Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:07AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT PREMIUM FEMALE			
LIPID PROFILE COMPLETE			
Cholesterol Total (CHO-POD)		mg/dL	<200
Triglycerides (GPO-POD)		mg/dL	<150
HDL Cholesterol (Enz Immunoinhibition)		mg/dL	>50
LDL Cholesterol,Direct (enz Selective protection)		mg/dL	<100
VLDL Cholesterol (Calculated)		mg/dL	<30
Non-HDL Cholesterol (Calculated)		mg/dL	<130
Cholesterol: HDL Ratio			3.30 - 4.40
Apolipoprotein (Apo A1) (Immunoturbidimetry)		mg/dL	76 - 214
Apolipoprotein (Apo B) (Immunoturbidimetry)		mg/dL	46 - 142
Apo B / Apo A1 Ratio (Calculated)			0.35 - 0.98
Lipoprotein(a); Lp(a) (Immunoturbidimetry)		mg/dL	<20
HsCRP (Immunoturbidimetry)	**4.00**	mg/L	<1.00
Homocysteine (CMIA)	5.00	umol/L	4.44 - 13.56

Note

1. Test conducted in serum.
2. Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
3. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
4. If initial HsCRP>10mg/L, it should be disregarded & measured again when patient stabilizes. Avoid measurement during acute infection, chronic inflammatory disease, post menopausal hormone therapy.

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:07AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

5. If initial HsCRP<10mg/L - use average of two values (measured 2 or more weeks apart:intraindividual variation being >40%) to estimate risk

REMARKS	CHOLESTEROL:HDL RATIO	HsCRP in (mg/L)	Lp (a) in mg/dL)
Low risk	3.3-4.4	<1.0	<20
Average risk	4.5-7.1	-	-
Moderate risk	7.2-11.0	1.0-3.0	20-49
High risk	>11.0	>3.0	>=50

Treatment Goals as per Lipid Association of India 2021

ASCVD RISK CATEGORY@	CONSIDER THERAPY		TREATMENT GOAL		
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C)	APOLIPOPROTEIN B (Apo B) mg/dL
Extreme (A)	>=50	>=80	<50 (Indispensable) <30 (Optional)	<80	<65
Extreme (B)	>=30	>=60	<30	<60	<50
Very High	>=50	>=80	<50	<80	<65
High	>=70	>=100	<70	<100	<80
Moderate	>=100	>=130	<100	<130	-
Low	>=130*	>=160*	<100	<130	-

* In low risk patient consider therapy after an initial non-pharmacological intervention for at least 3 months

@To know your risk category click on bit.ly link sent on your registered mobile number, answer the questionnaire, the ASCVD risk report can be downloaded from website

Comments

The NCEP ATP III guidelines established LDL-C & Non LDL-C treatment goals in 2004 since then use of lipid lowering drugs particularly statins has reduced Atherosclerotic Cardiovasular disease (ASCVD) morbidity and mortality; however significant residual risk for the events remains. This combined with the rising prevalence of

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:07AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

obesity, which has shifted the risk profile of the population toward patients in whom LDL -C is less predictive of ASCVD events (metabolic syndrome, low HDL Cholesterol, elevated triglycerides). Additional testing for inflammatory (HsCRP), non-lipid (Homocysteine) and other lipid biomarkers (Apo A, Apo B, Lp(a)) may be considered for risk refinement. The presence of one or more secondary risk factors should prompt the clinician to consider drug therapy for patient whose atherogenic cholesterol level is higher than goal level.

Apolipoprotein B:

Apo B concentration measures the number of all atherogenic particles [total apo B concentration = apo B in chylomicron + apo B in VLDL + apo B in VLDL remnants + apo in IDL + apo in LDL+ apo B in Lp(a)]. Apo B is moderate non-conventional risk factor (a level ≥110 mg/dl of apo B corresponds to an LDL-C ≥130 mg/dl) in low and moderate risk groups. Apo B measurement is recommended in high-risk subjects, after LDL-C and non-HDL-C goals have been achieved. Discordant elevated apo B levels may identify individuals who have high residual cholesterol risk. This may warrant intensive statin therapy and use of non-statin drugs.

To assess ASCVD risk, It is preferable to estimate serum apo B in patients with Diabetes, metabolic syndrome, obesity, high triglyceride concentration or very low LDL-C levels

Lipoprotein (a); Lp(a):

Lp(a) is an independent risk factor for coronary heart disease (CHD), ischemic stroke, and aortic valve stenosis and has been referred to as "the most atherogenic lipoprotein". It appears to be very important ASCVD risk factor for Indians as Indians tend to have high prevalence of elevated Lp(a). In Indians, Lp(a) measurement is strongly recommended under following conditions:

1. At the time of initial screening of all subjects (18 years of age in adults and at the age of 2 years in subjects with family history of FH and premature ASCVD)
2. In patients with:
   - Premature ASCVD (<55 years in men, <65 years in women)
   - Familial hypercholesterolemia
   - A family history of premature CVD and/or elevated Lp(a)
   - Recurrent ASCVD despite optimal lipid lowering treatment
3. In patients showing poor response to maximum lipid lowering therapy

Homocysteine:

There is an association between elevated levels of circulating homocysteine and various vascular and cardiovascular disorders. Clinically the measurement of homocysteine is considered important to assess risk factor for cardiovascular disease (CVD) for which the recommendations are:

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:07AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

- Specially useful in young CVD patients (< 40 yrs)
- In known cases of CVD, high homocysteine levels should be used as a prognostic marker for CVD events and mortality
- CVD patients with homocysteine levels > 15 umol/L belong to a high risk group

HsCRP:

Elevated CRP levels is a risk factor for ASCVD that is independent of patient's LDL value. HsCRP is a strong indicator of future cardiovascular events. Patients with elevated CRP levels may have greater benefit in risk reduction with statin therapy than those with lower CRP levels independent of LDL cholesterol values.

LIVER & KIDNEY PANEL, SERUM

Creatinine (Modified Jaffe,Kinetic)	mg/dL	0.55 - 1.02
GFR Estimated (CKD EPI Equation 2021)	mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)		
Urea (Urease UV)	mg/dL	13.00 - 43.00
Urea Nitrogen Blood (Calculated)	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio (Calculated)		
Uric Acid (Uricase)	mg/dL	2.60 - 6.00
AST (SGOT) (IFCC without P5P)	U/L	13.00 - 35.00
ALT (SGPT) (IFCC without P5P)	U/L	10.00 - 49.00
AST/ALT Ratio (Calculated)		<1.00
GGTP (IFCC)	U/L	0 - 38

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:07AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Alkaline Phosphatase (ALP) (IFCC-AMP)		U/L	30.00 - 120.00
Bilirubin Total (Oxidation)		mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)		mg/dL	<0.3
Bilirubin Indirect (Calculated)		mg/dL	<1.10
Total Protein (Biuret)		g/dL	5.70 - 8.20
Albumin (BCG)		g/dL	3.20 - 4.80
Globulin(Calculated)		gm/dL	2.0 - 3.5
A : G Ratio (Calculated)			0.90 - 2.00
Calcium, Total (Arsenazo III)		mg/dL	8.70 - 10.40
Phosphorus (Molybdate UV)		mg/dL	2.40 - 5.10
Sodium (Indirect ISE)		mEq/L	136.00 - 145.00
Potassium (Indirect ISE)		mEq/L	3.50 - 5.10
Chloride (Indirect ISE)		mEq/L	98.00 - 107.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

Name	:	DUMMY	Age	:	25 Years
Lab No.	:	WM131N02	Gender	:	Female
Ref By	:	DR. DUMMY DUMMY	Reported	:	19/4/2025 10:26:10AM
Collected	:	18/4/2025 12:16:00PM	Report Status	:	Interim
A/c Status	:	P			
Collected at	:	PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	:	LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CK; CREATINE KINASE, SERUM (IFCC)			
CK	45	U/L	34.00 - 145.00

Comments

CPK is an enzyme found primarily in skeletal and cardiac muscle. It is elevated in diseases like Muscular dystrophy,Myopathies,Polymyositis,Muscle traumaMyocardial infarction,Cardiac catheterization,Electrical cardioversion, Hypothyroidism,Stroke and also following intramuscular injections.Drugs, infections and diseases leading to injury or inflammation of muscles releases CPK into the circulation.Normal levels are seen in Neurogenic muscle diseases like Multiple Sclerosis,Myasthenia gravis and Parkinsonism. Isoenzyme studies are advised in patients with elevated levels.

SUGAR CHOICE, PLASMA (Hexokinase)			
Glucose, Fasting		mg/dL	

MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE			
Albumin, Urine (Immunoturbidimetry)	<5.00	mg/L	<30
Creatinine, Urine (Modified Jaffe, IDMS traceable)		mg/dL	16.00 - 327.00
Albumin: Creatinine Ratio (ACR) (Calculated)		mg/g creatinine	<30.00
ACR Category			

Note:

1. Due to high biological variability and non-renal influences, ACR>30 mg/g creatinine in a random urine sample should be confirmed with a subsequent early morning urine sample or 24 hours urine sample.
2. The diagnosis of albuminuria requires the demonstration of increased albumin loss (either increased albumin creatinine ratio or albumin loss in 24 hrs urine sample) in at least two out of three urine

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:10AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

specimens collected in the absence of infection or acute metabolic crisis.

3. The term Microalbuminuria is misleading as it implies a small version of albumin molecule rather than an excretion rate of albumin greater than normal but less than that detected by routine method. It is recommended to use term Albuminuria or Albumin Creatinine ratio (ACR) instead of Microalbuminuria.

Non-Renal causes of increased ACR

Menstrual contamination, Uncontrolled Hypertension, Urinary Tract Infection, Heart failure, Strenuous exercise and other transitory illnesses.

THYROID PROFILE, FREE, SERUM (CLIA)			
Free Triiodothyronine (T3, Free)	2.0	pg/mL	2.30 - 4.20
Free Thyroxine (T4, Free)	1.00	ng/dL	0.89 - 1.76
TSH, Ultrasensitive	4.000	µIU/mL	0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.

2. TSH Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Reference Ranges for pregnancy

PREGNANCY	REFERENCE RANGE for TSH in µIU/mL (As per American Thyroid Association)	REFERENCE RANGE for FT3 in pg/mL	REFERENCE RANGE for FT4 in ng/dL
1st Trimester	0.100 - 2.500	2.11-3.83	0.70 -2.00
2st Trimester	0.200 - 3.000	1.96-3.38	0.50 -1.60
3st Trimester	0.300 - 3.000	1.96-3.38	0.50 -1.60

Name	: DUMMY		Age	:	25 Years
Lab No.	: WM131N02		Gender	:	Female
Ref By	: DR. DUMMY DUMMY		Reported	:	19/4/2025 10:26:13AM
Collected	: 18/4/2025 12:16:00PM		Report Status	:	Interim
A/c Status	: P		Processed at	:	LPL-NATIONAL REFERENCE LAB
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085				National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
IRON STUDIES MONITORING PANEL (Spectrophotometry, CLIA)			
Iron	66.00	µg/dL	50.00 - 170.00
Total Iron Binding Capacity (TIBC)	**111.00**	µg/dL	250.00 - 425.00
Transferrin Saturation	**59.46**	%	15.00 - 50.00
Ferritin	44.00	ng/mL	10.00 - 291.00

Comment

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

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.

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:15AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM			
Hemoglobin (Photometry)		g/dL	12.00 - 15.00
Packed Cell Volume (PCV) (Calculated)		%	36.00 - 46.00
RBC Count (Electrical impedence)		mill/mm	3.80 - 4.80
MCV (Electrical impedence)		fL	83.00 - 101.00
Mentzer Index (Calculated)			
MCH (Calculated)		pg	27.00 - 32.00
MCHC (Calculated)		g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)		%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)		thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils (VCS Technology)		%	40.00 - 80.00
Lymphocytes (VCS Technology)		%	20.00 - 40.00
Monocytes (VCS Technology)		%	2.00 - 10.00
Eosinophils (VCS Technology)		%	1.00 - 6.00
Basophils (VCS Technology)		%	<2.00
Metamyelocytes (VCS Technology)		%	
Myelocytes (VCS Technology)		%	
Promyelocytes (VCS Technology)		%	
Blasts (VCS Technology)		%	
Absolute Leucocyte Count			

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:15AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Neutrophils (Calculated)		thou/mm3	2.00 - 7.00
Lymphocytes (Calculated)		thou/mm3	1.00 - 3.00
Monocytes (Calculated)		thou/mm3	0.20 - 1.00
Eosinophils (Calculated)		thou/mm3	0.02 - 0.50
Basophils (Calculated)		thou/mm3	0.02 - 0.10
Others (Calculated)			
Platelet Count (Electrical impedence)		thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical impedence)		fL	6.5 - 12.0
E.S.R. (Capillary photometry)		mm/hr	0.00 - 20.00

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:18AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
MAGNESIUM, SERUM (Xylidyl blue)	**4.00**	mg/dL	1.60 - 2.60
IMMUNOGLOBULIN IgE, SERUM (FEIA)	2.00	kUA/L	<64.00

Note:

1. Normal levels of IgE do not rule out possibility of IgE dependent allergies as the diagnostic sensitivity of the test depends upon elapsed time between exposure to an allergen and testing, patient age and affected target organs.
2. No close correlation has been demonstrated between severity of allergic reaction and IgE levels.

CORTISOL, MORNING, SERUM (CLIA)	4.00	µg/dL	3.70 - 19.40

Note: Cortisol is best measured in the morning when evaluating for possible Adrenal Insufficiency and best measured in the afternoon or evening to differentiate normal and Cushings Syndrome subjects. Diurnal rhythmicity of cortisol is increased by systemic disease and stress.

Clinical Use

* Direct assessment of Adrenal function

Increased levels: Cushings Syndrome, Ectopic ACTH syndrome, Ectopic CRH syndrome, Adrenal adenoma / carcinoma, Adrenal micronodular dysplasia, Adrenal macronodular hyperplasia, Stress

Decreased Levels: Addison disease, Pituitary dysfunction

AMYLASE, SERUM (G7PNP)	**5.00**	U/L	30.00 - 118.00
AFP (ALPHA FETOPROTEIN), TUMOR MARKER, SERUM (CMIA)	3.00	ng/mL	<10.00

Note

1. This test is not recommended to screen cancers in the general population.
2. False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Use of AFP as a tumor marker is not recommended in pregnant females.
4. AFP values regardless of levels should not be interpreted as absolute evidence for the

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:18AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.

5. The concentration of AFP in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity

Clinical Use

- Useful for determining prognosis and monitoring therapy for Hepatocellular carcinoma. Level of AFP is a prognostic indicator of survival. Elevated AFP and serum bilirubin levels in these patients is associated with shorter survival time.
- An aid in the management of Germ cell (Non-Seminomatous) tumors. Measurement of AFP levels in combination with HCG levels are useful in classifying and staging Germ cell tumors
- To predict tumor recurrence/presence of residual tumor

Increased Levels

- Germ cell (Non-Seminomatous) tumors
- Primary hepatocellular carcinoma (70%)
- Teratocarcinoma
- Gastrointestinal tract cancers with or without liver metastasis
- Benign hepatic conditions like Acute Viral Hepatitis, Chronic active hepatitis and Cirrhosis
- Ataxia telangiectasia
- Hereditary tyrosinemia

CA 125; OVARIAN CANCER MARKER, SERUM (CMIA)	2.00	U/mL	<35.00

Note

1. This test is not recommended to screen Ovarian cancer in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed Ovarian cancer may show normal pre-treatment CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. The concentration of CA 125 in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:18AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Clinical Use

- An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of < 65 U /mL is associated with a significantly greater 5 year survival rate.
- Monitor the course of disease in patients with Invasive epithelial ovarian cancer.
- Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy. Persistent elevation of CA 125 levels after 3 cycles of therapy indicates a poor prognosis.

STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	90
Stage III & IV	>90

Increased Levels

- Primary epithelial ovarian carcinoma
- Healthy individuals (1-2 %)
- First trimester of pregnancy
- Follicular phase of menstrual cycle
- Non malignant conditions - Cirrhosis, Hepatitis, Endometriosis, Ovarian cysts, Pelvic Inflammatory disease
- Non Ovarian malignancies - Endometrial, Pancreatic, Lung, Breast, Colorectal & other Gastrointestinal tumors.

CEA; CARCINOEMBRYONIC ANTIGEN, SERUM (CMIA)	3.00	ng/mL	<3.00

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN ng/mL
Non Smokers	< 3.00
Smokers	< 5.00

Note

1. This test is not recommended for cancer screening in the general population.

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:18AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed carcinoma may show normal pre-treatment CEA levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CEA levels are usually indicative of progressive malignant disease and poor therapeutic response.
5. The concentration of CEA in a given specimen determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Clinical Use

- Monitoring patients with Colorectal, Gastrointestinal, Lung & Breast carcinoma
- Diagnosis of occult metastatic disease and/or residual disease

DISEASE	PERCENTAGE POSITIVITY OF CEA
Colorectal cancer	70
Lung cancer	45
Gastric cancer	50
Breast cancer	40
Pancreatic cancer	55
Ovarian cancer	25
Uterine cancer	40
Cirrhosis	45
Pulmonary emphysema	30
Rectal polyps	5
Benign breast disease	15
Ulcerative colitis	15

C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	3.00	mg/L	<3.30

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:18AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
FOLATE (FOLIC ACID), SERUM (CLIA)	**5.00**	ng/mL	>5.38

Interpretation

RESULT IN ng/mL	REMARKS
<3.37	Deficient
3.38-5.38	Indeterminate
>5.38	Normal

Note

1. Drugs like Methotrexate & Leucovorin interfere with folate measurement
2. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested
3. Risk of toxicity from folic acid is low as it is a water soluble vitamin regularly excreted in urine

Comments

Folate plays an important role in the synthesis of purine & pyrimidines in the body and is important for the maturation of erythrocytes. It is widely available from plants and to a lesser extent organ meats, but more than half the folate content of food is lost during cooking. Folate deficiency is commonly prevalent in alcoholic liver disease, pregnancy and the elderly. It may result from poor intestinal absorption, nutrition deficiency, excessive demand as in pregnancy or in malignancy and in response to certain drugs like Methotrexate & anticonvulsants.

Decreased Levels

Megaloblastic anemia, Infantile hyperthyroidism, Alcoholism, Malnutrition, Scurvy, Liver disease, B12 deficiency, dietary amino acid excess, adult Celiac disease, Tropical Sprue, Crohn's disease, Hemolytic anemias, Carcinomas, Myelofibrosis, vitamin B6 deficiency, pregnancy, Whipple's disease, extensive intestinal resection and severe exfoliative dermatitis

HEPATITIS B SURFACE ANTIGEN;HBsAg, SERUM (CMIA)	**Reactive**	Non Reactive

Specific Antibody Neutralization Assay is performed on all Reactive results.

Interpretation

RESULT	REMARKS

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:18AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Reactive	Indicates presence of Hepatitis B Surface Antigen.		
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.		

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, in pregnancy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended.

***Specific Antibody Neutralization Assay is performed on all Reactive results.**

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, in pregnancy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended.

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:18AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS C ANTIBODY (Anti-HCV), SERUM (CMIA)	0.30	Index	<1.00

Interpretation

RESULT (INDEX)	REMARKS	INTERPRETATION
<1.00	Non-Reactive	Indicates absence of antibodies to Hepatitis C virus
>=1.00	Reactive	Indicates presence of antibodies to Hepatitis C virus.

*** It is recommended to confirm all reactive results with the HCV antibody confirmatory test (S314).***

Note

1. Reactive test result indicates presence of Hepatitis C virus infection. It cannot differentiate between the stages of Hepatitis C viral infection nor used to monitor the efficacy of treatment.
2. Non-Reactive test result indicates Hepatitis C virus infection is unlikely.
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
4. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.
5. Test conducted on serum.

Uses

1. To diagnose suspected HCV infection in risk group.
2. Prenatal screening of pregnant women and pre surgical/interventional procedures work up.

LIPASE, SERUM (Spectrophotometric)	44.00	U/L	12.00 - 53.00

Comments

Pancreas is the major and primary source of serum lipase though lipases are also present in liver, stomach, intestine, WBC, fat cells and milk. In acute pancreatitis, serum lipase becomes elevated at the same time as amylase and remains high for 7-10 days. Increased lipase activity rarely lasts longer than 14 days. Prolonged increase suggests poor prognosis or presence of a cyst. The combined use of serum lipase and serum amylase is effective in ruling out acute pancreatitis.

Increased levels

- Acute & Chronic pancreatitis.
- Obstruction of pancreatic duct.
- Non pancreatic conditions like renal diseases, acute cholecystitis, intestinal obstruction, duodenal ulcer,

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:18AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
alcoholism, diabetic ketoacidosis and following endoscopic retrograde cholangiopancreatography.			
RHEUMATOID FACTOR (RA), SERUM (Immunoturbidimetry)	<3.50	IU/mL	<14.00
VITAMIN B12; CYANOCOBALAMIN, SERUM (CLIA)	400.00	pg/mL	211.00 - 911.00

Notes

1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

VITAMIN D, 25 - HYDROXY, SERUM (CLIA)	188.00	nmol/L	75.00 - 250.00

Interpretation

LEVEL	REFERENCE RANGE (IN nmol/L)	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration for maximal health benefit
Potential intoxication	>250	High risk for toxic effects

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:18AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic functio
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol
- It shows seasonal variation, with values being 40-50% lower in winter than in summe
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels

- Inadequate exposure to sunlight
- Dietary deficiency
- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

Increased levels

Vitamin D intoxication

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:22AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE R/E, AUTOMATED			
Gross Examination			
Colour (Automated strip test)			Pale Yellow
Specific gravity (Pre-treated polymeric Ion Exchange resin)			1.000 -1.030
Ph (Double Indicator)			5.0 - 8.0
Proteins (Tetra bromphenol blue)			Negative
Glucose (Glucose oxidase)			Negative
Ketones (Sodium nitroprusside)			Negative
Bilirubin (Diazonium salt)			Negative
Urobilinogen (Diazonium salt)			Normal
Blood (Tetramethyl benzidine)			Negative
Leukocyte esterase (Carboxylic acid ester diazonium salt)			Negative
Nitrite (Sulfanic acid Tetrahydrobenzol)			Negative
Ascorbic Acid (Indophenol)			Negative
Microscopy			
RBC		/hpf	0.0 - 2.0
Pus cells		/hpf	0.0 - 5.0
Epithelial cells		/hpf	0.0 - 5.0
Calcium oxalate monohydrate crystals		/hpf	0.0 - 0.99
Calcium oxalate dihydrate crystals		/hpf	0.0 - 0.99

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:22AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Triple Phosphate crystals		/hpf	0.0 - 0.99
Uric acid crystals		/hpf	0.0 - 0.99
Calcium Phosphate		/hpf	0.0 - 0.99
Cystine crystals		/hpf	0.0 - 0.99
Leucine crystals		/hpf	0.0 - 0.99
Tyrosine crystals		/hpf	0.0 - 0.99
Amorphous urates crystals		/hpf	0.0 - 0.99
Amorphous phosphate crystals		/hpf	0.0 - 0.99
Hyaline casts		/hpf	0.0 - 5.0
Hyaline-Granular casts		/hpf	0.0 - 0.99
Granular casts		/hpf	0.0 - 0.99
RBC casts		/hpf	0.0 - 0.99
WBC casts		/hpf	0.0 - 0.99
Fatty casts		/hpf	0.0 - 0.99
Waxy casts		/hpf	0.0 - 0.99
Microorganism Casts		/hpf	0.0 - 0.99
Yeast cells		/hpf	0.0 - 1.0
Bacteria Rod		/hpf	0.0 - 80.0
Bacteria cocci		/hpf	0.0 - 80.0
Mucus		/hpf	0.0 - 80.0

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:22AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Others		/hpf	

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:25AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC,NGSP Certified)			
HbA1c	4.0	%	4.00 - 5.60
Estimated average glucose (eAG)	68	mg/dL	

Interpretation as per American Diabetes Association (ADA) guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1c MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS
Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c

Name	: DUMMY		
Lab No.	: WM131N02	Age	: 25 Years
Ref By	: DR. DUMMY DUMMY	Gender	: Female
Collected	: 18/4/2025 12:16:00PM	Reported	: 19/4/2025 10:26:25AM
A/c Status	: P	Report Status	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Dr Ajay Gupta
MD, Pathology
Technical Director - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

Dr.Anirudh Bharat Kumar Gupta
MD, Microbiology
Senior Consultant Microbiologist
NRL - Dr Lal PathLabs Ltd

Dr Anjalika Goyal
MD,Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr [illegible]mangshu Mazumdar
MD, [illegible]istry
Sr. Consultant Biochemist
NRL - Dr L[illegible]thLabs Ltd

Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical Chemistry & Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

Dr Puneeta Singh
Ph.D (Microbiology)
Principal Research Scientist
NRL - Dr Lal PathLabs Ltd

Dr Sarita [illegible]ari Lal
MD, Patholo[illegible]
Consultant Pat[illegible]ist
Dr Lal PathLabs Ltd

Dr Shalabh Malik
MD, Microbiology
Technical Director - Microbiology, Infectious Disease Molecular & Serology, Clinical Pathology
NRL - Dr Lal PathLabs Ltd

Dr.Richa Sirohi
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Sun[illegible]a
MD, P[illegible]hology
Si[illegible]ultant Patholo[illegible]-
Hema[illegible]y & Immunol[illegible]
NRL - Dr[illegible]PathLabs Ltd

Results to follow:
LIPID PROFILE COMPLETE, IRON STUDIES MONITORING PANEL, HEMOGRAM, SUGAR CHOICE, PLASMA, LIVER & KIDNEY PANEL, SERUM, MAGNESIUM, SERUM, IMMUNOGLOBULIN IgE, SERUM, URINE EXAMINATION, ROUTINE; URINE, AUTOMATED, MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE, HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD, AMYLASE, SERUM, HEPATITIS B SURFACE ANTIGEN;HBsAg, SERUM, RHEUMATOID FACTOR (RA), SERUM, THYROID PROFILE, FREE, SERUM

Name	: DUMMY		
Lab No.	: WM131N02	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Female
Collected	: 18/4/2025 12:16:00PM	**Reported**	: 19/4/2025 10:26:25AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show inter-laboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of testing.•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.