Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY REPORT			
Diabetes Profile- Comprehensive			
Complete Blood Count (CBC)			
RBC PARAMETERS			
Hemoglobin Method : colorimetric	14.1	g/dL	13.0 - 17.0
RBC Count Method : Electrical impedance	4.8	10^6/µl	4.5 - 5.5
PCV Method : Calculated	41.5	%	40 - 50
MCV Method : Calculated	87.2	fl	83 - 101
MCH Method : Calculated	29.5	pg	27 - 32
MCHC Method : Calculated	33.9	g/dL	31.5 - 34.5
RDW (CV) * Method : Calculated	**14.1**	%	11.6 - 14.0
RDW-SD * Method : Calculated	43.8	fl	35.1 - 43.9
WBC PARAMETERS			
TLC Method : Electrical impedance and microscopy	**10.3**	10^3/µl	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	57	%	40-80
Lymphocytes	39	%	20-40
Monocytes	2	%	2-10
Eosinophils	2	%	1-6
Basophils	0	%	<2
Absolute leukocyte counts **Method : Calculated**			
Neutrophils.	5.87	10^3/µl	2 - 7
Lymphocytes.	**4.02**	10^3/µl	1 - 3
Monocytes.	0.21	10^3/µl	0.2 - 1.0
Eosinophils.	0.21	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance and microscopy	159	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * Method : Calculated	**13.9**	fL	9.3 - 12.1

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

Test Description	Value(s)	Unit(s)	Reference Range
PCT * Method : Calculated	**0.1**	%	0.17 - 0.32
PDW * Method : Calculated	**25.2**	fL	8.3 - 25.0
P-LCR * Method : Calculated	**52.9**	%	18 - 50
P-LCC * Method : Calculated	56	%	44 - 140
Mentzer Index * Method : Calculated	18.17	%	

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.

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

HEMATOLOGY REPORT

Diabetes Profile- Comprehensive

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate	2	mm/hr	0 - 14

Method : MODIFIED WESTERGREN

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.

AGE	MALE	FEMALE
1 DAY	0-12	0-12
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

Reference- Dacie and lewis practical hematology

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

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

HEMATOLOGY REPORT

Diabetes Profile- Comprehensive

HbA1C (Glycosylated Haemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	5.4	%	< 5.7
ESTIMATED AVERAGE GLUCOSE *	108.28		

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

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

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

BIOCHEMISTRY REPORT

Diabetes Profile- Comprehensive

Glucose Fasting (BSF)

GLUCOSE FASTING Method : Hexokinase	82.1	mg/dL	70 - 100

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	=>126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

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

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Diabetes Profile- Comprehensive			
Liver Function Test (LFT)			
BILIRUBIN TOTAL Method : Photometric	0.7	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT * Method : Diazo Reaction	0.3	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT * Method : Calculation (T Bil - D Bil)	0.4	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	**53.1**	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	**57.3**	U/L	0 to 55
SGOT/SGPT Ratio *	0.93	-	-
ALKALINE PHOSPHATASE Method : IFCC	46	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	3.9	gm/dL	3.8 - 5.0
GLOBULIN * Method : Calculation (T.P - Albumin)	3.1	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO * Method : Calculation (Albumin/Globulin)	1.26	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) * Method : ENZYMATIC	49.1	U/L	0 - 55

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-utamyl 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 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.

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Diabetes Profile- Comprehensive			
Kidney Function Test (KFT)			
BLOOD UREA Method : Urease	24.4	mg/dL	18 - 55
CREATININE Method : Photometric	0.9	mg/dL	0.72 - 1.25
BUN * Method : Urease	11.4	mg/dL	8.4 - 25.7
BUN/CREATININE RATIO *	12.67		
UREA / CREATININE RATIO *	27.11		
URIC ACID Method : Uricase	6.3	mg/dL	3.5 - 7.2
CALCIUM Serum Method : Arsenazo III	8.8	mg/dL	8.8 - 10.0
PHOSPHORUS Method : Photometric	4.2	mg/dL	2.3 - 4.7
SODIUM Method : Potentiometric	142.5	mmol/L	136 - 145
POTASSIUM Method : Potentiometric	4.2	mmol/L	3.5 - 5.1
CHLORIDE Method : Photometric	104.1	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (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.

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Diabetes Profile- Comprehensive			
Lipid Profile			
TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	**215**	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	**209.1**	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	35	mg/dL	>40
NON HDL CHOLESTEROL * Method : Calculated	**180**	mg/dL	<130
LDL CHOLESTEROL * Method : Calculated	**138.18**	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL * Method : Calculated	**41.82**	mg/dL	< 30
CHOL/HDL Ratio * Method : Calculated	**6.14**	-	3.5 - 5.0
HDL/ LDL RATIO * Method : Calculated	0.25	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio * Method : Calculated	3.95	-	

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 in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in 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

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

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

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age >or=45 years in males and > or = 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.

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

BIOCHEMISTRY REPORT

Diabetes Profile- Comprehensive

Thyroid Profile Total

TRIIODOTHYRONINE (T3) Method : ECLIA	105.4	ng/dL	80 -200
TOTAL THYROXINE (T4) Method : ECLIA	10.37	g/dL	5.1 - 14.1
THYROID STIMULATING HORMONE (Ultrasensitive) Method : Chemiluminescence Immuno Assay (CLIA)	3.49	µIU/mL	0.4 - 4.2

Interpretation:

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-pitutary-hypothala- 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-pitutary 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
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

BIOCHEMISTRY REPORT

Diabetes Profile- Comprehensive

Insulin Fasting

Insulin (Fasting) Method : ECLIA	6.35	µU/mL	2.6 - 24.9

Interpretation:

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

ss

Clinical Utility

1. Evaluation of fasting hypoglycemia
2. Evaluation of Polycystic Ovary syndrome
3. Classification of Diabetes mellitus
4. Predict Diabetes mellitus
5. Assessment of Beta cell activity
6. Select optimal therapy for Diabetes
7. Investigation of insulin resistance
8. Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Diabetes Profile- Comprehensive			
Estimated Glomerular Filtration Rate (eGFR)			
CREATININE Method : Photometric	0.9	mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	96	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

Interpretation:

1. The CKD-EPI equation, expressed as a single equation, is:

- $GFR = 141 * \min(Scr/\kappa,1)^{\alpha} * \max(Scr/\kappa, 1)^{-1.209} * 0.993^{Age} * 1.018$ [if female] * 1.159 [if black]

Scr is serum creatinine (mg/dL), κ is 0.7 for females and 0.9 for males, α is -0.329 for females and -0.411 for males, min indicates the minimum of Scr/κ or 1, and max indicates the maximum of Scr/κ or 1.

2. The CKD-EPI (Chronic Kidney Disease Epidemiology Collaboration) equation was developed in an effort to create a more precise formula to estimate glomerular filtration rate (GFR) from serum creatinine and other readily available clinical parameters, especially at when actual GFR is >60 mL/min per $1.73m^2$.

Reference: Levey et al. Annals of Internal Medicine 2009 May 5, 150 (9): 604-12

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Diabetes Profile- Comprehensive			
Microalbuminuria (MAU), Spot Urine			
Microalbumin Method : Particle Enhanced Turbidimetric Inhibition Immunoassay	106.36	mg/L	
Creatinine ,Urine Method : Photometric	**51.4**	mg/dL	66 - 166
Microalbumin Creatinine Ratio	206.93	-	Normal : < 30.0 mg albumin/g creatinine Microalbuminuria : 30 - 300 Clinical Albuminuria : > 300

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

Dr. Bishal Datta
MBBS, MD (Pathology)

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

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

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

CLINICAL PATHOLOGY REPORT

Diabetes Profile- Comprehensive

Urine Routine and Microscopic Examination

PHYSICAL EXAMINATON			
Volume *	20	mL	
Colour *	Pale yellow		
Transparency *	Clear		Clear
Deposit *	Absent		
CHEMICAL EXAMINATION			
Reaction (pH) Method : Double Indicator	6.0		5.5-8.0
Specific Gravity Method : Ion Exchange	1.010	-	1.010 - 1.030
Urine Glucose (sugar)	Negative		Negative
Urine Protein (Albumin)	Negative	-	Negative
Urine Ketones (Acetone)	Negative	-	Negative
Blood Method : Peroxidase Hemoglobin	Negative		Negative
Leucocyte esterase	Negative	-	Negative
Bilirubin Urine	Negative		Negative
Nitrite Method : Griless Test	Negative	-	Negative
Urobilinogen Method : Ehrlichs Test	Normal	-	Normal
MICROSCOPIC EXAMINATION			
Pus Cells (WBCs) *	3-4	/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

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

Dr. Bishal Datta
MBBS, MD (Pathology)

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.