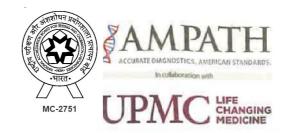
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LABORATORY REPORT

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OP/IP/DG#	:			APPROVED ON	
				REPORT STATUS : Final Repo	ort



Test Name	Result	Biological Ref. Interval	Unit
Amfit Healthy Womens Check - 2			
	HAEMATOLOG	GY .	
Complete Blood Counts (Whole Blood - EDTA)			
(Automated Hematology Analyzer & Micro	scopy)		
Hemoglobin photometric method	12.8	12.0 - 15.0	g/dL
RBC Count coulter principle	4.2	3.8 - 4.8	10^6/µL
Hematocrit	37.6 L	40 - 50	%
MCV(Mean Corpuscular Volume) Derived from RBC Histogram	88.5	83 - 101	fL
MCH(Mean Corpuscular Hemoglobin) Calculated	30.2	27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration) Calculated	34.1	31.5 - 34.5	g/dL
RDW Derived from RBC Histogram	13.3	11.6 - 14	%
Total Leukocyte Count coulter principle	7.1	4.0 - 10.0	10³/µl
Differential count % (VCSn Technology &	light microscopy)		
Neutrophils	62.0	40-80	%
Lymphocytes	30.0	20-40	%
Monocytes	6.0	2-10	%
Eosinophils	3.0	1-6	%
Basophils	1.0	0-1	%
Differential Counts, Absolute(calculated)			
Absolute Neutrophil Count VCSn/Calculated	4.40	2.0-7.0	10³/μl
Absolute Lymphocyte Count VCSn/Calculated	2.13	1.0-3.0	10³/μl
Absolute Monocyte Count	0.43	0.2 - 1.0	10³/µl
Absolute Eosinophil Count (AEC) VCSn/Calculated	0.21	0.02-0.5	10³/μl
Absolute Basophil Count	0.00	0.02 - 0.1	10³/µI
Platelet Count coulter principle	299	150 - 410	10³/μl
MPV	8.9	7.5 - 11.5	fL

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Test Name	Result	Biological Ref. Interval	Unit
Amfit Healthy Womens Check - 2			
	BIOCHEMISTRY	•	
Ferritin (Serum)			
Ferritin ECLIA	150.30	30-400	ng/mL

Interpretation:

Ferritin is iron storage protein. Determination of ferritin is necessary in iron deficiency anemia, monitoring iron therapy and in differential diagnosis of anemia

Elevation levels seen in

Hemochromatosis

Porphyria

Rheumatoid arthrosis

Leukaemia

Hodgkin's lymphoma

Liver disease

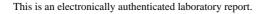
Multiple blood transfusion

Acute phase reactant

Increased in all inflammatory condition

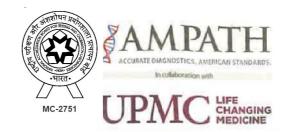
Decreased level

Iron deficiency anemia





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				REPORT STATUS	: Final Report



Test Name	Result	Biological Ref. Interval	Unit
Amfit Healthy Womens Check - 2			
Serum Iron (Serum)			
Iron FerroZine Colorimetric Assay	61.9	59-158	μg/dL

Interpretation:

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.

Iron Binding Capacity - Total (TIBC) (Serum)

Iron FerroZine Colorimetric Assay	61.9	59-158	μg/dL
Unsaturated Iron Binding Capacity (UIBC) Direct determination with FerroZine	189.5	125 - 345	μg/dL
Iron Binding Capacity - Total (TIBC) Calculation	251.4	228-428	μg/dL
Transferrin Saturation Index (TSI) Calculation	24.6	16-45	
Vitamin B12 (Serum)			
Vitamin B12 ECLIA	342.0	197-771	pg/mL

Interpretation:

Vitamin B12 also referred to as cobalamin is a water soluble vitamin. The uptake in the gastro intestinal track depends on intrinsic factor, which is synthesised by gastric parietal cells

Deficiency state:

- >Lack of intrinsic factor due to autoimmune atrophic gastritis
- >Mal-absorption due to gastrostomy
- >Inflammatory bowel disease
- >Dietary deficiency (strict vegans)
- >Vit B12 deficiency results in megaloblastic anaemia, peripheral neuropathy, dementia and depression

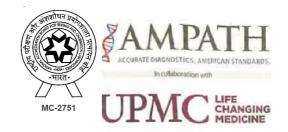
Increased levels:

- >VIT B12 supplement intake
- >Polycythaemia Vera.

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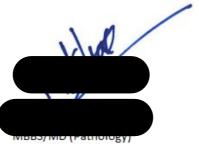
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Test Name Result Biological Ref. Interval Unit

Amfit Healthy Womens Check - 2





Disclaimer:

- 1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- 2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof
- 3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- 4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected
- 5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- 6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- 7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- 8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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