

Laboratory Investigation Report

Patient Name	Centre	:
Age/Gender	OP/IP No/UHID	:
MaxID/Lab ID	Collection Date/Time	:
Ref Doctor	Reporting Date/Time	:

Clinical Biochemistry
Max Care Full-Body Health Plus

CRP- C- Reactive Protein*, Serum

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		
CRP	4.4	6.11	mg/L	0.0 - 3.3
Immunoturbidimetric				

Interpretation This helps in detecting neonatal septicemia, meningitis and useful to assess the activity of inflammatory diseases like rheumatoid arthritis. It is increased after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation. The increase with inflammation occurs within 6 -12 hours and peaks at about 48 hours.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Partho Baruah
Technical Head & Principal Consultant
MBBS, DCP (Pathology)
HMC No.- HN 22564

Test Performed at :7091 - MAX LAB UDYOG VIHAR PHASE 5 D50, 2nd Floor, Plot No D50, Udyog Vihar, Phase V,
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Laboratory Investigation Report

Patient Name	Centre
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Immunoassay
Max Care Full-Body Health Plus
Total-Thyroid Profile (T3,T4 & TSH)*, Serum

Date	16/Mar/2026 08:33AM	Unit	Bio Ref Interval
T3 (Total) CLIA	0.93	ng/mL	0.6 - 1.81
T4 (Total) CLIA	7.8	µg/dL	3.2 - 12.6
TSH CLIA	2.021	µIU/mL	0.55 - 4.78

Comment

Parameter	Unit	Cord Blood	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	2.3 - 13.2	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Increased in primary Hypothyroidism.

Decreased in primary Hyperthyroidism

Total Thyroid Profile : (Thyroid Function Test, TFT)

T3 (Total), Triiodothyronine

Increase in Hyperthyroidism, and T3 toxicosis,

Decreased in hypothyroidism, states with decreased TBG, and acute and subacute non thyroidal illness

T4(Total) Thyroxine

Increased in Hyperthyroidism, states with increased TBG, Thyrotoxicosis

Decreased in Hyperthyroidism, states with decreased TBG and Strenuous exercise

TSH, Serum : Thyrotropin(Thyroid Stimulating Hormone)

Increased in primary Hypothyroidism.

Decreased in primary Hyperthyroidism.

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

TSH assay is standardized to the 3rd generation for human TSH.

The Cyclical variations may be quite large; therefore the timing of specimen collection must be strictly controlled.

Advise : Kindly do Thyroid Profile/TSH in morning hours only.

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**Immunoassay
Max Care Full-Body Health Plus****Comment: TSH - Ultrasensitive**

Kindly correlate with clinical findings

***** End Of Report *****

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(CIN No.: U85100DL2021PLC381826)

📞 Helpline No. 7982 100 200 🌐 www.maxlab.co.in ✉ feedback@maxlab.co.in

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Hematology

Max Care Full-Body Health Plus

CBC (Complete Blood Count)*, EDTA

Date	16/Mar/2026 08:33AM	Unit	Bio Ref Interval
Haemoglobin SLS-Haemoglobin Method	12.6	g/dl	13.0 - 17.0
Packed Cell, Volume Pulse Height Detection Method	37.1	%	40-50
Total Leucocyte Count (TLC) Flowcytometry method using semiconductor laser	8.06	10~9/L	4.0-10.0
Nucleated RBCs	0.08	/100WBCs	
RBC Count Electrical Impedance	3.99	10~12/L	4.5-5.5
MCV Calculated	92.9	fL	83-101
MCH Calculated	31.7	pg	27-32
MCHC Calculated	34.1	g/dl	31.5-34.5
Platelet Count Hydrodynamic focusing (DC detection)	226	10~9/L	150-410
MPV Calculated	9.4	fl	7.8-11.2
RDW Calculated	13.0	%	11.5-14.5

Differential Cell Count

Flowcytometry// Light Microscopy

Neutrophils	45.3	%	40-80
Lymphocytes	39.7	%	20-40
Monocytes	10.9	%	2-10
Eosinophils	3.7	%	1-6
Basophils	0.4	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.65	10~9/L	2.0-7.0
Absolute Lymphocyte Count	3.2	10~9/L	1.0-3.0
Absolute Monocyte Count	0.88	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.3	10~9/L	0.02-0.5
Absolute Basophil Count	0.030	10~9/L	0.02-0.1

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Hematology

Max Care Full-Body Health Plus

Kindly correlate with clinical findings

*** End Of Report ***



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Technical Head & Principal Consultant
MBBS, DCP (Pathology)
HMC No.- HN 22564

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Clinical Biochemistry
Max Care Full-Body Health Plus

Kidney Function Test (KFT) Profile*

Date	16/Mar/2026 08:33AM	Unit	Bio Ref Interval
Urea calculated(UN_c value)	27.5	mg/dl	19.26 - 49.22
Blood Urea Nitrogen Urease with GLDH	12.84	mg/dL	9.0 - 23.0
Creatinine jaffe,alkaline picrate, kinetic with blank rate co	0.96	mg/dL	0.70 - 1.30
eGFR by MDRD MDRD	73.59	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	74.57		
Bun/Creatinine Ratio Calculated	13.38	ratio	10.0 - 20.0
Uric Acid Uricase,peroxidase	7.4	mg/dl	3.7 - 9.2
Calcium (Total) Arsenazo Colorimetric	9.5	mg/dl	8.7 - 10.4
Sodium IT	141.0	mmol/L	136 - 145
Potassium IT	3.98	mmol/L	3.5 - 5.1
Chloride IT	101	mmol/L	98 - 107
Phosphorus(inorg) Phosphomolybdate	3.3	mg/dl	2.4 - 5.1

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Clinical Biochemistry Max Care Full-Body Health Plus

HbA1c (Glycated/ Glycosylated Hemoglobin) Test*, EDTA HPLC

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		
Glycosylated Haemoglobin(Hb A1c) HPLC	5.00	5.29	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC Calculated	31.13	34.3	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	96.8	105.12	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	5.36	5.82	mmol/L	

Interpretation The following HbA1c ranges recommended by the American Diabetes Association(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	HbA1C(IFCC mmol/mol)	Suggested Diagnosis
≥ 6.5	≥ 48	Diabetic
5.7 - 6.4	39 - 47	Pre- Diabetic
< 5.7	< 39	Non - Diabetic

HbA1C provides a useful index of average glycaemia over the preceding 6-8 weeks.

It is suggested that HbA1c is measured every 6 months in stable patients, every 3 months in patients with unstable metabolic control and every month in pregnancy. Increased Glycated hemoglobin is a reflection of Hyperglycemia.

Laboratory Investigation Report

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Age/Gender	OP/IP No/UHID	: //
MaxID/Lab ID	Collection Date/Time	: 16/Mar/2026 08:33AM
Ref Doctor	Reporting Date/Time	: 16/Mar/2026 06:25PM

Clinical Biochemistry Max Care Full-Body Health Plus

Fasting Blood Sugar (Glucose) , (FBS)*, Fluoride Plasma

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		
Glucose (Fasting) Hexokinase	96	93.0	mg/dl	74 - 99

Interpretation A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes Elevated blood glucose levels are seen in: Diabetes mellitus, Cushing's disease, Acromegaly
Stress, such as from surgery or trauma. Certain medications, especially [corticosteroids](#)
Decreased blood glucose levels can be due to drug induced, [hypothyroidism](#), [addison](#) (adrenal insufficiency)

Total Iron Binding Capacity (TIBC)*, Serum

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		
Iron Ferrozine	134	110	µg/dL	65 - 175
UIBC Colorimetric - Ferene	144.1	143	ug/dL	120 - 470
Total Iron Binding Capacity Calculated	278.1	253	ug/dL	250 - 425
Transferrin Saturation Calculated	48.18	43.48	%	17 - 37

Kindly correlate with clinical findings

*** End Of Report ***



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Clinical Pathology Max Care Full-Body Health Plus

Urine Routine And Microscopy*

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		

Macroscopy

Colour Visual Observation/ Automated	Pale Yellow	Pale Yellow		Pale Yellow
PH	7.5	7.5		5.0 - 7.0
Specific Gravity pKa change	1.010	1.015		1.015 - 1.025
Protein Protein-error of indicators	Trace	2+		Nil
Glucose. Enzyme Reaction	Negative	Neg		Nil
Ketones Acetoacetic Reaction	Negative	Neg		Nil
Blood Benzidine Reaction	Negative	Neg		Nil
Leukocyte Esterase Leukocyte esterase reaction	Negative			Nil
Bilirubin Diazo Reaction	Negative	Neg		Nil
Urobilinogen Ehrlichs Reaction	Negative	Normal		Normal
Nitrite Conversion of Nitrate	Negative	Neg		

Microscopy

Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	0	0	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	1	1	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	2	1	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	0	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	0	Nil	..	Nil
Bacteria	Nil	Nil	/HPF	Nil

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Clinical Pathology
Max Care Full-Body Health PlusLight Microscopy/Image capture
microscopy

Kindly correlate with clinical findings

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Immunoassay Max Care Full-Body Health Plus

Ferritin*, Serum

Date	16/Mar/2026 08:33AM	Unit	Bio Ref Interval
Ferritin CLIA	313.5	ng/mL	11 - 307

Comment

Ferritin is a large hollow spherical protein containing iron, concentration of which roughly reflects the body iron content in many individuals. Serum ferritin concentration is a sensitive indicator of iron deficiency. Serum Ferritin concentration is increased in many disorders like infection, inflammatory disorders like rheumatoid arthritis or renal disease; common liver conditions (e.g. alcoholism, viral hepatitis B or C); heart disease, cancer. In patients with these disorders who also have iron deficiency their serum ferritin concentrations are often normal. An increase in serum ferritin concentration occurs as a result of ferritin release due to liver cell injury of diverse causes. Serum ferritin is also increased in patients with iron overload of any cause. Serum transferrin saturation is a better screening test for early iron overload than serum ferritin.

Vitamin B12 (Vit- B12), (Cyanocobalamin)*, Serum

Date	16/Mar/2026 08:33AM	12/Apr/25 11:21AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	482	1825.00	pg/mL	211 - 911

Interpretation Note:- Vitamin B12 (Cobalamin)

Vitamin B12 is tested for patients with GIT disease, Neurological disease, psychiatric disturbances, malnutrition, alcohol abuse. Increased in chronic renal failure, severe CHF.

Decreased in megaloblastic anemia.

Advise: CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.

Folate , Serum*

Date	16/Mar/2026 08:33AM	Unit	Bio Ref Interval
Folate Serum CLIA	9.2	ng/mL	>5.4

Ref Range Interpretation

A folate deficiency can lead to megaloblastic anemia and ultimately to severe neurological problems. Folate deficiency can be caused by insufficient dietary intake, malabsorption or excessive folate utilization, which is common during pregnancy, alcoholism, hepatitis, or other liver-damaging diseases.

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Immunoassay
Max Care Full-Body Health Plus
Vitamin D, 25 - Hydroxy Test (Vit. D3)*, Serum

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		
25 Hydroxy, Vitamin D CLIA	69.04	57.12	ng/mL	30-100

Ref Range

Vitamin D Status	25 (OH) Vitamin D Concentration Range (ng/ml)
Sufficiency	30-100
Insufficiency	20-29
Deficiency	<20
Potential Toxicity	>100

Interpretation

Vitamin D toxicity can be due to

1. Use of high doses of vitamin D for prophylaxis or treatment
2. Taking vitamin D supplements with existing health problems such as kidney disease, liver disease, tuberculosis and hyperparathyroidism

Vitamin D deficiency can be due to:

1. Inadequate exposure to sunlight,
2. Diet deficient in vitamin D
3. Malabsorption

Advice: Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

*** End Of Report ***



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Clinical Biochemistry Max Care Full-Body Health Plus

Lipid Profile, Serum*

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		
Cholesterol Colorimetri Cholesterol esterase and chole	203	196	mg/dL	< 200
HDL Cholesterol Accelerator selective detergent methodology	34.5	38	mg/dL	> 40
LDL Cholesterol Direct	144	136	mg/dL	< 100
Triglyceride GPO	146.0	147.0	mg/dL	30 - 149
VLDL Cholesterol Calculated	29.2	29.4	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	5.9	5.2	..	0.0-4.9
Non-HDL Cholesterol Calculated	168.50	158.00	mg/dL	< 130
HDL/LDL Calculated	0.24	0.28	Ratio	0.3 - 0.4

Interpretation

Total Cholesterol	Desirable: < 200 mg/dL	LDL-C	Optimal: < 100 mg/dL
	Borderline High: 200-239 mg/dL		Near Optimal/ Above Optimal: 100-129 mg/dL
	High \geq 240 mg/dL		Borderline High: 130-159 mg/dL
			High: 160-189 mg/dL
			Very High: \geq 190 mg/dL
HDL-C	Low HDL: < 40 mg/dL	Triglyceride	Normal: <150 mg/dL
	High HDL: \geq 60 mg/dL		Borderline High: 150-199 mg/dL
			High: 200-499 mg/dL
			Very High: \geq 500 mg/dL

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Clinical Biochemistry
Max Care Full-Body Health Plus

Liver Function Test (LFT)*, Serum

Date	16/Mar/2026	12/Apr/25	Unit	Bio Ref Interval
	08:33AM	11:21AM		
Total Protein Biuret	7.40	7.10	g/dl	5.7 - 8.2
Albumin Bromcresol Green	4.4	3.9	g/dL	3.4 - 5.0
Globulin Calculated	3.0	3.2	g/dL	2.7 - 4.3
A.G. ratio Calculated	1.5	1.2		1.2 - 1.5
Bilirubin (Total) Vanadate oxidation	0.6	0.67	mg/dl	0.2 - 0.9
Bilirubin (Direct) Vanadate oxidation	0.2	0.12	mg/dl	<=0.3
Bilirubin (Indirect) Calculated	0.4	0.55	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) Modified IFCC	18	24	U/l	<34
SGPT- Alanine Transaminase (ALT) Modified IFCC	12	23	U/L	10 - 49
AST/ALT Ratio Calculated	1.5	1.04	Ratio	
Alkaline Phosphatase IFCC Standardization	76	64	U/L	46 - 116
GGT (Gamma GT), Serum Enzymatic Rate	16.0	19.0	U/L	7 - 50

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Partho Baruah
Technical Head & Principal Consultant
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HMC No.- HN 22564

Test Performed at :7091 - MAX LAB UDYOG VIHAR PHASE 5 D50, 2nd Floor, Plot No D50, Udyog Vihar, Phase V,
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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