



Accuracy Matters...



| | | | |
|------------------|---------------------------|-------------------|----------------------|
| Barcode No | 13895981 | Lab No | 00012508101353 |
| Patient Name | Mr.SAAD | Reg Date | 10/Aug/2025 02:47PM |
| Age/Sex | 15 YRS/Male | Sample Coll. Date | 10/Aug/2025 01:55 PM |
| Referred By | DR. SUDHIR JAIN | Sample Rec.Date | 10/Aug/2025 02:50 PM |
| Client Code/Name | AP010003 A.S.P.C. | | |
| Ref. Lab/Hosp | | Report Date | 10/Aug/2025 03:14PM |
| Panel Address | WASIM SAIIFI (9654617487) | | |

ACCUPROBE 1.1 PLUS (Accu-T Plus)

HAEMATOLOGY

| Test Name With Methodology | Result | Unit | Biological Ref.Interval |
|---|--------------|--------------|-------------------------|
| Complete Blood Count (CBC EXT) | | | |
| Haemoglobin <small>Whole Blood EDTA, Cyanide free</small> | 12.7 | gm/dl | 13.0-17.0 |
| TLC (Total Leucocyte Count) /(WBC) <small>Whole Blood EDTA, Flow Cytometry</small> | 5.51 | th/cumm | 4.0-10.0 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| Polymorphs <small>Whole Blood EDTA Flowcytometry</small> | 58.3 | % | 40-80 |
| Lymphocytes <small>Flowcytometry</small> | 34.7 | % | 20-40 |
| Eosinophils <small>Flowcytometry</small> | 2.1 | % | 1-6 |
| Monocytes <small>Whole Blood EDTA Flowcytometry</small> | 4.6 | % | 2-10 |
| Basophils <small>Whole Blood EDTA Flowcytometry</small> | 0.3 | % | 0-1 |
| Absolute Neutrophil Count <small>Whole Blood EDTA, Flowcytometry</small> | 3,212 | /cumm | 2000-7000 |
| Absolute Lymphocyte Count. <small>Whole Blood EDTA, Flowcytometry</small> | 1,912 | /µL | 1000.0 - 3000.0 |
| Absolute Eosinophil Count <small>Whole Blood EDTA, Flowcytometry</small> | 116 | /cumm | 20-500 |
| Absolute Monocyte Count <small>Whole Blood EDTA, Flowcytometry</small> | 253 | /cumm | 20-1000 |
| Absolute Basophils Count <small>Whole Blood EDTA, Flowcytometry</small> | 17 | /cumm | 20-100 |
| RBC <small>Whole Blood EDTA, Impedance</small> | 4.24 | millions/cmm | 4.5-5.5 |
| HCT <small>Whole Blood EDTA, Calculated</small> | 37.8 | % | 40-50 |
| MCV <small>Whole Blood EDTA, Calculated</small> | 89.15 | fl | 83-101 |
| MCH | 29.95 | pg | 27-32 |

Nik
Dr Niharika (DNB Path)
(Consultant Pathologist)



Prashant
Dr. Prashant Goyal (DCP)
(Director & Chief Pathologist)
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| | | | | |
|--|---------------|---------------|--|-----------|
| Whole Blood EDTA, Calculated | | | | |
| MCHC | 33.6 | g/dl | | 31.5-34.5 |
| Whole Blood EDTA, Calculated | | | | |
| Platelet Count | 130 | thou/ μ L | | 150-410 |
| Whole Blood EDTA, Impedance | | | | |
| MPV | 12.8 | fl | | 7.4-10.4 |
| Calculated | | | | |
| RDW- CV | 19.5 | % | | 11.6-14.0 |
| CALCULATED | | | | |
| Whole Blood EDTA, Flowcytometry | | | | |
| RDW- SD | 61.7 | fl | | 35-56 |
| CALCULATED | | | | |
| Whole Blood EDTA, Flowcytometry | | | | |
| PCT | 0.150 | % | | 0.10-0.28 |
| Whole Blood EDTA, Flow Cytometry | | | | |
| PDW | 16.9 | fl | | 9.0-17.0 |
| CALCULATED | | | | |
| Whole Blood EDTA, Calculated | | | | |
| Mentzer Index | 21.03 | Ratio | | |
| Calculated | | | | |
| RDWI | 410.01 | | | |
| Microscopic | | | | |
| Green and King | 122.03 | | | |
| Microscopic | | | | |
| Neutrophil - Lymphocyte Ratio (NLR) | 1.68 | Ratio | | |
| Calculated | | | | |
| Lymphocyte - Monocyte Ratio (LMR) | 7.54 | Ratio | | |
| Calculated | | | | |
| Platelet - Lymphocyte Ratio (PLR) | 67.99 | Ratio | | |
| Calculated | | | | |
| ESR [Westergren] | 32 | mm/ 1 hr | | 0 -15 |
| Modified Westergren | | | | |

Kindly correlate clinically. Advise for recheck from fresh sample in case, it is not correlation clinically, to rule out any pre-analytical error.

Referrance range according to Practical Haematology, Dacie & Lewis, 12th edition, 2012.

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| Ref. Lab/Hosp | | Report Date | 10/Aug/2025 03:59PM |
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| Test Name With Methodology | Result | Unit | Biological Ref.Interval |
|---|--------|-------|-------------------------|
| .IMMUNO BIOCHEMISTRY-1 | | | |
| Glucose Fasting (Blood Glucose Fasting) | | | |
| Blood Sugar Fasting <small>Plasma Fluoride, Hexokinase</small> | 88 | mg/dL | 70-100 |

COMMENTS:
Fasting Blood Sugar/Glucose test. A blood sample will be taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes. (**American Diabetes Association**)



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| Client Code/Name | AP010003 A.S.P.C. | | |
| Ref. Lab/Hosp | | Report Date | 10/Aug/2025 04:23PM |
| Panel Address | WASIM SAIIFI (9654617487) | | |

| Test Name With Methodology | Result | Unit | Biological Ref.Interval |
|--|--------------|----------------|-------------------------|
| KIDNEY FUNCTION TEST | | | |
| Blood Urea <small>Serum, Urease, GLDH</small> | 10.60 | mg/dL | 18-45.0 |
| Serum Creatinine. <small>Serum, Jaffes</small> | 0.51 | mg/dL | 0.7-1.2 |
| Uric Acid <small>Enzymatic colorimetry</small> | 7.09 | mg/dL | 3.4 - 7.0 |
| Sodium <small>Serum, Ion Selective Electrode</small> | 138.00 | mmol/L | 136-145 |
| Potassium <small>Serum, Ion Selective Electrode</small> | 4.36 | mmol/L | 3.7-5.5 |
| Chloride <small>Serum, Ion Selective Electrode</small> | 101.20 | mmol/L | 98-107 |
| Calcium. <small>Serum, NM-BAPTA</small> | 9.37 | mg/dL | 8.4-10.2 |
| PO4 <small>Serum, Molybdate UV</small> | 3.71 | mg/dL | 2.5-4.5 |
| BUN (Blood Urea Nitrogen) <small>Serum, Calculated</small> | 4.95 | mg/dL | 6.0-18.0 |
| BUN/Creatinine Ratio <small>Calculated</small> | 9.71 | Ratio | 10-20 |
| Urea/Creatinine Ratio <small>Calculated</small> | 20.78 | Ratio | |
| eGFR | 233.85 | | |
| eGFR (estimated Glomerular Filtration Rate) <small>Calculated</small> | 233.85 | mL/min/1.73 m2 | >60 |



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| Test Name With Methodology | Result | Unit | Biological Ref.Interval |
|---|--------|-------|-------------------------|
| Lipid Profile | | | |
| Cholesterol <small>Serum, CHOD-PAP Enzymatic</small> | 134.0 | mg/dL | <200 |
| Triglyceride <small>Serum, GPO, Colorimetric</small> | 109.0 | mg/dL | <150 |
| HDL-Cholesterol <small>Serum, Homogeneous Enz.Colorimetric</small> | 43.3 | mg/dL | 40-60 |
| LDL Cholesterol <small>Serum, Calculated</small> | 68.9 | mg/dl | 0-100 |
| VLDL Cholesterol <small>Serum, Calculated</small> | 21.8 | mg/dl | 5 - 40 |
| LDL / HDL Ratio <small>Serum, Calculated</small> | 1.59 | Ratio | 0 - 3.55 |
| HDL / LDL Ratio <small>Serum, Calculated</small> | 0.63 | Ratio | >0.3 |
| Chol / HDL Ratio <small>Serum, Calculated</small> | 3.09 | Ratio | 0 - 4.97 |
| Non-HDL Cholesterol <small>Serum, Calculated</small> | 90.7 | mg/dl | <130 |

Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease. It is recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every four to six years. If other risk factors are present or if previous testing revealed a high cholesterol level in the past, more frequent testing is recommended.

| TOTAL CHOLESTEROL | (mg/dl) | HDL | (mg/dl) | LDL | (mg/dl) | TRIGLYCERIDES | (mg/dl) |
|-------------------|---------|------|---------|-----------------|---------|-----------------|---------|
| DESIRABLE | <200 | LOW | <40 | OPTIMAL | <100 | NORMAL | <150 |
| BORDERLINE HIGH | 200-239 | HIGH | >60 | NEAR OPTIMAL | 100-129 | BORDERLINE HIGH | 150-199 |
| HIGH | >240 | | | BORDERLINE HIGH | 130-159 | HIGH | 200-499 |
| | | | | HIGH | 160-189 | VERY HIGH | >500 |
| | | | | VERY HIGH | >190 | | |

*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES



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|---|-------------|--------|-------------------------|
| Liver F. Test | | | |
| Total Bilirubin. <small>Serum, DCA</small> | 0.61 | mg/dl | 0.0-1.2 |
| Conjugated Bilirubin <small>Serum, DCA</small> | 0.35 | mg/dl | 0.0-0.3 |
| UNCONJUGATED BILIRUBIN <small>Serum, Calculated</small> | 0.26 | mg/dL | 0.2-0.7 |
| SGOT (AST) <small>Serum, Optimized UV test with IFCC</small> | 24.20 | IU/L | 0 -40 |
| SGPT (ALT) <small>Serum, Optimized UV test with IFCC</small> | 21.70 | IU/L | 0-41 |
| Alk.Phosphatase <small>Serum, Kinetic, IFCC</small> | 152.00 | IU/L | 116-468 |
| T.Protein <small>Serum, Biuret</small> | 7.75 | gm/dl | 6.4-8.3 |
| Albumin.. <small>Serum, Bromocresol Green</small> | 4.40 | gm/dL | 3.5-5.2 |
| Globulin <small>Calculated</small> | 3.35 | gm/ dL | 2.3 - 3.6 |
| A/G Ratio <small>Serum, Calculated</small> | 1.31 | Ratio | 1.30 - 1.70 |
| GGT <small>Serum, Kinetic with IFCC</small> | 11.90 | IU/L | <60 |
| SGOT/SGPT Ratio <small>Serum, Calculated</small> | 1.12 | Ratio | 0-5 |



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| Test Name With Methodology | Result | Unit | Biological Ref.Interval |
|--|-------------|--------|-------------------------|
| Thyroid Profile-I [T3,T4,TSH] | | | |
| T3 (Triiodothyronine) <small>Serum, Chemi Luminescent Immuno Assay</small> | 121.0 | ng/dl | 91-218 |
| T4 (Thyroxine) <small>Serum, Chemi Luminescent Immuno Assay</small> | 5.04 | ug/dl | 5.91-13.2 |
| TSH (Ultrasensitive) <small>Serum, Electro Chemi Luminescent Immuno Assay</small> | 2.420 | uIU/mL | 0.51-6.50 |

Note: Rechecked Value

Comments:

- Our reference range applies the central 95th interval (2.5th – 97.5th quantile) according to the CLSI/FCC guidelines EP28-A3c.
- A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the value of TSH.
- TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
- TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
- A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
- Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Below mentioned are the guidelines for age reference ranges for T3,T4 and TSH results:

| Age | Total T3 (ng/dl) | Total T4 (ug/dl) | TSH (uIU/ml) |
|-------------------|------------------|-------------------|--------------|
| 1 - 6 days | 73 - 288 | 5.04 - 18.5 | 0.7 - 15.0 |
| 6 days - 3 months | 80 - 275 | 5.41 - 17.0 | 0.72 - 11.0 |
| 4 - 12 months | 86 - 265 | 5.67 - 16.0 | 0.73 - 8.35 |
| 1 - 6 years | 92 - 248 | 5.95 - 14.7 | 0.70 - 5.97 |
| 7 - 11 years | 93 - 231 | 5.99 - 13.8 | 0.60 - 5.84 |
| 12 - 20 years | 91 - 218 | 5.91 - 13.2 | 0.51 - 6.50 |
| >20 years | 80 - 200 | 5.10 - 14.1 | 0.13 - 6.33 |

TSH Level in pregnancy

| | |
|------------------|-------------------|
| First Trimester | 0.10 – 2.5 uIU/ml |
| Second Trimester | 0.20 – 3.0 uIU/ml |
| Third Trimester | 0.30 – 3.0 uIU |



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Terms & Conditions

- The reported results are for the information of the referring doctor and should be correlated to clinical diagnosis.
- In case of insufficient quantity or poor quality of specimen test will not be performed. In such cases it is expected that fresh specimen is sent for reporting of the same parameter.
- There may be circumstances beyond our control that can delay results, e.g., invalid assay run.
- The results of a laboratory test are dependent on the quality of the sample as well as the assay procedure.
- The report is to be interpreted and used by medical personnel only.
- This reports is not intended for medico-legal purpose.
- Assays are performed in accordance with standard procedures. Results may vary from time to time and from lab to lab for the same parameter for the same patient. The reported results are dependent on individual assay method or equipments used and quality of specimen(s) received. Investigations have their limitations and isolated laboratory investigations may not confirm the final diagnosis of disease. They only assist in arriving at diagnosis in conjunction with clinical presentation and other related investigations.
- For the test performed on specimens received or collected from different locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request form and such verification has been carried out at the point of generation of the said specimen by the sender.
- Accuprobe will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring Laboratory.
- If any dispute arising in future party can file the suit in the court of law with the jurisdiction within Delhi jurisdiction only.

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ACCUPROBE DIAGNOSTICS, KARNAL

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ACCUPROBE DIAGNOSTICS, SAHARANPUR

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