococcus. Results should always be assessed in conjunction with the medical history and clinical findings of the patient.

Complement Protein Concentration (C3)

C3 COMPLEMENT, SERUM <i>(Serum, Immunoturbidimetric Assay)</i>	120.9	mg/dL	-
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Interpretation:**Comments**

Complement C3 is required for the activation of all three pathways namely classic pathway, properdin pathway and MBP pathway. C3 deficiency may result in Pneumococcal and Neisserial infections as well as autoimmune diseases like Glomerulonephritis. It also acts as an acute phase reactant and levels rise after trauma, surgery and during inflammatory processes.

Increased Levels - Acute phase response, Biliary obstruction & Focal glomerulosclerosis

Decreased Levels - Infancy, Genetic deficiency, Acquired deficiency like Lupus nephritis, Collagen vascular diseases & severe infections

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Referred By	: Dr. Dr. X	Barcode No	: ZC666827
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Anti Cyclic Citrullinated Peptide Antibodies (Anti CCP)

ANTI CCP (CYCLIC CITRULLINATED PEPTIDE) CMIA	3.8	U/mL	Negative: < 5.0 Positive: >=5.0
Interpretation: Note 1. Sensitivity of this assay is 70.6% and specificity is 98.2% 2. Specificity of Anti CCP antibodies in Juvenile arthritis patients has not been established Comments Anti CCP antibodies are useful for evaluating patients suspected of Rheumatoid arthritis. Positive results occur in 60-80% of Rheumatoid arthritis patients depending on disease severity. The positive predictive value of Anti CCP antibodies for Rheumatoid arthritis is far greater than Rheumatoid factor. False positive results are uncommon. Upto 30% patients with seronegative Rheumatoid arthritis also show Anti CCP antibodies. Clinical Uses 1. For diagnosis of early Rheumatoid arthritis - Anti CCP antibodies are detected in approximately 50-60% patients of Rheumatoid arthritis usually after 3-6 months of symptoms 2. Prediction of severity of disease - Early Rheumatoid arthritis patients with Anti CCP positivity may develop a more erosive form of the disease as compared with Anti CCP negative patients 3. To differentiate elderly onset Rheumatoid arthritis from Polymyalgia rheumatica and erosive SLE			



Dr. Dummy



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Processing Lab :-

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 MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051909/RCL7248440	Report Date	: May 09, 2024, 01:21 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC666827
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Complement Protein Concentration (C4)

C4 COMPLEMENT, SERUM (Serum, Immunospectrophotometric Assay)	14.6	mg/dL	-
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Interpretation: Comments Complement C4 deficiency results in the inability of Immune complexes to activate the complement pathway. This results in inability to generate peptides that clear the immune complexes or generate lytic activity. Hence these patients have increased susceptibility to infections especially with encapsulated microorganisms. C4 deficiency may be an etiologic factor in the development of autoimmune disease. Increased Levels - Acute phase reaction due to inflammation, trauma & tissue necrosis. Decreased Levels - Infancy, Genetic deficiency & Acquired deficiency as in SLE, Angioedema, Autoimmune hemolytic anemia and Autoimmune nephritis.
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Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8051909/RCL7248440

Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 25, 2024, 05:16 PM.

Barcode No : SI484327

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Anti Nuclear Antibody (ANA) By IFA (HEP-2)

Anti Nuclear Antibody by IFA	Positive		Negative
Pattern	Centomeres		
Grade	+		
Estimated Titre	1:100		

Interpretation:**Guidelines (Sample screening Dilution - 1:100):**

Negative : No Immunofluorescence

+ : Weak Positive

++ : Moderate Positive

+++ : Strong Positive

++++ : Very strong Positive

Test Description: Antinuclear antibodies (ANAs) are unusual antibodies, detectable in the blood, that have the capability of binding to certain structures within the nucleus of the cells. ANAs indicate the possible presence of autoimmunity & provide, therefore, an indication of autoimmune illness. Fluorescence tech. are frequently used to actually detect the antibodies in the cells, thus ANA testing is sometimes referred to as fluorescent antinuclear antibody test (FANA). The ANA test is a sensitive screening test used to detect autoimmune diseases

Technique: Indirect Immunofluorescence.

The BIOCHIP Slide is a combination of Hep-20-10 cells and primate liver and has the following advantages.

1. It is a global standard tech. with a natural antigen spectrum capable of detecting more than 30 diagnostically relevant auto antibodies.
2. Hep 20-10 cell lines contain 40% mitotic cells, facilitating easier identification of rare patterns.
3. If the test is negative, detectable level of auto antibodies is ruled out. In case of a positive result, autoantibodies against any one or in some cases simultaneously against more than one antigens may be present and further monospecific tests or panel of profiles can be used to determine the specific autoantibodies present.

NOTE- All weak positive (+) results may be repeated after 6 - 8 weeks. **Associated Tests:** Monospecific ELISA to define single antigens, ANA Immunoblot assay.**Abbreviations:** SLE: Systemic Lupus Erythematosus, SCL: Scleroderma, MCTD: Mixed Connective Tissue Disease; CFS: Chronic Fatigue Syndrome; AIH: Autoimmune Hepatitis, PBC: Primary Biliary Cirrhosis, PM: Polymyositis, DM: Dermatomyositis, SS: Systemic sclerosis, RA: Rheumatoid Arthritis.

Please view next page for co-relation table including various single antigens with their Immunofluorescence patterns and clinical associations

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Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8051909/RCL7248440

Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 25, 2024, 05:16 PM.

Barcode No : SI484327

Report Status : Final Report

Test Description			Value(s)	Unit(s)	Reference Range
Location	Pattern	Target Antigen	Clinical Association		
Nucleus	Homogeneous	Double strand DNA Histones Nucleosome, RNA, Single Strand DN	SLE Drug Induced Lupus, SLE , RA SLE, MCTD, RA, PM, DM, SS		
	Speckled	Sm U1-snRNP SSA/Ro SSB/La Ku Cyclin1(PCNA) Mitosin/Cyclin II	SLE MCTD, SLE, RA, sharp syndrome Sjogren`s syndromes (SS)/SLE/Neonatal Lupus PM/DM/SLE/SS SLE/Overlap Syndromes DM		
	Dense Fine Speckled(DFS)	Lens epithelium-derived growth factor (LEDGF), DNA binding transcription coactivator p75.(DFS-70)	Healthy individuals, Various Inflammatory conditions like atopic dermatitis, interstitial cystitis, Asthma.		
	Centomeres	Proteins of Kinetochores	CREST syndrome, PSS limited form		
	Nuclear Dots	Sp-100 , NDP53	PBC, Rheumatic Disease		
	Nuclear Membrane	Lamins, gp210, p62	CFS, Collagenoses, PBC, AIH		
Nucleolus	Nucleolar homogeneous	PM-Scl Scl-70	PM, DM, PSS(Diffuse) PSS(Diffuse)		
	Nucleolar speckled	RNA-Polymerase I / NOR-90	Progressive Systemic Sclerosis(Diffuse)		
	Nucleolar Pattern	Fibrillarin	Progressive Systemic Sclerosis(Diffuse)		
Cytoplasm	Cytoplasmic speckled	Mitochondrial Lysosomal Golgi Complex Ribosome P Jo -1 SRP, PL12, TIF1-Gamma	PBC, Unknown SS/SLE/RA SLE Polymyositis (PM), PM/ DM, Myositis		
	Cytoplasmic filament	F-Actin Vimentin Tropomyosin Cytoplasmic Rings & rods	AIH Unknown Unknown HCV Infection- on therapy		
Cell Cycle (mitotic cells)	Centriole Mid-Body Spindle Fibres	-- -- --	Unknown Unknown Rheumatic Disease		

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.



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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.

Name
Mr MR.DUMMY

Patient ID
8051909

Gender
M

Age
23

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: 8 g/dL

● LOW



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.

