



TEST REPORT

Name : Mrs Namita Chourasia
Age & Sex : 45 Years / Female
Referred By : Dr Self
Client : Deeksha Pathology Center

Reg No. : 21123200356
Reg. Date : 09/12/2021 5:00PM
Collected on : 09/12/2021 5:15PM
Reported on : 09/12/2021 07:56PM

COMPLETE BLOOD COUNT

Parameter	Result	Bio. Ref. Interval	Units
Haemoglobin	: 10.0	12-15	gm/dl
R.B.C.Count	: 5.22	4.5-6.5	mil/cmm
Total WBC Count	: 10300	4000-11000	/cmm
RED CELLS ABSOLUTE VALUES			
Packed Cell Volume (PCV)	: 34.8	40-54	%
Mean Corpuscular Values (MCV)	: 66.7	76-96	femtolitres
Mean Corpuscular Hemoglobin (MCH)	: 19.2	27-32	picograms
Mean Corpuscular Hb.Con. (MCHC)	: 28.7	32-36	g/dl
RDW-CV	: 13.4	11-16	%
RDW-SD	: 35.8	35-56	fL
DIFFERENTIAL COUNT			
Neutrophils	: 72	40-75	%
Lymphocytes	: 18	20-45	%
Eosinophil	: 08	0-6	%
Monocytes	: 02	0-8	%
Basophils	: 00	0-1	%
PERIPHERAL SMEAR EXAMINATION			
MPV	: 10.7		
PLATELET COUNT	: 215000	150000-450000	/cumm
PDW	: 14.9		
PCT	: 0.23		
Instrument	: Fully Automated Hematology Analyzer		

****End of Report****

Sample Report



Himesh Patel
Himesh Patel
Dipl.Medical Tech
Technician

Prepared By:



Approved By: Dr. Sagar Sinha
MD (Path)



TEST REPORT

Name : Mrs Rajni Gupta Reg No. : 21121300001
Age & Sex : 64 Years / Female Reg. Date : 02/12/2021 12:36PM
Referred By : J.K. Hospital (Bhopal) Collected on : 02/12/2021 12:51PM
Client : Public Health Pathology & Diagnostic Reported on : 09/12/2021 07:59PM

COMPLETE BLOOD COUNT

Parameter	Result	Bio. Ref. Interval	Units
Haemoglobin	: 12.71	12.5-15.0	d/dl
Packed Cell Volume (HCT)	: 38.42	36-54	%
R.B.C COUNT	: 4.44	4.00-5.00	millions/cu-m
Mean Cell Volume (MCV)	: 86.53	80-96	fL
Mean Cell Hemoglobin (MCH)	: 28.63	27-33	Pg
Mean Cell Hb Conc(MCHC)	: 33.08	32-38	gm/dl
RDW (CV)	: 12.56	11.0-14.5	%
W.B.C. Count	: 5400	4000-11000	/cumm
DIFFERENTIAL COUNT			
Neutrophils	: 58	50-75	%
Lymphocytes	: 34	20-40	%
Monocytes	: 06	2-8	%
Eosinophils	: 02	1-6	%
Basophils	: 00	0-1	%
Platelet Count	: 280000	150000-450000	/ul
MPV	: 9.21	6.5-12.0	fl
PCT	: 0.257	0.19-0.39	%
PDW	: 15.7	9.6-15.2	%

EDTA Whole Blood - Test done on automated 3 part cellcounter. (Hemoglobin Cyanide colorimetric, WBC, RBC Platelet count by impedance method, other parameters calculated) All abnormal Haemograms are reviewed confirmed microscopically.

****End of Report****

Sample report



haresh
Haresh Manwani
BSc.,CMLT,DLT
Lab Technician

Prepared By:



Approved By: Vivek Khare
M.B.B.S. , MD
Consultant Pathologist

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VITAMIN D (25 HYDROXY CHOLECALCIFEROL)

Parameter	Result	Bio. Ref. Interval	Units
RESULT	: 16.97	<ul style="list-style-type: none"> Deficient <10 ng/mL Insufficient 10 – 30 ng/mL Sufficient >30 ng/mL Toxicity >100 ng/mL 	

INTERPRETATION

Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight or it is supplied via dietary sources (mainly egg yolk, fish oil and plants). Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become the biologically active 1,25 dihydroxyvitamin D. The two most important forms of vitamin D are vitamin D3 (cholecalciferol) and vitamin D2 (ergocalciferol). In contrast to vitamin D3, vitamin D2 has to be taken up with food. In the human body vitamin D3 and D2 are bound to vitamin D-binding protein in plasma and transported to the liver where both are hydroxylated in position 25 forming 25-OH vitamin D. 25-OH vitamin D is the metabolite that should be measured in blood to determine the overall vitamin D status because it is the major storage form of vitamin D in the human body. This primary circulating form of vitamin D is biologically inactive with levels approximately 1000-fold greater than the circulating 1,25 (OH)₂ vitamin D.

CAUSES OF VITAMIN D DEFICIENCY ARE:

- *Very low dietary intake
 - *Malabsorption
 - *Liver disease
 - *Drugs such as phenytoin, phenobarbitone
 - *Less exposure to sunlight
 - *Age
- A high global prevalence of Vit D insufficiency/ deficiency is seen presently & is related to
- *Impaired bone metabolism (rickets/ osteoporosis)
 - Secondary Hyperparathyroidism.
 - *Cancers
 - *Autoimmune disorders.
 - *Cardiovascular problems.
- Kindly correlate all result clinically. Repeat with fresh sample if indicated clinically.

Sample Report



Raj's
Raj Shekhar
Technician

Prepared By:

Approved By:

Vivek Khare
M.B.B.S., MD
Consultant Pathologist

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Referred By : J.K. Hospital (Bhopal)
Client : Public Health Pathology & Diagnostic

Reg No. : 21121300001
Reg. Date : 02/12/2021 12:36PM
Collected on : 02/12/2021 12:51PM
Reported on : 09/12/2021 07:59PM

BIOCHEMISTRY

Parameter	Result	Bio. Ref. Interval	Units
<u>BLOOD SUGAR - FASTING</u>			
Blood Sugar (F)	: 102.6	< 100 mg/dl 100 to 125 mg/dl Impaired fasting glucose tolerance >=126 mg/dl Suggestive of diabetes mellitus (On more than one occasion))	

****End of Report****

Sample Report



Prepared By:

Ramesh Pandey
Ramesh Pandey
BSc. DMLT
Technician

Approved By:

Vivek Khare
Vivek Khare
M.B.B.S. , MD
Consultant Pathologist

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VARAD PATHOLOGY LABORATORY

Shop no. 05, 1st Floor, Vyapari Dharmshala Complex, Gandhi Chowk, Latur-413512.
Tel. 02382-250239, 9881417339, E.mail : keshavgitte@yahoo.co.in

Pathologist
Dr. K. S. Gitte
M.B.B.S., D.C.P.
Reg. No. 2000/02/1441

• Pathology • Biochemistry • Immunoassays • Histopathology • Tumour Markers • Serology • Microbiology



TEST REPORT

Name	: Mr Avinash	Reg No.	: 21100100009
Age & Sex	: 21 Years / Male	Reg. Date	: 07/10/2021 08:28AM
Referred By	: DR A.P. AGRAWAL M.B.B.S., M.D.	Collected on	: 07/10/2021 08:28AM
Client	: BMSCC1	Reported on	: 07/10/2021 08:37AM

COMPLETE BLOOD COUNT

Parameter	Result	Bio. Ref. Interval	Units
Haemoglobin	: 13.2	13.0-17.0	g/dl
Packed Cell Volume (HCT)	: 46	40-54	%
R.B.C COUNT	: 4.9	4.50-5.50	millions/cu-m
Mean Cell Volume (MCV)	: 78	80-96	fL
Mean Cell Hemoglobin (MCH)	: 26.94	27-33	Pg
Mean Cell Hb Conc(MCHC)	: 28.7	33-36	gm/dl
RDW (CV)	: 10.6	11.0-14.5	%
W.B.C. Count	: 4000	4000-11000	/cumm
DIFFERENTIAL COUNT			
Neutrophils	: 64	50-75	%
Lymphocytes	: 25	20-40	%
Monocytes	: 2	2-8	%
Eosinophils	: 1	1-6	%
Basophils	: 8	0-1	%
Platelet Count	: 185000	150000-450000	/ul

EDTA Whole Blood - Test done on automated 3 part cellcounter. (Hemoglobin Cyanide colorimetric, WBC, RBC Platelet count by impedance method, other parameters calculated) All abnormal Haemograms are reviewed confirmed microscopically.

****End of Report****

Sample Report



Prepared By:

Approved By: **Sandip Shrivastav**
Pathologist
M.D. (Patho)

- Above test have technical limitations, if required repeat the test & correlate clinically.
- If any test seem 's alarming / unexpected/typo error, please contact lab and discuss.
- All tests are based on quality of samples received in laboratory, if applicable.
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- Test results may vary due to operation / other aspects when compared with another lab.



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Reg. No. 2000/02/1441

• Pathology • Biochemistry • Immunoassays • Histopathology • Tumour Markers • Serology • Microbiology



TEST REPORT

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Age & Sex	: 21 Years / Male	Reg. Date	: 07/10/2021 08:28AM
Referred By	: DR A.P. AGRAWAL M.B.B.S., M.D.	Collected on	: 07/10/2021 08:28AM
Client	: BMSCC1	Reported on	: 07/10/2021 08:37AM

BLOOD SUGAR - POST PRANDIAL

Parameter	Result	Bio. Ref. Interval	Units
Blood Sugar -(PP)	: 101	<140 mg/dl 141 to 199 mg/dl Impaired glucose tolerance >=200 mg/dl Suggestive of diabetes mellitus (On more than one occasion))	
Urine Sugar	: 97		

****End of Report****

BLOOD SUGAR - FASTING

Blood Sugar (F)	: 94	< 110 mg/dl 110 to 125 mg/dl Impaired fasting glucose tolerance >=126 mg/dl Suggestive of diabetes mellitus (On more than one occasion)	
Urine Sugar	: 89		

****End of Report****

Sample Report



Prepared By:

Approved By: **Sandip Shrivastav**
Pathologist
M.D. (Patho)

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TEST REPORT

Name : **Mr Bharat Bhairagi** Reg No. : **21101300020**
Age & Sex : 44 Years / Male Reg. Date : 06/10/2021 12:38PM
Referred By : SELF Collected on : 06/10/2021 12:38PM
Client : Public Health Pathology & Diagnostic Reported on : 06/10/2021 08:24PM

BIOCHEMISTRY

Parameter	Result	Bio. Ref. Interval	Units
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GLYCOSYLATED HB REPORT

Glycosylated Haemoglobin % (Hb A1c) : 6.86

METHOD :High Performance Liquid Chromatography (HPLC)

Instrument: D10. BIO-RAD

NOTES:

1. The HbA1c test shows your average blood sugar for last 3 months.
2. The HbA1c test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1c works?

The HbA1c test measures the amount of sugar that attaches to protein in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greter the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important?

Research studies demonstrated that the closer to normal your HbA1c level was, the less likely your risk of developing the long-term complications of diabetes. Such problems include eye disease, nerve damage, heart and blood vessel disease and kidney problems.

Who should have the HbA1c test done?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1c level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1c test?

You should have this test done when you are first diagnosed with diabetes.

Then at least twice a year if your treatment goals are being met & blood glucose control is stable.

More frequent HbA1c testing (4 times / year) is recommended if your therapy has been recently changed or if you are not

Sample Report



Prepared By:

Approved By: **Vivek Khare**
M.B.B.S. , MD
Consultant Pathologist

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Age & Sex : 44 Years / Male Reg. Date : 06/10/2021 12:38PM
Referred By : SELF Collected on : 06/10/2021 12:38PM
Client : Public Health Pathology & Diagnostic Reported on : 06/10/2021 08:24PM

LIVER FUNCTION TEST

Parameter	Result	Bio. Ref. Interval	Units
Bilirubin- Total	: 0.8	0.1-1.2	mg/dl
Bilirubin- Direct	: 0.2	0-0.4	MG/DL
Bilirubin- Indirect	: 0.6	0.1-0.8	MG/DL
SGOT/AST	: 42.6	05-35	IU/L
SGPT/ALT	: 68.9	05-40	IU/L
Alkaline Phosphatase	: 112.3	MALE : 53-119 FEMALE :56-141 CHILD :54-369	U/L

Note

- 1) LFT: Liver Function tests are a measurement of blood components that provide a lead to the existence, the extent and the type of liver damage.
- 2) BILIRUBIN: Bilirubin levels may rise due to hemolysis, failure of conjugating mechanism in the liver, obstruction in the biliary system.
- 3) ALKALINE PHOSPHATASE: *Increase in ALP activity is an index of cholestasis, a blockage of bile flow. *Increase may also occur in infiltrative diseases of the liver and cirrhosis.
- 4) TRANSAMINASES (AST & ALT): *The serum transaminases activities are a measure of the integrity of liver cells. *They are elevated in acute damage to hepatocytes irrespective of etiology. *The causes include - hepatitis, toxic injury, drug overdose, shock, severe hypoxia.
- 5) SERUM TOTAL PROTEINS: A decrease in serum total proteins indicates a decrease in the liver's synthetic capacity and thus indicates the severity of the liver disease.

****End of Report****

Sample Report



Prepared By:

Approved By: **Vivek Khare**
M.B.B.S., MD
Consultant Pathologist

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Name : **Mr Bharat Bhairagi** Reg No. : **21101300020**
Age & Sex : 44 Years / Male Reg. Date : 06/10/2021 12:38PM
Referred By : SELF Collected on : 06/10/2021 12:38PM
Client : Public Health Pathology & Diagnostic Reported on : 06/10/2021 08:24PM

THYROID FUNCTION TEST

Parameter	Result	Bio. Ref. Interval	Units
Total Triiodothyronine T3	: 1.05	0.61-1.81	ng/ml CLIA
Total Thyroxine T4	: 9.74	5.01-12.45	ug/dl
Thyroid Stimulating Hormone (TSH)	: 4.25	0.45-4.50	uIU/mL

Reference Ranges In Pregnancy

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and thenadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note: As Per WHO New Rules 3rd Generation TSH Linearity is 0.005 - 50µIU/mL, if Result is > 50 µIU/mL Suggested to raise the request to process the test in dilution.

****End of Report****

Sample Report



Prepared By:

Approved By:

Vivek Khare
M.B.B.S. , MD
Consultant Pathologist

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TEST REPORT

Name : **Mr Jitendra** Reg No. : **21100500073**
Age & Sex : 42 Years / Male Reg. Date : 06/10/2021 09:16AM
Referred By : Dr SELF Collected on : 06/10/2021 09:16AM
Client : DR RAVI MEENA PATHOLOGY Reported on : 06/10/2021 07:58PM

LIPID PROFILE

Parameter	Result	Bio. Ref. Interval	Units
S. Cholesterol	: 187	Desirable Value <200 mg/dl	
S. Triglycerides	: 222	10-190	mg/dl
HDL Cholesterol	: 52	32-60	mg/dl
LDL Cholesterol	: 115	Less than 130	mg/dl
VLDL Cholesterol	: 44.4	Less than 30	mg/dl
S.Cholesterol/HDL Ratio	: 3.6	Less than 4.5	

NOTE : Lipid Profile RANGES AS PER NCEP guide line are: Serum cholesterol (Total) :

Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated : \geq 240 mg/dl

Serum high density lipoprotein cholesterol(HDL) : Desirable : > 60 mg/dl, Borderline : 40- 60 mg/dl, Reduced : 40 mg/dl

Total cholesterol : HDL cholesterol ratio : Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk : >11.0

Serum low density lipoprotein (LDL) cholesterol : Desirable : 100 mg/dl, Borderline : 100- 159 mg/dl, Elevated : \geq 160 mg/dl

Triglycerides : Desirable : 150 mg/dl, Borderline : 150- 199 mg/dl, High : 200 - 499 mg/dl, Very High : \geq 500 mg/dl .HDL measurement done by Direct HDL clearance method. As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.

****End of Report****

Sample Report



Govind Kirar
Technologist
DMLT, BSc (Micro)

Prepared By:

Approved By: **Dr. Ravi Meena**
Pathologist
M.B.B.S., M.D. (Patho)



TEST REPORT

Name : **Mr Vivek Kumar Verma**

Reg No. : **21101300014**

Age & Sex : 34Years / Male

Reg. Date : 03/10/2021 11:26PM

Referred By : SELF

Collected on : 03/10/2021 11:26PM

Client : Public Health Pathology & Diagnostic

Reported on : 05/10/2021 11:16AM

SEROLOGY REPORT

Parameter

Result

Bio. Ref. Interval

Units

RHEUMATOID FACTOR (RA FACTOR)

Quantitative Estimation of Rheumatoid Factor : 10.5

Factor

Method : Fully Automated Turbidimetry

Note : Positive Result Must Be Confirmed By Anti Ccp

NOTE:

1)CCP can be useful in diagnosing early RA. An elevated CCP can be found in a significant number of patients who have a negative RF, the classic test for RA, and therefore can help to make a diagnosis.

2)CCP antibodies may be detected in about 50-60% of patients with early RA (as early as 3-6 months after the beginning of symptoms).Early detection and diagnosis of RA allows doctors to begin aggressive treatment of the condition, minimizing the associated complications and tissue damage.

3)CCP may also be ordered to help evaluate the likely development of RA in patients with undifferentiated arthritis (those whose symptoms suggest but do not yet meet the criteria of RA). The reason it is useful in confounding clinical presentations is that CCP is a more specific test for RA than the traditional RF. According to American College of Rheumatology, approximately 95% of patients with

a positive CCP will develop RA in the future.

Sample report

****End of Report****



Prepared By:

Approved By:

Vivek Khare
M.B.B.S. , MD

Consultant Pathologist

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Pathologist
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M.B.B.S., D.C.P.
Reg. No. 2000/02/1441

• Pathology • Biochemistry • Immunoassays • Histopathology • Tumour Markers • Serology • Microbiology

Invoice / Bill

Reg No : 21100100009	MRD No : 798
Name : MR AVINASH	Bill No : 1044
Age/Sex : 21 Year / Male	Bill Date : 07/10/2021
Center : BMSCC1	Mob.No. : 9011026090
Location : BMS Center	Ref Dr : DR A.P. AGRAWAL M.B.B.S., M.D.
Address :	Print Date : 07/10/2021 8:29AM

Test Name	Test Rate
BLOOD SUGAR - FASTING	0.00
BLOOD SUGAR - POST PRANDIAL	0.00
COMPLETE BLOOD COUNT	200.00

Total Bill Amount : 200.00	Net Amount : 200.00	Amount Paid : 200.00
Discount : 0	Other Charges : 0.00	Balance : 0.00
Remark :		

Note: Patient can log into <http://www.pathogoldcloud.com> and provide this username and password to download report. They can also scan this QR Code to download report.

User Name Avin798
Password Avin798



Thank You

NOTE:You are requested to verify the test details with your prescription

Authorized Signatory

Scan the QR code to download Report.

Sample Invoice

- > Report can be downloaded by Username and Password
- > Report can be downloaded by Scanning QR Code
- > No report delivery if full payment is not paid by patient
- > Patient gets notification, if payment is not paid
- > Once report is ready, patient will get notification
- > Invoice can be sent via WhatsApp to patient
- > Report delivery is made via SMS, WhatsApp, Email,
- > Download report from website. Scanning QR code

- Above test have technical limitations, if required repeat the test & correlate clinically.
- If any test seem 's alarming / unexpected/typo error, please contact lab and discuss.
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- Test results may vary due to operation / other aspects when compared with another lab.

Shop No. 11, Waghare Complex, Morwadi, Pimpri
Contact : - 9767382364, Time – 8 am – 8 pm
Home Collection Facility Available



TEST REPORT

Printed on : 24/12/2021 10:49 AM

Name : Ms **XXX**

Reg No. : **XXX**

Age & Sex : 14 Years / Female

Reg. Date : 24/12/2021 12:23 AM

Referred By : Dr SELF

Collected on : 24/12/2021 12:38 AM

ID : Aadhar Card :

Reported on : 24/12/2021 09:13 AM

MOLECULAR BIOLOGY

Parameter

Result

RT-PCR COVID-19 Virus Qualitative Test

E Gene : Negative

RdRP + N Gene : Negative

RESULT : Negative

Interpretation

observation	Interpretation
If only internal Control (IC) positive then	Negative for COVID-19 Virus
If Positive for E-Sarbeco, RdRP & IC then	Positive for COVID-19 Virus

Note:-

ICMR registration number: **XXX**

Negative results do not exclude 2019-nCov infection and should not be used as the sole basis for treatment or other patient management decisions. Optimum specimen types and timing for peak viral levels during infection caused by 2019-nCoV have not been determined. Collection of multiple specimens (types and time points) from the same patient may be necessary to detect the virus. A false negative result may occur if a specimen is improperly collected, Transported or handled. False-negative results may also occur if amplification inhibitors are present in the specimen or if inadequate numbers of organisms are present in the specimen.

- Covid-19 Test conducted as per protocol ICMR/GOI.
- Kindly consult referring Physician /Authorized Govt. hospital for appropriate follow-up.
- Inconclusive results specimen will be repeated.
- Report can be seen on U.P. Govt Portal from <https://labreports.upcovid19tracks.in>

****End of Report****



XXXXXXXXXX
 Ph. D Biotechnology

Checked By:



Approved By:

XXXXXXXXXX
 M.D. Microbiology

COVID-19 RT PCR FACILITY AVAILABLE (ICMR & NABL APPROVED)

- PCR Testing (Molecular)
- Micro Biology
- Immunology
- Histopathology
- Allergy Testing
- Thyroid Profile
- Tumors Markers
- Viral Markers
- Infertility Profile
- Complete Routine Pathology
- Health Check-ups
- Diagnostic Profile
- Cytopathology
- Infectious Serology
- All Test of Covid-19

Shriram Complex, Near Odeon Cinemas, 33, Cantt Road, Lucknow 226001 (U.P.) INDIA
 0522 - 4233833, +91 9112545021 pmltpcr2021@gmail.com pmlab.in

HOME SAMPLE COLLECTION ALSO AVAILABLE