Bharat Lab Network,
Plot no 6,7 & 8 Fifth Floor Aakriti Business Center,
Aakriti Ecocity, Bawadiya Kalan,
Bhopal-462026,
Madhya Pradesh, India

To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK
.
Bhopal
Madhya Pradesh, INDIA

Name	: DUMMY	Age/Gender	: 25 Years/MALE
Reg No	: 0001EA021970	Barcode No	: E1100001166
Sample Coll Dt	: 31-01-2026 10:09 AM	Reg Date	: 31-01-2026 04:49 PM
Sample Rcv Dt	: 31-01-2026 04:49 PM	Reported Date	: 31-01-2026 05:31 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
ANC PROFILE.				
COMPLETE BLOOD COUNT (CBC),WHOLE BLOOD				
HEMOGLOBIN	13.2	13.0-17.0	g/dL	SLS HEMOGLOBIN
HEMATOCRIT	45.2	40.0-50.0	%	CALCULATED
RBC COUNT	4.56	4.50-5.50	10^6/uL	HF & EI
MCV	83.5	83.0-101.0	fL	CALCULATED
MCH	28.5	27.0-32.0	pg	CALCULATED
MCHC	32.2	31.5-34.5	g/dL	CALCULATED
RDW-CV	12.3	11.6-14.0	%	CALCULATED
RDW-SD	39.7	39.0 - 46.0	fL	CALCULATED
PLATELET COUNT	155	150-410	10^3/uL	HF & EI
MEAN PLATELET VOLUME(MPV)	9.5	7.54 - 11.24	fL	CALCULATED
PLATELET DISTRIBUTION WIDTH (PDW)	12.3	9.6 - 15.2	fL	CALCULATED
PLATELETCRIT (PCT)	0.2	0.15 - 0.62	fl	CALCULATED
TOTAL LEUCOCYTE COUNT (WBC)	8.2	4.0 - 10.0	10^3/uL	HF & EI
Specimen: EDTA WHOLE BLOOD				
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHILS	70.2	40.0 - 80.0	%	FLOWCYTOMETRY
LYMPHOCYTES	25.3	20.0 - 40.0	%	FLOWCYTOMETRY
MONOCYTES	2.3	2.0 - 10.0	%	FLOWCYTOMETRY
EOSINOPHILS	1.2	1.0 - 6.0	%	FLOWCYTOMETRY
BASOPHILS	0.2	<2.0	%	FLOWCYTOMETRY
ABSOLUTE NEUTROPHIL COUNT	5.76	2.00 - 7.00		CALCULATED
ABSOLUTE LYMPHOCYTE COUNT	2.07	1.00-3.00	10^3/uL	CALCULATED
ABSOLUTE MONOCYTE COUNT	0.19	0.20-1.00	10^3/uL	CALCULATED
ABSOLUTE EOSINOPHIL COUNT	0.10	0.02-0.50	10^3/uL	CALCULATED
ABSOLUTE BASOPHIL COUNT	0.02	0.02-0.10	10^3/uL	CALCULATED
Specimen: EDTA WHOLE BLOOD				

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Consultant Pathologist

Dr Surbhi Suneja
Consultant Microbiologist

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BLOOD GROUP (ABO & RH), WHOLE BLOOD				
ABO GROUP	"B"			AGGLUTINATION
RH TYPE	POSITIVE			AGGLUTINATION

Specimen:
EDTA WHOLE BLOOD

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Tests	Results	Biological Ref Range	Units	Method
GLUCOSE RANDOM, PLASMA				
GLUCOSE RANDOM	102.3	70 - 140	mg/dL	HEXOKINASE
Specimen: PLASMA FLUORIDE				
If plasma glucose is > 140 mg/dl, the patient is advised to undergo the 75g OGTT (Oral Glucose Tolerance Test)				
UREA, SERUM				
UREA	22.0	15.0 - 38.5	mg/dL	URICASE
Specimen: SERUM				
CREATININE, SERUM				
CREATININE	0.62	0.60 - 1.30	mg/dL	SARCOSINE OXIDASE
Specimen: SERUM				

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URINE ROUTINE EXAMINATION				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW	PALE YELLOW		Visual Determination
APPEARANCE	CLEAR	CLEAR		Visual Determination
CHEMICAL EXAMINATION				
PH	6.0	4.5 - 7.5		Double Indicator Principle
SPECIFIC GRAVITY	1.010	1.005-1.035		Pretreated Polyelectrolyte Change
GLUCOSE	NOT DETECTED	NOT DETECTED		Oxidase Peroxidase
PROTEIN	NOT DETECTED	NOT DETECTED		Protein Error of indicator
KETONES	NOT DETECTED	NOT DETECTED		Aceto Acetic Reaction with Nitroprusside
BLOOD	NOT DETECTED	NOT DETECTED		Peroxidase reaction of hemoglobin
BILIRUBIN	NOT DETECTED	NOT DETECTED		Azo-coupling reaction
UROBILINOGEN	NORMAL	NORMAL		Ehrlich Reaction
NITRITE	NOT DETECTED	NOT DETECTED		Diazotization
MICROSCOPIC EXAMINATION				
PUS CELLS/WBCS	2-4	0-5	/HPF	MICROSCOPY
EPITHELIAL CELLS	0-1	0-5	/HPF	MICROSCOPY
RED BLOOD CELLS	NIL	NIL	/HPF	MICROSCOPY
CASTS	NOT DETECTED	NOT DETECTED		MICROSCOPY
CRYSTALS	ABSENT			MICROSCOPY
BACTERIA	ABSENT	ABSENT		MICROSCOPY
Specimen: URINE				
HEPATITIS B SURFACE ANTIGEN (CARD TEST)				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE	NON REACTIVE		IMMUNOCHROMATOGRAPHY
Specimen: SERUM				

HEPACARD is visual, rapid, sensitive and accurate one step immunoassay for the qualitative detection of Hepatitis B surface antigen (HBsAg) in Human serum or plasma. The test is intended as an aid to diagnosis of Hepatitis B infection. Viral hepatitis is a systemic disease primarily involving the liver, and in most cases is caused by one of three viruses: Hepatitis A (HAV), Hepatitis B (HBV) or Hepatitis C (HCV). The antigen found in the envelope of HBV is designated Hepatitis B Surface antigen (HBsAg) and its presence in serum or plasma indicates active HBV infection. HBsAg Rapid Test is a simple, one-step test that detects the presence of HBsAg. HBsAg Rapid Test is a lateral flow immunoassay.
Limitations of the Assay:

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1. The test procedure, precautions and interpretation of results for the test must be followed strictly.
2. This is only a screening test. The test does not rule out Hepatitis B infection because HBsAg may not be present in sufficient quantity to be detected at a very early stage of infection.
3. Positive results must be confirmed by other diagnostic procedures and clinical data.

HEPATITIS C ANTIBODIES (CARD TEST)

HEPATITIS C ANTIBODIES	NON REACTIVE	NON REACTIVE	IMMUNOCHROMATOGRAPHY

Specimen:
SERUM

HIV QUALITATIVE (CARD TEST)

HIV	NON REACTIVE	NON REACTIVE	CHROMATOGRAPHY

Specimen:
SERUM

Note-

1. Pre & Post test counseling for HIV testing is responsibility of referring physician.
2. A NON REACTIVE result implies that no Anti HIV-1 or HIV-2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been tested during the "Window phase" (before the development of detectable levels of antibodies).
3. This is only a screening test. A negative result does not rule out the possibility of HIV infection during window period.
4. All positive test results for HIV 1 & 2 are confirmed using 3 different methodologies as per NACO guidelines: Immunochromatography,Enzyme-Linked Immunoassay (ELISA),Chemiluminescence Immunoassay (CLIA)
5. Neonates born of HIV infected mothers may have HIV infection or can be uninfected despite the presence of maternal antibodies to HIV in their blood. Such neonates should undergo additional testing such as polymerase chain reaction (PCR) to ascertain their status of infection

RPR-RAPID PLASMA REAGIN (SYPHILIS ANTIBODY), TEST

RPR, SERUM	NON REACTIVE	NON REACTIVE	TITRE	FLOCCULATION

Specimen:
SERUM

RPR detects antibodies found in early Syphilis, but can be non- reactive in later stages. Biologic false positives are common in a variety of other infections, Rheumatic diseases and Auto- Immune disorders. Treponema Pallidum Hemagglutination assay (TPHA) test is recommended for confirmation. False negative reactions can occur in stages of the disease where there is minimal tissue damage, especially in early infection and in latent stages.

THYROID STIMULATING HORMONE(TSH),SERUM

THYROID STIMULATING HORMONE	1.56	0.35 - 4.94	uIU/ML	CLIA

Specimen:
SERUM

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TSH controls the biosynthesis and release of thyroid hormones T4 and T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism before the patient develops clinical findings, goiter, or abnormalities of other thyroid tests. And in monitoring of adequate thyroid hormone replacement therapy in primary hypothyroidism, although T4 may be mildly increased.

Decreased Levels: - Toxic Multinodular Goitre, Thyroiditis, Overreplacement of thyroid hormone in treatment of hypothyroidism, Autonomously functioning Thyroid Adenoma, Secondary pituitary or hypothalamic hypothyroidism, Acute Psychiatric illness, Severe dehydration.

Drugs: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, antithyroid drug for thyrotoxicosis.

Pregnancy- first trimester

Increased Levels: - Primary or untreated Hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction, Hypothyroid patients receiving insufficient thyroid replacement therapy, Hashimoto's Thyroiditis.

Drugs: Amphetamines, Iodine containing agents and dopamine antagonists. Euthyroid sick syndrome (Recovery phase), Neonatal period, increased in 1st 2-3 days of life due to postnatal surge,

Limitations: - TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results.

TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

Age specific reference intervals for TSH from TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-.

Age	**Reference Intervals (µIU/mL)**
Children	
0 - 4 Days	1.0 - 39.0
2 weeks - 5 months	1.7 - 9.1
6 months - 20 Years	0.7 - 6.4
> 55 years	0.5 - 8.9
Pregnancy reference values as per recommendations by American Thyroid Association.	
First Trimester	0.1 - 2.5
Second Trimester	0.2 - 3.0
Third Trimester	0.3 - 3.0

End Of Report

This report is not subject to use for any medico-legal purposes

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