

Report for Atique Khan(45Y/M)

Tests asked Serum Electrolytes, Cort + 11 Others

Test date 10 Feb 2024

Report status Complete Report



6^{STEP} quality control to ensure 100% report accuracy



Qualified and trained technicians



Temperature-controlled containers to store samples



Strict quality checks on samples before processing



Regular monitoring of lab analyzers by experts



Assured machine inspection on a daily basis



Verified reports by qualified pathologists



25+ Years of Trust & Experience



NABL Accredited Labs



100+ Crore Samples Processed

Name : ATIQUE KHAN(45Y/M)

Ref. By : SELF

ADDRESS :

H - 1007 PREMIER RESIDENCY KOHINOOR CITY
KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
KURLA MUMBAI

Report Availability Summary

Full Report Available

Note : This is summary page. Please refer to the table below for the details

Test	Report Status
C-REACTIVE PROTEIN (CRP)	<input checked="" type="checkbox"/> Available
CARDIAC RISK MARKERS	<input checked="" type="checkbox"/> Available
CORTISOL	<input checked="" type="checkbox"/> Available
ESTRADIOL/OESTROGEN (E2)	<input checked="" type="checkbox"/> Available
FERRITIN	<input checked="" type="checkbox"/> Available
FOLLICLE STIMULATING HORMONE (FSH)	<input checked="" type="checkbox"/> Available
INSULIN - FASTING	<input checked="" type="checkbox"/> Available
MAGNESIUM	<input checked="" type="checkbox"/> Available
MASTER CHECKUP WITH CANCER AND ARTHRITIS SCREENIN	<input checked="" type="checkbox"/> Available
25-OH VITAMIN D (TOTAL)	<input checked="" type="checkbox"/> Available
COMPLETE URINE ANALYSIS	<input checked="" type="checkbox"/> Available
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<input checked="" type="checkbox"/> Available
FASTING BLOOD SUGAR(GLUCOSE)	<input checked="" type="checkbox"/> Available
HbA1c	<input checked="" type="checkbox"/> Available
HEMOGRAM - 6 PART (DIFF)	<input checked="" type="checkbox"/> Available
IRON	<input checked="" type="checkbox"/> Available
KIDPRO	<input checked="" type="checkbox"/> Available
LIPID PROFILE	<input checked="" type="checkbox"/> Available
LIVER FUNCTION TESTS	<input checked="" type="checkbox"/> Available

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

Name : ATIQUE KHAN(45Y/M)

Ref. By : SELF

ADDRESS :

H - 1007 PREMIER RESIDENCY KOHINOOR CITY
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Report Availability Summary

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Test	Report Status
PERIPHERAL BLOOD SMEAR (PBS)	<input checked="" type="checkbox"/> Available
PROSTATE SPECIFIC ANTIGEN (PSA)	<input checked="" type="checkbox"/> Available
RHEUMATOID FACTOR (RF)	<input checked="" type="checkbox"/> Available
TOTAL IRON BINDING CAPACITY (TIBC)	<input checked="" type="checkbox"/> Available
TOTAL THYROXINE (T4)	<input checked="" type="checkbox"/> Available
TOTAL TRIIODOTHYRONINE (T3)	<input checked="" type="checkbox"/> Available
TSH - ULTRASENSITIVE	<input checked="" type="checkbox"/> Available
UNSAT.IRON-BINDING CAPACITY(UIBC)	<input checked="" type="checkbox"/> Available
VITAMIN B-12	<input checked="" type="checkbox"/> Available
PROLACTIN (PRL)	<input checked="" type="checkbox"/> Available
SERUM ELECTROLYTES	<input checked="" type="checkbox"/> Available
TESTOSTERONE	<input checked="" type="checkbox"/> Available
VITAMIN B9/FOLIC ACID	<input checked="" type="checkbox"/> Available

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : CARDIAC RISK MARKERS,CORTISOL,CRP,ESTRADIOL,FERRITIN,FSH,INSULIN (F),MASTER CHECKUP WITH CANCER AND

HOME COLLECTION :
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TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
Complete Urinogram			
Physical Examination			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	> 1.030	-	1.003-1.030
PH	6	-	5-8
Chemical Examination			
URINARY PROTEIN	ABSENT	mg/dL	Absent
URINARY GLUCOSE	ABSENT	mg/dL	Absent
URINE KETONE	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	ABSENT	mg/dL	Absent
UROBILINOGEN	Normal	mg/dL	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
LEUCOCYTE ESTERASE	ABSENT	-	Absent
Microscopic Examination			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	ABSENT	cells/HPF	0-5
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Automated Urine dipstick, image analysis and manual microscopy

Sample Collected on (SCT) : 10 Feb 2024 08:45
Sample Received on (SRT) : 10 Feb 2024 17:29
Report Released on (RRT) : 10 Feb 2024 21:25
Sample Type : URINE
Labcode : 1002095059/DG007
Barcode : BM157200




 Dr Sachin Patil MD(Path)

NAME : ATIQUE KHAN(45Y/M)
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TEST ASKED : CARDIAC RISK MARKERS,CORTISOL,CRP,ESTRADIOL,FERRITIN,FSH,IN SULIN (F),MASTER CHECKUP WITH CANCER AND

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	88.74	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
 The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 10 Feb 2024 08:45
Sample Received on (SRT) : 10 Feb 2024 13:53
Report Released on (RRT) : 10 Feb 2024 16:17
Sample Type : FLUORIDE
Labcode : 1002078161/DG007
Barcode : BS266652



Dr Shrutu MD (Path)



Dr Sumanta Basak, DPB

Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : CARDIAC RISK MARKERS,CORTISOL,CRP,ESTRADIOL,FERRITIN,FSH,INS

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.3	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines

Below 5.7% : Normal
 5.7% - 6.4% : Prediabetic
 >=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
 6.5% - 7% : Fair Control
 7.0% - 8% : Unsatisfactory Control
 >8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	105	mg/dL
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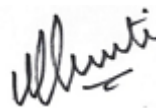
Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
 121 - 150 mg/dl : Fair Control
 151 - 180 mg/dl : Unsatisfactory Control
 > 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 10 Feb 2024 08:45
Sample Received on (SRT) : 10 Feb 2024 13:49
Report Released on (RRT) : 10 Feb 2024 17:54
Sample Type : EDTA
Labcode : 1002041114/DG007
Barcode : BS458042



Dr Shruti MD (Path)



Dr Sumanta Basak, DPB

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TEST ASKED : CARDIAC RISK MARKERS,CORTISOL,CRP,ESTRADIOL,FERRITIN,FSH,IN SULIN (F),MASTER CHECKUP WITH CANCER AND

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	WESTERGREN	8	mm / hr

Bio. Ref. Interval. :-

Male : 0-15
 Female : 0-20

Please correlate with clinical conditions.

Method:- WESTERGREN

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Labcode : 1002041114/DG007
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NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : CARDIAC RISK MARKERS,CORTISOL,CRP,ESTRADIOL,FERRITIN,FSH,INS

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TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	8.35	X 10 ³ / μL	4.0 - 10.0
NEUTROPHILS	63.1	%	40-80
LYMPHOCYTE	25.4	%	20-40
MONOCYTES	2.4	%	2-10
EOSINOPHILS	<u>8.3</u>	%	1-6
BASOPHILS	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	5.27	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.12	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.2	X 10 ³ / μL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 ³ / μL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	<u>0.69</u>	X 10³ / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μL	0-0.3
TOTAL RBC	5.3	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10 ³ / μL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	15.3	g/dL	13.0-17.0
HEMATOCRIT(PCV)	48.1	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	90.8	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.9	pg	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	31.8	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	43.5	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.5	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.7	fL	6.5-12
PLATELET COUNT	268	X 10 ³ / μL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	22.8	%	19.7-42.4
PLATELETCRIT(PCT)	0.26	%	0.19-0.39


Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

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NAME : ATIQUE KHAN(45Y/M)

REF. BY : SELF

TEST ASKED : CARDIAC RISK MARKERS,CORTISOL,CRP,ESTRADIOL,FERRITIN,FS H,INSULIN (F),MASTER CHECKUP WITH CANCER

HOME COLLECTION :

H - 1007 PREMIER RESIDENCY KOHINOOR CITY KURLA WEST
NEXT TO KOHINOOR ELITE HOTEL KURLA MUMBAI

TEST NAME

METHOD

PERIPHERAL BLOOD SMEAR (PBS)

MICROSCOPY

RBCs : Predominantly normocytic normochromic with ovalocytes.

WBCs : Total count normal with normal morphology on smear.

PLATELET : Appear adequate on smear with normal morphology.

CLINICAL REMARKS : Clinical correlation.

TECHNOLOGY : MICROSCOPY

Please correlate with clinical conditions

Sample Collected on (SCT) : 10 Feb 2024 08:45


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Report Released on (RRT) : 10 Feb 2024 17:54

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Labcode : 1002041114/DG007

Barcode : BS458042



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Dr Sumanta Basak, DPB

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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : SERUM
ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
G,PRL,MASTER CHECKUP WITH CANCER AND

HOME COLLECTION :
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KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B9/FOLIC ACID	LC-MS/MS	0.37	ng/mL

Bio. Ref. Interval. :-

0.2 - 20

Please correlate with clinical conditions.

Method:- LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Sample Collected on (SCT) : 10 Feb 2024 08:45
Sample Received on (SRT) : 10 Feb 2024 17:35
Report Released on (RRT) : 11 Feb 2024 02:38
Sample Type : SERUM
Labcode : 1002001035/DG007
Barcode : CA103343



Dr Sachin Patil MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
 G,PRL,MASTER CHECKUP WITH CANCER AND

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	6.71	µg/dL

Bio. Ref. Interval. :-

06.00 - 10.00 A.M.: 6.02 - 18.4 µg/dL
 04.00 - 08.00 P.M.: 2.68 - 10.5 µg/dL

Clinical Significance:

Cortisol is the Primary Glucocorticoid Hormone synthesized and secreted by the Adrenal Cortex. Addison's Disease is caused by primary adrenal insufficiency of the Adrenal Cortex, While Secondary Adrenal insufficiency is caused by pituitary destruction or failure, resulting in loss of ACTH stimulation. Cushing's syndrome is caused by increased levels of Cortisol due to either primary (Adrenal Tumors and Nodular Adrenal Hyperplasia) or secondary Adrenal Hyperfunction (Pituitary Overproduction of ACTH or Ectopic production of ACTH by a Tumor). For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, Clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 1.40 %, Inter Assay (%CV): 1.9 %; Sensitivity: 0.05 µg/dl

Kit Validation References :

Turpeinen U,hamalainen E.Determination of cortisol in serum,saliva and urine.Best practise & research Cliical Endocrinology & metabolism 2013.27(6);795-801

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,MG,

HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	<u>9.08</u>	ng/mL

Bio. Ref. Interval. :

Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
 Sufficiency : >= 30 ng/ml || Toxicity : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health.
 Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome.
 Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):9.20%, Inter assay (%CV):8.50%

Kit Validation Reference : Holick M. Vitamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

VITAMIN B-12	E.C.L.I.A	297	pg/mL
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Bio. Ref. Interval. :

Normal: 197-771 pg/ml

Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL

Bio. Ref. Interval. :-

ADULT : <= 18

Clinical Significance:

Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:

Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:

Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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Sample Type : SERUM
Labcode : 1002001035/DG007
Barcode : CA103343



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TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
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TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	28	pg/mL

Bio. Ref. Interval. :-

Males : 11 - 44 pg/mL

Normal Menstruating Females ;

Follicular Phase : 21 - 251 pg/mL

Mid-Cycle Phase : 38 - 649 pg/mL

Luteal Phase : 21 - 312 pg/mL

Postmenopausal

Females not on HRT: < 10 - 28 pg/mL

Female on HRT : < 10 - 144 pg/mL

Clinical Significance: During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicle is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

Specification: Precision: Intra assay (%CV): 6.4, Inter assay (%CV):7.4,Sensitivity: <=10 pg/mL.

Kit Validation References: Muse K, Wilson EA. Monitoring ovulation induction: use of biochemical and biophysical parameters. Sem Reproduct Endocrinol 1986;4(3):301-9

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	117	mg/dL
Bio. Ref. Interval. :			
Male : 86 - 152			
Female : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	112	mg/dL
Bio. Ref. Interval. :			
Male : 56 - 145			
Female : 53 - 138			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	1	Ratio
Bio. Ref. Interval. :			
Male : 0.40 - 1.26			
Female : 0.38 - 1.14			
Method : DERIVED FROM SERUM APO A1 AND APO B VALUES			

Please correlate with clinical conditions.

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TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
 G,PRL,MASTER CHECKUP WITH CANCER AND

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY
 KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.8	mg/L

Bio. Ref. Interval. :-

- < 1.00 - Low Risk
- 1.00 - 3.00 - Average Risk
- >3.00 - 10.00 - High Risk
- > 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:

High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:

- 1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
- 2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Sample Collected on (SCT) : 10 Feb 2024 08:45
Sample Received on (SRT) : 10 Feb 2024 17:35
Report Released on (RRT) : 11 Feb 2024 02:38
Sample Type : SERUM
Labcode : 1002001035/DG007
Barcode : CA103343



Dr Sachin Patil MD(Path)

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
 G,PRL,MASTER CHECKUP WITH CANCER AND

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY
 KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	2.87	mg/L

Bio. Ref. Interval. :-

Acute phase determination : < 5 mg/L

Clinical Significance:

It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation. Concentrations > 5 to 10 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE; Leukemia; after surgery; to detect rejection in renal allograft recipients; to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

Specification:

Precision %CV :- 5.0 %CV, Sensitivity :- 0.02-0.20 per 10g/l of CRP

Kit Validation Reference:

Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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Dr Sachin Patil MD(Path)

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,MG,

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY
 KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
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IRON	PHOTOMETRY	100	µg/dL
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Bio. Ref. Interval. :

Male : 65 - 175
 Female : 50 - 170

Method : Ferrozine method without deproteinization

TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	250	µg/dL
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Bio. Ref. Interval. :

Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl

Method : Spectrophotometric Assay

% TRANSFERRIN SATURATION	CALCULATED	40	%
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Bio. Ref. Interval. :

13 - 45

Method : Derived from IRON and TIBC values

FERRITIN	E.C.L.I.A	233	ng/mL
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Bio. Ref. Interval. :

30 - 400

Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	<u>149.6</u>	µg/dL
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Bio. Ref. Interval. :

162 - 368

Method : SPECTROPHOTOMETRIC ASSAY

Please correlate with clinical conditions.

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Dr Sachin Patil MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN - FASTING	C.L.I.A	8.31	µU/mL

Bio. Ref. Interval. :-

1.9-23 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone.

For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.20 %, Inter Assay (%CV): 5.60%; Sensitivity: 0.03 µU/mL

External quality control program participation:

College Of American Pathologists: Insulin Survey (Ing): Cap Number: 7193855-01

Kit validation references:

Howanitz PJ, Howanitz JH, Henry JB. Carbohydrates.Clinical Diagnosis and Management by Laboratory Methods 1991 ;172-182.edited by Henry JB, Philadelphia, W.B Saunders Company.

Please correlate with clinical conditions.

Method:- One step Immunoenzymatic (Sandwich) assay.

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TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
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 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	<u>34.8</u>	mg/dL
Bio. Ref. Interval. :-			

Adults : < 30.0 mg/dl

Clinical Significance:

Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:

Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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REF. BY : SELF
TEST ASKED : SERUM
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 G,PRL,MASTER CHECKUP WITH CANCER AND

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 KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	460	ng/dL

Bio. Ref. Interval. :-

280 - 800

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males.
 Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia,
 Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Philadelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compitative Immunoassay

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Dr Sachin Patil MD(Path)

NAME : ATIQUE KHAN(45Y/M)
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TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
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 KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	0.93	ng/mL

Bio. Ref. Interval. :-

Normal : < 4.00 ng/ml
 Border line : 4.01 to 10.00 ng/ml

Clinical Significance:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Specification:

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

Kit validation references:

Wang MC, Valenzuela LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

Please correlate with clinical conditions.

Method:- TWO SITE SANDWICH IMMUNOASSAY

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Labcode : 1002001035/DG007
Barcode : CA103343



Dr Sachin Patil MD(Path)

NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,MG,

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY KURLA
 WEST NEXT TO KOHINOOR ELITE HOTEL KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	<u>208</u>	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	43	mg/dL	40-60
HDL / LDL RATIO	CALCULATED	<u>0.27</u>	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	<u>161</u>	mg/dL	< 100
TRIG / HDL RATIO	CALCULATED	2.07	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	89	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.8	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	<u>3.7</u>	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	<u>164.8</u>	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	17.82	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
 HCHO - Direct Enzymatic Colorimetric
 HD/LD - Derived from HDL and LDL values.
 LDL - Direct Measure
 TRI/H - Derived from TRIG and HDL Values
 TRIG - Enzymatic, End Point
 TC/H - Derived from serum Cholesterol and Hdl values
 LDL/ - Derived from serum HDL and LDL Values
 NHDL - Derived from serum Cholesterol and HDL values
 VLDL - Derived from serum Triglyceride values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

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		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,MG,

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY
 KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	E.C.L.I.A	2.04	mIU/mL

Bio. Ref. Interval. :

Men : 0-12.4 mIU/ml
 Women : Follicular Phase : 0-12.5 mIU/ml
 Ovulation Phase : 0-21.5 mIU/ml
 Luteal phase : 0-7.7 mIU/ml
 Post Menopause 0-134.8 mIU/ml

Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

PROLACTIN (PRL)	E.C.L.I.A	<u>20.7</u>	ng/mL
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Bio. Ref. Interval. :

Men : 4.04-15.2 ng/ml
 Women (Non Pregnant) : 4.79-23.3 ng/ml
 First Trimester 9.95 - 101ng/ml
 Second Trimester -17.2 - 270 ng/ml
 Third Trimester 67.9 - 419 ng/ml

Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

Please correlate with clinical conditions.

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NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
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 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,MG,

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY KURLA
 WEST NEXT TO KOHINOOR ELITE HOTEL KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	71	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.58	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.46	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	32.8	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	0.83	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	18.1	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	21.7	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	6.56	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.2	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	<u>2.36</u>	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.78	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

- ALKP - Modified IFCC method
- BILT - Vanadate Oxidation
- BILD - Vanadate Oxidation
- BILI - Derived from serum Total and Direct Bilirubin values
- GGT - Modified IFCC method
- OT/PT - Derived from SGOT and SGPT values.
- SGOT - IFCC* Without Pyridoxal Phosphate Activation
- SGPT - IFCC* Without Pyridoxal Phosphate Activation
- PROT - Biuret Method
- SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
- SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
- A/GR - Derived from serum Albumin and Protein values

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TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.36	mg/dL

Bio. Ref. Interval. :-

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnseemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

Please correlate with clinical conditions.

Method:- MODIFIED XYLIDYL BLUE REACTION METHOD

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HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY
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 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	143.2	mmol/L

Bio. Ref. Interval. :

Adults: 136-145 mmol/l

Method : ION SELECTIVE ELECTRODE

POTASSIUM	I.S.E	4.43	mmol/L
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Bio. Ref. Interval. :

ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :

An abnormal increase in potassium (hyperkalemia) can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which, when extreme, can be fatal. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic. The concentration of Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

Method : ION SELECTIVE ELECTRODE

CHLORIDE	I.S.E	106.3	mmol/L
----------	-------	-------	--------

Bio. Ref. Interval. :

ADULTS: 98-107 MMOL/L

Clinical Significance :

An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE

Please correlate with clinical conditions.

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TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,MG,

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY KURLA
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	CALCULATED	29.75	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	13.9	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	37.18	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.8	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	17.38	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.01	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6.7	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

UREAC - Derived from BUN Value.
 BUN - Kinetic UV Assay.
 UR/CR - Derived from UREA and Sr.Creatinine values.
 SCRE - Creatinine Enzymatic method
 B/CR - Derived from serum Bun and Creatinine values
 CALC - Arsenazo III Method, End Point.
 URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	98	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	7.16	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	1.64	µIU/mL	0.35-4.94

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3 - Fully Automated Chemi Luminescent Microparticle Immunoassay
 T4 - Fully Automated Chemi Luminescent Microparticle Immunoassay
 USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

Disclaimer :

Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference in reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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NAME : ATIQUE KHAN(45Y/M)
REF. BY : SELF
TEST ASKED : SERUM
 ELECTROLYTES,CORT,CRP,E2,FERR,VITB9,FSH,INSFA,M
 G,PRL,MASTER CHECKUP WITH CANCER AND

HOME COLLECTION :
 H - 1007 PREMIER RESIDENCY KOHINOOR CITY
 KURLA WEST NEXT TO KOHINOOR ELITE HOTEL
 KURLA MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	108	mL/min/1.73 m2

Bio. Ref. Interval. :-

- > = 90 : Normal
- 60 - 89 : Mild Decrease
- 45 - 59 : Mild to Moderate Decrease
- 30 - 44 : Moderate to Severe Decrease
- 15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

~~ End of report ~~

Sample Collected on (SCT) : 10 Feb 2024 08:45
Sample Received on (SRT) : 10 Feb 2024 17:35
Report Released on (RRT) : 11 Feb 2024 02:38
Sample Type : SERUM
Labcode : 1002001035/DG007
Barcode : CA103343




Dr Sachin Patil MD(Path)

CONDITIONS OF REPORTING

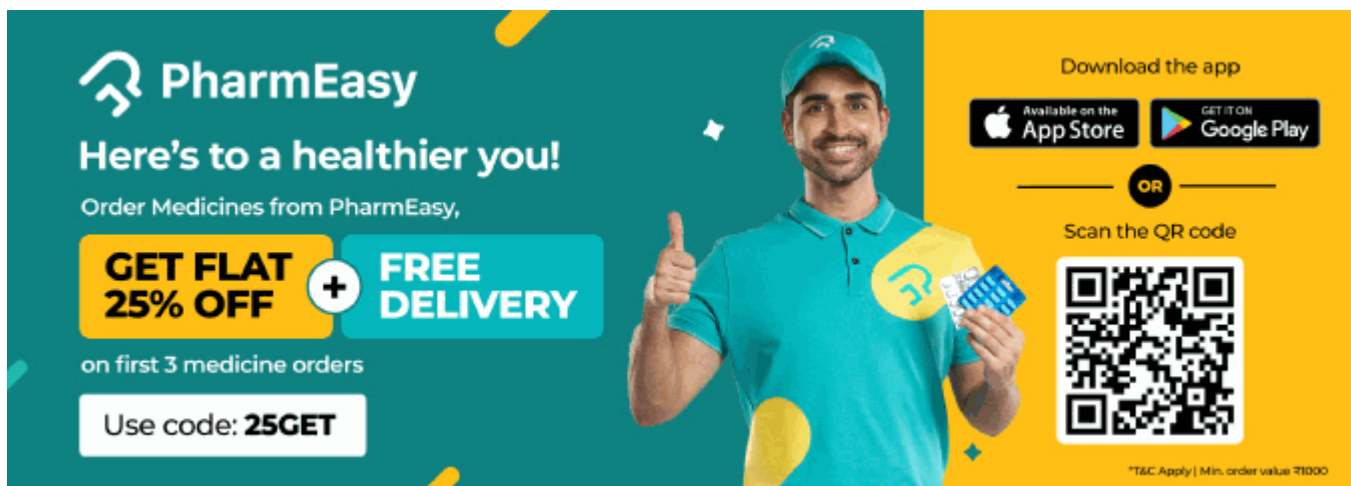
- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v Docon Technologies Private Limited, Thyrocare Technologies Limited and its employees/representatives do not assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.

EXPLANATIONS

- v **Name** - The name is as declared by the client and recorded by the personnel who collected the specimen.
- v **Ref.By** - The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- v **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- v **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- v **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v For suggestions, complaints or feedback, write to us at grievance-office@docon.co.in or call us on 7022000900.



The advertisement features a central image of a smiling male PharmEasy delivery person in a teal uniform and cap, holding a smartphone. The background is split into teal and yellow sections. On the teal side, the PharmEasy logo is at the top left, followed by the slogan 'Here's to a healthier you!' and the text 'Order Medicines from PharmEasy,'. Below this, a yellow box contains 'GET FLAT 25% OFF' and a teal box contains 'FREE DELIVERY', with a plus sign between them. Underneath, it says 'on first 3 medicine orders' and 'Use code: 25GET'. On the yellow side, it says 'Download the app' with 'Available on the App Store' and 'GET IT ON Google Play' buttons. Below these is an 'OR' separator and 'Scan the QR code' with a QR code. A small note at the bottom right reads '*T&C Apply | Min. order value ₹1000'.