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Name		Mr. GOPAL SINGH					2
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Ref By	de la	DR AMIT SHARMA	Gender	1	Male with day Dr Lat Particles Dr Lat Particles Dr Lat		Pat
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		shop no 583,mohan nagar,near aggarsain			National Reference laboratory, Block E,		Pat
		chowk,pipli road, Protonic Dr. Lat Protonic Dr. Lat Protonic D			Sector 18, Rohini, New Delhi -110085		Pet
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**Test Report** 

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 4			
LIVER & KIDNEY PANEL, SERUM			
Creatinine	6.97	mg/dL	0.70 - 1.30
(Modified Jaffe, Kinetic) GFR Estimated (CKD EPI Equation 2021)	8	mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)	G5		
Urea (Urease UV)	154.43	mg/dL	17.00 - 49.00
Urea Nitrogen Blood (Calculated)	72.12	mg/dL	8.00 - 23.00
BUN/Creatinine Ratio (Calculated)	10		
Uric Acid (Uricase)	5.25	mg/dL	3.50 - 7.20
AST (SGOT) (IFCC without P5P)	24.0	U/L	19.00 - 48.00
ALT (SGPT) (IFCC without P5P)	33.0	U/L	10.00 - 49.00
GGTP (IFCC)	84.0	U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)	150.00	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	0.31	mg/dL	0.20 - 1.10
Bilirubin Direct (Oxidation)	0.16	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.15	mg/dL	<1.10
Total Protein (Biuret)	7.06	g/dL	5.70 - 8.20
Albumin (BCG)	3.69	g/dL	3.20 - 4.60
A : G Ratio (Calculated)	1.09		0.90 - 2.00
Globulin(Calculated)	3.37	gm/dL	2.0 - 3.5



Page 1 of 13



Lol PathLabs Dr Lal			
Name	Mr. GOPAL SINGH		Late Dr. Lat Presidents Dr. Lat Pr. 6
Lab No. 🟒	Part : 183087178 Dr. Cal Particula Dr. Cal Particula Dr. Cal Part	Age Age	Cale Da Lat Particlate Da Lat De 1
Ref By M	Proc: DR AMIT SHARMA	Gender Mar Prof. : Male Mark Dr. Le Prof.	Early Do Lat Park Early Do Lat P
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Lat PathLabs Dr Lat	Period THANESAR, De Les Periodes De Les Periodes De Les Per		
Lat PathLabs Dr Lat	RURUKSHETRA136118		
	HRY ,IND		
	THANESAR 136118		

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total (Arsenazo III)	9.10	mg/dL	8.80 - 10.20
Phosphorus (Molybdate UV)	3.32	mg/dL	2.30 - 3.70
Sodium (Indirect ISE)	135.00	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.51	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	97.50	mEq/L	98.00 - 107.00

**Test Report** 



Page 2 of 13



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	HRY ,IND			
	THANESAR 136118			

#### **Test Report Test Name** Results Units Bio. Ref. Interval LIPID SCREEN, SERUM 105.00 Cholesterol, Total <200.00 mg/dL (CHO-POD) <40.00 Triglycerides mg/dL <150.00 (GPO-POD) HDL Cholesterol 67.00 >40.00 mg/dL (Enz Immunoinhibition) LDL Cholesterol, Calculated 31.20 mg/dL <100.00 (Calculated) 6.80 <30.00 VLDL Cholesterol, Calculated mg/dL (Calculated) Non-HDL Cholesterol 38 mg/dL <130 (Calculated)

# Note

- 1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
- 2. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

# Treatment Goals as per Lipid Association of India 2020

RISK	TREATM	ENT GOAL	CONS	SIDER THERAPY
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme   Risk Group   Category A	<pre>&lt;50 (Optional goal ≤30) </pre>	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category B	≤30	<u>60</u>	>30	>60
Very High	<50	<80	≥50	≥80
High	<70	<100	<u>≥</u> 70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

\*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



Page 3 of 13



Name :	Mr. GOPAL SINGH				
Lab No.	183087178	Age	en la	60 Years of the Particul Dr. Las Particula Dr. Las P	
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la Pathhabs Dr Lat Pathh	shop no 583,mohan nagar,near aggarsain			National Reference laboratory, Block E,	Labs Dr Lal Park
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la PathLabs Dr Lal PathL	KURUKSHETRA136118 Product President President President President				Labs Dr Lal Path
	HRY ,IND				
	THANESAR 136118				

Test Report					
Test Name	Results	Units	Bio. Ref. Interval		
GLUCOSE, FASTING (F)					
Glucose Fasting (Hexokinase)	88.00	mg/dL	70 - 100		
VITAMIN B12; CYANOCOBALAMIN (CLIA)					
Vitamin B12; Cyanocobalamin	950.00	pg/mL	211.00 - 911.00		

# Notes

- 1. Interpretation of the result should be considered in relation to clinical circumstances.
- 2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
- 3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
- 4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

VITAMIN D, 25 - HYDROXY, SERUM (CLIA)								
Vitamin D, 25 Hydroxy			80.33	nmol/L	75.00 - 250.00			
h	Interpretation							
	LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS					
	Deficient	< 50	High risk for devel	oping bone disease				
	Insufficient	50-74	Vitamin D concentra Parathyroid hormone	tion which normalize concentration	2S   			
	Sufficient	75-250	Optimal concentrati	on for maximal heal	th benefit			
	Potential	>250	High risk for toxic	effects	i I			
					Page 4 of 13			



If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



Name : Mr. G	OPAL SINGH				
Lab No. : 18308	87178 De La Pariza De La Pariza De La Pariza De La	Age		60 Years of the process of the process of the process	
Ref By A Proceeding DR A	MIT SHARMA State Dr. Lat Particula Dr. Lat Particula Dr. L	Gender and Parke	14	Male activate Dr. Lat Pathicate Dr. Lat Pathicate Dr. Lat Pr	
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# **Test Report**

<b>Test Name</b>   intoxication	Results	Units	Bio. Ref. Interval

#### Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total	0.83	ng/mL	0.60 - 1.81
T4, Total	6.50	µg/dL	5.01 - 12.45
TSH	1.34	µIU/mL	0.550 - 4.780

#### Note

- 1. TSH levels are subject to circadian variation, reaching peak levels between 2 4.a.m. 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 measured serum TSH concentrations.
- 2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
- 3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
- 4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



Page 5 of 13



Name : Mr. GOPAL SINGH	Part 1 al De la Part
Lab No. : 183087178	Age : 60 Years
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chowk,pipli road,	Sector 18, Rohini, New Delhi -110085
THANESAR,	
KURUKSHETRA136118	
HRY ,IND	
THANESAR 136118	

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	4.9	%	4.00 - 5.60
Estimated average glucose (eAG)	94	mg/dL	

Test Report

# Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic	At risk	Diagnosing	Therapeutic goals
	adults >=18 years	(Prediabetes)	Diabetes	for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

**Note:** Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C   FACTO   MEASUREMENT   OF HB	RS THAT AFFECT INTERPRETATION
Hemoglobin variants, elevated fetalAny collimitshemoglobin (HbF) and chemicallysurvitsmodified derivatives of hemoglobinage (display="block">age (display="block"/>age (display="block")with renal failure) can affect thewillaccuracy of HbA1c measurementsregardeficehighe	ondition that shortens erythrocyte val or decreases mean erythrocyte e.g.,recovery from acute blood loss, ytic anemia, HbSS, HbCC, and HbSC) falsely lower HbA1c test results dless of the assay method used.Iron iency anemia is associated with r HbA1c



Page 6 of 13

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



**Test Name** 

Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085 Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

Units

Bio. Ref. Interval

Name Mr. GOPAL SINGH			
Lab No. : 183087178	Age	: 60 Years	
Ref By : DR AMIT SHARMA	Gender	: Male	
Collected : 26/7/2024 10:09:00AM	Reported	: 26/7/2024 7:30:18PM	MC-2113
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Collected at : JAI BALAJI-CC1 shop no 583,mohan nagar,near aggarsain chowk,pipli road, THANESAR, KURUKSHETRA136118	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block Sector 18, Rohini, New Delhi -110085	ethilado Do Let Park El ado Do Let Park ethilado Do Let Park ethilado Do Let Park ethilado Do Let Park
HRY ,IND THANESAR 136118			

# **Test Report** Results

COMPLETE BLOOD COUNT; CBC			
Hemoglobin (Photometry)	8.10	g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)	25.60	%	40.00 - 50.00
RBC Count (Electrical impedence)	2.68	mill/mm3	4.50 - 5.50
MCV (Electrical impedence)	95.60	fL	83.00 - 101.00
Mentzer Index (Calculated)	35.7		
MCH (Calculated)	30.10	pg	27.00 - 32.00
MCHC (Calculated)	31.50	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)	16.40	%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)	3.20	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils (VCS Technology)	41.90	%	40.00 - 80.00
Lymphocytes	42.40	%	20.00 - 40.00
(VCS Technology) Monocytes	10.60	%	2.00 - 10.00
Eosinophils (VCS Technology)	4.30	%	1.00 - 6.00
Basophils (VCS Technology)	0.80	%	<2.00
Absolute Leucocyte Count			
Neutrophils (Calculated)	1.34	thou/mm3	2.00 - 7.00
Lymphocytes (Calculated)	1.36	thou/mm3	1.00 - 3.00
Monocytes (Calculated)	0.34	thou/mm3	0.20 - 1.00
			Page 7 of 13



Page 7 of 13



Name Name :	Mr. GOPAL SINGH		lat Perhlada De Let Perhlada De Let Perhlada De Let Pe
Lab No. :	183087178	Age	: 60 Years
Ref By :	DR AMIT SHARMA	Gender	: Male
Collected :	26/7/2024 10:09:00AM	Reported	: 26/7/2024 7:30:18PM
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	chowk,pipli road,		Sector 18, Rohini, New Delhi -110085
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	HRY ,IND		
	THANESAR 136118		

#### **Test Report**

Test Name	Results	Units	Bio. Ref. Interval
Eosinophils	0.14	thou/mm3	0.02 - 0.50
(Calculated)			
Basophils	0.03	thou/mm3	0.02 - 0.10
(Calculated)			
Platelet Count	130	thou/mm3	150.00 - 410.00
(Electrical impedence)			
Mean Platelet Volume	11.3	fL	6.5 - 12.0
(Electrical impedence)			

# Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

#### Note

- 1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- 2. Test conducted on EDTA whole blood



Page 8 of 13



Name       : Mr. GOPAL SINGH         Lab No.       : 183087178         Ref By       : DR AMIT SHARMA	Age : Gender :	60 Years Dida Pintan Dida Pintan Dida Pintan Dida Pi Male	
Collected : 26/7/2024 10:09:00AM	Reported :	26/7/2024 7:30:18PM	MC-2113
A/c Status : P	Report Status :	Final	ethLabs Dr. Lat Path whitehs Dr. Lat Park
Collected at : JAI BALAJI-CC1 shop no 583,mohan nagar,near aggarsain chowk,pipli road, THANESAR.	Processed at :	LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085	ethlabs De Lei Peth ethlabs De Lei Peth ethlabs De Lei Peth ethlabs De Lei Peth
KURUKSHETRA136118 HRY ,IND THANESAR 136118			

#### Test Report

Test Name	Results	Units	Bio. Ref. Interval
FERRITIN, SERUM (CLIA)			
Ferritin	1080.80	ng/mL	22.00 - 322.00

Note: Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

#### Comments

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

# Increased Levels

- Iron overload Hemochromatosis, Thalassemia & Sideroblastic anemia
- Malignant conditions Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
- Inflammatory diseases Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns
- Acute & Chronic hepatocellular disease

#### **Decreased Levels**

Iron deficiency anemia

PTH (PARATHYROID HORMONE) INTACT, SERUM (CLIA)			
PTH-Intact	82.50	pg/mL	14.00 - 72.00

# Notes

1. Test results should be interpreted in conjunction with serum calcium and phosphorus levels, and clinical findings.



Page 9 of 13



Name D. M. P.	: Mr. GOPAL SINGH			2000
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	HRY ,IND			
	THANESAR 136118			

# **Test Report**

#### **Test Name**

- Results Units Bio. Ref. Interval 2. PTH is secreted in a pulsatile manner with an overall circadian rhythm characterized by a nocturnal rise.
- 3. 25-30% patients with primary Hyperparathyroidism can have normal PTH levels. In the presence of high calcium levels if PTH is not suppressed most likely it is Primary Hyperparathyroidism

# **Clinical Use**

- Diagnosis and differential diagnosis of hypercalcemia •
- Diagnosis of primary, secondary, and tertiary hyperparathyroidism ٠
- Diagnosis of hypoparathyroidism
- Monitoring end-stage kidney failure patients for possible renal osteodystrophy •
- During Parathyroid surgery to monitor treatment success •

# **Increased Levels**

- Primary hyperparathyroidism
- Secondary hyperparathyroidism
- Renal failure
- Pseudohypoparathyroidism

# **Decreased Levels**

- Hypoparathyroidism
- Hypercalcemia of malignancy

THYROID PROFILE, FREE, SERUM (CLIA)			
Free Triiodothyronine (T3, Free)	2.24	pg/mL	2.30 - 4.20
Free Thyroxine (T4, Free)	0.74	ng/dL	0.89 - 1.76
TSH, Ultrasensitive	1.335	µIU/mL	0.550 - 4.780

# Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a



Page 10 of 13



Name Carport: Mr. GOPAL SINGH Con Decar Presson De	Let Perklahs Dr. Let P
Lab No. der Part : 183087178 De der Parkente De der Parkente De	der Perskerk Diede Ageliek Dieder Perske : 160 Years i Dieder Perskerk Dieder Perskerk Dieder Pr
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THANESAR 136118	

### **Test Report**

 Test Name
 Results
 Units
 Bio. Ref. Interval

 minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.
 Bio. Ref. Interval

2. TSH Values <0.03  $\mu$ IU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



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Name : Mr. GOPAL SINGH		Labs Dr. Lel ParkLabs Dr. Lel ParkLabs Dr. Lel P.
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THANESAR 136118		

#### **Test Report**

Test Name	Results	Units	Bio. Ref. Interval
IRON STUDIES, SERUM (Spectrophotometry)			
Iron	66.00	ug/dL	65.00 - 175.00
Total Iron Binding Capacity (TIBC)	225.00	µg/dL	250 - 425
Transferrin Saturation	29.33	%	20.00 - 50.00

#### Comments

**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.

**Total Iron Binding capacity (TIBC)** is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

**Transferrin Saturation** occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

Bay Laste

MCI – 24779

Dr Ajay Gupta MD, Pathology Technical Director - Hematology & Immunology NRL - Dr Lal PathLabs Ltd

DMC – 45969 Dr Jatin Munjal MD,Pathology Sr. Consultant Pathologist -Hematology & Immunology NRL - Dr Lal PathLabs Ltd



Dr Anjalika Goyal MD,Biochemistry Consultant Biochemist NRL - Dr Lal PathLabs Ltd

DMC - 9550 Dr Nimmi Kansal MD, Biochemistry Technical Director - Clinical Chemistry & Biochemical Genetics NRL - Dr Lal PathLabs Ltd

DMC - 77091

Dr Gurleen Oberoi DM(Hematopathology), MD,DNB,MNAMS Senior Consultant and Lead-Hematopathology NRL - Dr Lal PathLabs Ltd

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DMC - 24201

Dr Sarita Kumari Lal MD, Pathology Consultant Pathologist Dr Lal PathLabs Ltd

DMC - 89819

Dr Himangshu Mazumdar MD, Biochemistry Sr. Consultant Biochemist NRL - Dr Lal PathLabs Ltd

DMC – 46663 Dr Sunanda MD, Pathology Sr. Consultant Pathologist -Hematology & Immunology NRL - Dr Lal PathLabs Ltd





If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



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KURUKSHETRA136118		
HRY ,IND		
THANESAR 136118		

#### **Test Report**

**Test Name** 

Results Units



Bio. Ref. Interval

#### IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.



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