Laboratory Investigation Report

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

Hematology

SIN No:B2B8887564

Wellwise Prime - Female

Complete Haemogram, Peripheral Smear and ESR,EDTA

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Haemoglobin	13.3	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	40.5	%	36-46
Total Leucocyte Count (TLC) Electrical Impedance	7.6	10~9/L	4.0-10.0
RBC Count Electrical Impedance	**4.83**	10~12/L	3.8-4.8
MCV Electrical Impedance	83.8	fL	83-101
MCH Calculated	27.6	pg	27-32
MCHC Calculated	32.9	g/dl	31.5-34.5
Platelet Count Electrical Impedance	362	10~9/L	150-410
MPV Calculated	9.6	fl	7.8-11.2
RDW Calculated	**15.5**	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	55.6	%	40-80
Lymphocytes	36.3	%	20-40
Monocytes	4.3	%	2-10
Eosinophils	2.5	%	1-6
Basophils	1.3	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	4.23	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.8	10~9/L	1.0-3.0
Absolute Monocyte Count	0.33	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.19	10~9/L	0.02-0.5
Absolute Basophil Count	0.100	10~9/L	0.02-0.1
ESR (Modified Westergren)	9	mm/hr	<=19
Peripheral Smear Examination			

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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

MC-2714

Laboratory Investigation Report

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

Hematology

SIN No:B2B8887564

Wellwise Prime - Female

RBC: - Normocytic Normochromic
WBC: - Counts within normal limits
Platelet: - Adequate

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Nitin Dayal, M.D.
Associate Director & Head,
Haematopathology

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

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

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	77.0	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)

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

HPLC

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	5.00	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC Calculated	31.13	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	96.8	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	5.36	mmol/L	

Interpretation The following HbA1c ranges recommended by the American Diabetes Assocation(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.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

SIN No:B2B8887564

Immunoassay

Wellwise Prime - Female

Test Name	Result	Unit	Bio Ref Interval
Homa-IR Insulin Resistance Index, Fluoride Plasma			
Hexokinase, CMIA			
Glucose (Fasting)	77.0	mg/dL	74 - 99
Hexokinase			
Insulin Serum , Fasting	9.38	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	148.70	%	
Insulin Sensitivity (%S)	85.90	%	
Homa IR Index	1.16		<2.50

Interpretation

Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B) and insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to track changes in insulin sensitivity and beta cell function to examine natural history of diabetes. Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes compared with control subjects. Changes in beta cell sensitivity in subjects on insulin secretogogues may be useful in determining beta cell function over a period.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

Kidney Function Test (KFT) Profile*

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Urea Urase, UV	19.2	mg/dL	17 - 43
Blood Urea Nitrogen Calculated	8.97	mg/dL	7.9 - 20
Creatinine Alkaline picrate kinetic	0.7	mg/dL	0.51 – 0.95
eGFR by MDRD MDRD	86.14	ml/min/1.73 m²	
eGFR by CKD EPI 2021	100.58		
Bun/Creatinine Ratio Calculated	12.81	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	**2.3**	mg/dL	2.6 - 6.0
Calcium (Total) Arsenazo III	9.9	mg/dL	8.8 - 10.6
Sodium ISE Indirect	140.0	mmol/L	136 - 146
Potassium ISE Indirect	4.48	mmol/L	3.5 - 5.1
Chloride ISE Indirect	101	mmol/L	101 - 109
Phosphorus(inorg) Phosphomolybdate UV	**4.8**	mg/dL	2.5 - 4.5

Ref. Range

eGFR - Estimated Glomerular Filteration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60ml / min /1.73 m².MDRD equation is **used for adult population only.**

Category	Ref Interval (ml / min / 1.73 m²)	Condition
G1	≥90	Normal or High
G2	60 - 89	Mildly Decreased
G3a	45 - 59	Mildly to Moderately Decreased
G3b	30 - 44	Moderately to Severly Decreased
G4	15 - 29	Severly Decreased
G5	< 15	Kidney failure

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

Wellwise Prime - Female

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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

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

Wellwise Prime - Female

SIN No:B2B8887564

B.U.N (Blood Urea Nitrogen), Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Urea Urase, UV	19.2	mg/dL	17 - 43
Blood Urea Nitrogen Calculated	8.97	mg/dL	7.9 - 20

Comment Serum urea nitrogen is increased in Intra vascular volume depletion, diuretics, CCF, GI bleeding, tetracycline intake and renal failure. Reduced levels are seen in chronic liver disease and alcohol abuse.

MC-2714

Laboratory Investigation Report

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

SIN No:B2B8887564

Clinical Biochemistry

Wellwise Prime - Female

Test Name	Result	Unit	Bio Ref Interval
BUN/CREATININE RATIO			
Urea Urase, UV	19.2	mg/dL	17 - 43
Blood Urea Nitrogen Calculated	8.97	mg/dL	7.9 - 20
Creatinine Alkaline picrate kinetic	0.7	mg/dL	0.51 – 0.95
Bun/Creatinine Ratio Calculated	12.81	Ratio	12:1 - 20:1

Interpretation : Increased in reduced renal perfusion (e.g. dehydration, Hypovolemic shock, Congestive Heart Failure) or Obstructive uropathy. Decreased in Acute Renal Tubular necrosis.

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

SIN No:B2B8887564

Wellwise Prime - Female

Liver Function Test (LFT), Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Total Protein Biuret, reagent blank, end point	8.00	g/dL	6.6 - 8.3
Albumin Bromocresol Green (BCG)	4.6	g/dL	3.5 - 5.2
Globulin Calculated	3.4	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.4		1.2 - 1.5
Bilirubin (Total) DPD	0.41	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.08	mg/dL	0 - 0.2
Bilirubin (Indirect) Calculated	0.33	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	19	U/L	0 - 35
SGPT- Alanine Transaminase (ALT) UV without P5P	11	U/L	0 - 35
AST/ALT Ratio Calculated	1.73	Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	85	U/L	30 - 120
GGT (Gamma GT), Serum G-glutamyl Carboxy nitroanilide	12.0	U/L	< 38

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

LDH (Lactate Dehydrogenase) Total , Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
LDH Lactate to pyruvate	192	IU/L	0 - 247

Lipid Profile,Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterage, peroxidase	**215**	mg/dL	0 - 200
HDL Cholesterol Direct measure immunoinhibition	52	mg/dL	> 40
LDL Cholesterol Direct measure	**141**	mg/dL	0 - 100
Triglyceride Enzymatic end point	85.0	mg/dL	0 - 150
VLDL Cholesterol Calculated	17.0	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	4.1	..	0.0-4.9
Non-HDL Cholesterol Calculated	**163.00**	mg/dL	< 130
HDL/LDL Calculated	0.37	Ratio	0.3 - 0.4

Interpretation

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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

Immunoassay

SIN No:B2B8887564

Wellwise Prime - Female

Thyroid Profile (Free T3, Free T4 & TSH), Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.21	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.97	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	4.01	µIU/mL	0.38 - 5.33

Comment

Parameter	Unit	Premature (28 - 36weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
FT4	ng/dl		1.7 - 4.0		0.7- 2.0	0.5 - 1.6	0.5 - 1.6
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

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.

Comment: TSH - Ultrasensitive

MC-2714

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

Immunoassay

Wellwise Prime - Female

SIN No:B2B8887564

Vitamin D, 25 - Hydroxy Test (Vit. D3), Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	**27.20**	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

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

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Vitamin B12 Chemiluminescence	318.00	pg/mL	222 - 1439

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.

MC-2714

Laboratory Investigation Report

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

Immunoassay

Wellwise Prime - Female

SIN No:B2B8887564

Folate , Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Folate Serum CLIA	15.1	ng/mL	>5.9

Ref Range

Folate (Normal)	>5.9
Folate (Indeterminate)	4.0 - 5.9
Folate (Deficient)	<4.0

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.

PTH (Parathyroid Hormone)- Intact,EDTA

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Intact, Parathyroid Hormone (PTH) CLIA	23.06	pg/mL	12 - 88

Interpretation Increased in primary hyperparathyroidism, secondary hyperparathyroidism (e.g. chronic renal disease, pseudohypoparathyroidism, hereditary vitamin D dependency types I and II, vitamin D deficiency), Z-E syndrome, fluorosis, spinal cord trauma, pseudogout, familial medullary thyroid carcinoma, and MEN type I, IIa, IIb

Decreased in autoimmune hypoparathyroidism, Sarcoidosis, nonparathyroid hypercalcemia in absence of renal failure, hyperthyroidism, hypomagnesemia, transient neonatal hypocalcemia, and DiGeorge Syndrome.

Circadiam rhythm is observed with highest values at 2 PM – 4 PM and lowest value at 8 AM

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

Total Iron Binding Capacity (TIBC), Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Iron TPTZ NO DEPROTEINIZATION	**52**	µg/ dL	60-180
UIBC Nitroso PSAP	276	µg/ dL	155-355
Total Iron Binding Capacity Calculated	328	µg/ dL	215-535
Transferrin Saturation Calculated	**15.85**	%	17 - 37

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

Immunoassay

Wellwise Prime - Female

SIN No:B2B8887564

Ferritin, Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Ferritin CLIA	61.53	ng/mL	11 - 306.8

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.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

Lipase, Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Lipase Enzymatic Colorimetric	35.0	U/L	0 - 67

Amylase, Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Amylase G 7, PNP Blocked	79	U/L	28 - 100

Glucose-6-Phosphate Dehydrogenase Quantitative (G-6-PD)

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
G - 6 PD UV Kinetic	**7.24**	U/g Hb	>= 7.7

Comment

Sex/G6PD Status		% Normal G6PD Activity	U/g Hb
Male	G6PD deficiency	<30	<2.9
	G6PD normal	≥30	≥2.9
Female	G6PD deficiency	<30	<2.9
	G6PD intermediate	30 – <80	2.9– <7.7
	G6PD normal	≥80	≥7.7

DRUGS TO AVOID IN G6PD DEFICIENCY

DEFINITE RISK OF HAEMOLYSIS

Pharmacological Class Drugs*

Anthelmintics

- ß-Naphthol
- Niridazole
- Stibophen
- Nitrofurans
  - Nitrofurantoin
  - Nitrofurazone
- Quinolones

POSSIBLE RISK OF HAEMOLYSIS

Pharmacological Class Drugs*

Analgesics

- Acetylsalicylic acid (Aspirin)
- Acetanilide
- Paracetamol (Acetaminophen)
- Aminophenazone (Aminopyrine)
- Dipyrone (Metamizole)
- Phenacetin
- Phenazone (Antipyrine)

MC-2714

Antibiotics	○ Ciprofloxacin ○ Moxifloxacin ○ Nalidixic acid ○ Norfloxacin ○ Ofloxacin • Chloramphenicol • Sulfonamides ○ Co-trimoxazole (Sulfamethoxazole + Trimethoprim) ○ Sulfacetamide ○ Sulfadiazine ○ Sulfadimidine ○ Sulfamethoxazole ○ Sulfanilamide ○ Sulfapyridine ○ Sulfasalazine (Salazosulfapyridine) ○ Sulfisoxazole (Sulfafurazole)	**Antibiotics**	• Phenylbutazone • Tiaprofenic acid • Furazolidone • Streptomycin • Sulfonamides ○ Sulfacytine ○ Sulfaguanidine ○ Sulfamerazine ○ Sulfamethoxypyridazole
		Anticonvulsants	• Phenytoin
		Antidiabetics	• Glibenclamide
		Antidotes	• Dimercaprol (BAL)
		Antihistamines	• Antazoline (Antistine) • Diphenhydramine • Tripelennamine
Antimalarials	• Mepacrine • Pamaquine • Pentaquine • Primaquine	**Antihypertensives**	• Hydralazine • Methyldopa
Antimethemo-globinaemic Agents	• Methylene blue	**Antimalarials**	• Chloroquine & derivatives • Proguanil • Pyrimethamine • Quinidine • Quinine
Antimycobacterials	• Dapsone • Para-aminosalicylic acid • Sulfones ○ Aldesulfone sodium (Sulfoxone) ○ Glucosulfone ○ Thiazosulfone	**Antimycobacterials**	• Isoniazid
		Antiparkinsonism Agents	• Trihexyphenidyl (Benzhexol)
Antineoplastic Adjuncts	• Doxorubicin • Rasburicase	**Cardiovascular Drugs**	• Dopamine (L-dopa) • Procainamide • Quinidine

Genitourinary Analgesics

- Phenazopyridine (Pyridium)

Others

- Acetylphenylhydrazine
- Phenylhydrazine

Anaesthetic Agents

- Diazepam
- Isoflurane
- Sevoflurane
- Halothane
- Prilocaine
- Ketamine
- Fentanyl
- Propofol
- Benzodiazepines

(except Diazepam)

Diagnostic Agent for Cancer Detection

- Toluidine blue

Gout Preparations

- Colchicine
- Probenecid

Hormonal Contraceptives

- Mestranol

Nitrates

- Isobutyl nitrite

Vitamin K Substance

- Menadiol Na sulfate
- Menadione
- Menadione Na bisulfite
- Phytomenadione

Vitamins

- Ascorbic acid (Vit C) (rare)

Others

- Arsine
- Berberine

(in *Coptis chinensis*)

- Fava beans
- Naphthalene (in mothballs)
- Para-aminobenzoic acid

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

Wellwise Prime - Female

SIN No:B2B8887564

CRP- C- Reactive Protein, Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
CRP Immunoturbedimetric	0.41	mg/l	0-5

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.

Ref Range :

Mg/L	Mg/dL
< 5.0	< 0.5

Rheumatoid Factor(Quantitative), Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Rheumatoid Factor Immunoturbidimetric	**12.1**	IU/ mL	0-12

Interpretation Rheumatoid factor is found in rheumatoid arthritis, Sjögren's syndrome, Scleroderma, dermatomyositis, Waldenström's disease, sarcoidosis and SLE. 75% patients with rheumatoid arthritis have RF of IgM class. Highest titers of Rheumatoid arthritis are seen in severe, active, chronic disease with vasculitis and subcutaneous nodules

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

SIN No:B2B8887564

Serology

Wellwise Prime - Female

Test Name	Result	Unit	Bio Ref Interval
Hepatitis B Surface Antibodies/Antibodies to HBs, Serum(HBsAb)			
CLIA			
Anti Hbs Titre	0.1	mIU/mL	

Ref. Range

Non-immune < 10.0

Immune ≥ 10.0

Interpretation

It may be used to monitor the response to Hepatitis B Vaccination or recovery from an acute HBV infection. Anti HBs titre of more than 10 mIU/ml is probable protective.

Certain drugs and clinical conditions are known to alter anti HBs concentration in vivo.

Hepatitis B Surface Antigen,Serum			
CLIA			
HBsAg Test Value	0.09	S/CO	< 0.90
CLIA			

Ref. Range

Negative < 0.90

Borderline 0.90 - 5.0

Positive > 5.0

Interpretation

- This test is used to detect hepatitis B surface antigen (HBsAg) in serum sample based on VITROS immunometric immunoassay technique and aid in the laboratory diagnosis of HBV infection.
- Viral hepatitis is a major public health problem with an estimated 257 million persistent carriers of hepatitis B virus (HBV) worldwide. Infection with HBV results in a wide spectrum of acute and chronic liver diseases that may lead to cirrhosis and hepatocellular carcinoma.
- Transmission of HBV occurs by percutaneous exposure to blood products, needle stick injury, sexual contact and perinatally from HBV-infected mothers to baby.
- Hepatitis B surface antigen (HBsAg), derived from the viral envelope, is the first antigen to appear following infection.
- Positive results should be correlated with other potential laboratory abnormalities and clinical picture.
- A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus.
- Levels of HBsAg may be undetectable both in early infection and late after infection.
- In rare cases HBsAg tests do not detect certain HBV mutant strains.
- HBs Ag disappears with recovery from clinical disease in most patients, however, it persists for years in carriers.

MC-2714

Laboratory Investigation Report

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

SIN No:B2B8887564

Serology

Wellwise Prime - Female

Test Name	Result	Unit	Bio Ref Interval
HCV IgG Antibody (Hepatitis C Virus), Serum			
CLIA			
HCV,IgG Test Value	0.02	S/CO	< 0.90

Ref. Range

Negative < 0.90
Borderline 0.90 - 8.0
Positive > 8.0

Interpretation

This test is a screening test performed on VITROS immunodiagnostic system using immunometric technique.

1. Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant.
2. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals.
3. This test is indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection .HCV RNA PCR recommended in all reactive results to differentiate between past and present infection
4. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Kindly correlate with clinical findings

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

Dr.Poonam.S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Bansidhar Tarai, M.D
Director, Microbiology & Molecular Diagnostics

Dr. Rup Jyoti Chandak, M.D.
Sr. Consultant, Microbiology

Dr Nidhi Malik, MD
Consultant Microbiology

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

SIN No:B2B8887564

Clinical Biochemistry

Wellwise Prime - Female

Test Name	Result	Unit	Bio Ref Interval
High Sensitivity CRP (HS CRP), Serum			
C-Reactive Protein, High Sensitive Immunoturbidimetric	0.04	mg/ dL	0-0.1

Reference Values in the table given below are recommended cardiovascular risk groups, in primary prevention settings by AHA/CDC and NACB expert panel.

Risk Level	CRP hs (mg/L)	CRP hs (mg/dL)
Low	< 1.0	< 0.10
Average	1.0 - 3.0	0.10 - 0.30
High	> 3.0	>0.30

Increase in CRP levels is non – specific, and interpretation must be undertaken in comparison with previous Hs CRP values or other cardiac risk indicators (Cholesterol, HDL etc.) Single measurement may lead to an erroneous assessment of early cardiac inflammation.

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

Clinical Biochemistry

SIN No:B2B8887564

Wellwise Prime - Female

Apolipoproteins A1 & B,Serum

Immunoturbidimetric

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Apolipoprotein (A) Immunoturbedimetric	115	mg/dL	105 - 205
Apolipoprotein (B) Immunoturbedimetric	99	mg/dl	55 - 130
Apo B/ Apo A1 Ratio Calculated	0.86		0.35 - 0.98

Creatine Kinase (CPK),Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Creatine Kinase (CPK) NAC activated	48	IU/L	0 - 145

Interpretation

CK is elevated in most myopathies such as Duchenne-muscular dystrophy, in conditions associated with muscle necrosis such as rhabdomyolysis, in diseases of the CNS such as Reyes Syndrome where a 70 fold increase in CK activity indicates the severity o the encephalopathy. CK activity rises following myocardial damage. The diagnostic sensitivity and specificity of total CK estimation for the diagnosis of an MI can be improved by determining the rate of increase of CK on serial samples obtained on admission and at 4, 8 and 12 hours thereafter. A 50% incremental increase per hour over the time period differentiates between an acute MI and non-infarction with an overall efficiency of 94%.

Homocysteine, Quantitative, Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Homocysteine, Quantitative Enzymatic kinetic	**16.5**	µmol/ L	3-12

Interpretation Measurement of Homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at a risk of developing cobalamin or folate deficiency, and to assess Homocysteine as a risk factor for cardiovascular disease (CVD) and other disorders.

Kindly correlate with clinical findings

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

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

Immunoassay

Wellwise Prime - Female

SIN No:B2B8887564

Testosterone, Total,Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Testosterone (total) CLIA	0.13	ng/mL	0.1-0.75

Interpretation Increase in Idiopathic sexual precocity and adrenal hyperplasia in boys, some adrenocortical tumors, extragonadal tumors producing gonadotropin in men, trophoblastic disease during pregnancy, testicular feminization, idiopathic hirsutism, virilizing ovarian tumors, arrhenoblastoma, hilar cell tumor, and virilizing luteoma.
Secretion is episodic, with peak about 7:00 AM and minimum about 8:00 PM; pooled samples are more reliable.
Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

IgE (Immunoglobulin-E), Serum

	Date	**12/Apr/2026 07:00PM**	**Unit**	**Bio Ref Interval**
Immunoglobulin-IgE Immunoturbidimetry		<20	IU/mL	0 - 160

Comment:- Value is less than the analytical measurement range <20 IU/mL

Comment Total IgE is an in vitro test system for the quantitative measurement of circulating total IgE in human serum or plasma. It is intended for in vitro diagnostic use as an aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings, and is to be used in clinical laboratories. A definite clinical diagnosis should not be made as a result of single test only, but should be made by taking into account clinical history and other laboratory findings.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

Immunoassay

SIN No:B2B8887564

Wellwise Prime - Female

Cortisol (Random Sample),Serum

	Date	**12/Apr/2026 07:00PM**	**Unit**	**Bio Ref Interval**
Cortisol (Random) CLIA		15.59	µg/dL	3.0 - 22.6

Interpretation Highly increased in Ectopic ACTH syndrome, Increased in Cushing's (pituitary) disease, adrenal adenoma, carcinoma
Decreased in Addison's disease, congenital adrenal hyperplasia (adrenogenital syndromes), hypopituitarism

MC-2714

Laboratory Investigation Report

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

Immunoassay

SIN No:B2B8887564

Wellwise Prime - Female

AFP (Alpha Feto Protein), Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Alpha Fetoprotein CLIA	3.08	ng/mL	0.0 9.0

Ref. Range

Males & Non Pregnent Females	0-9

AFP (Female-During Pregnency)

Gestational Weeks	Median Concentration
15 weeks	31.1
16 weeks	36.0
17 weeks	41.6
18 weeks	48.1
19 weeks	55.7
20 weeks	64.4

Interpretation

Increased levels are associated with open neural tube defects (NTD, e.g. anencephaly, spina bifida), omphalocele, esophageal or duodenal atresia, Meckel's syndeome, fetal hepatic necrosis secondary to viral infection, and other conditions. Maternal serum levels more than two times the median should be investigated by ultrasound to rule out incorrectly estimated gestational age, multiple gestation, fetal death, or obvious malformation.
Decreased in Down syndrome (trisomy 21), fetal demise, molar pregnancy, spontaneous abortion, trisomy 18, overestimated gestational age.

AFP is used in Diagnosis, monitoring and Prognosis of Primary Hepatocellular Carcinoma, Hepatoblastoma and Germ Cell tumor (Non seminoma)/Testicular tumor. AFP is increased in Yolk sac – derived germ cell tumors (mainly endodermal sinus tumor), Embryonal carcinoma, polyembrioma and may be seen in immature teratoma, endodermal sinus tumors. Measurement of hCG and LDH are integral to the management of Patients with germ cell tumors. Non Malignant condition i.e. Liver regeneration can increase AFP concentration which may lead to incorrect interpretation.

MC-2714

Laboratory Investigation Report

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

Immunoassay

Wellwise Prime - Female

SIN No:B2B8887564

Beta HCG Total, Quantitative, Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
HCG-Beta Specific CLIA	4.05	mIU/mL	0.0 - 5.0

Ref. Range

Males:	0.5 - 2.67
Non-Pregnant Females:	0.0 - 5.0
During Pregnancy :	
Approximate gestational age (weeks)	Approximate Beta hCG range
0.2 - 1.0	5.0 - 50.0
1.0 - 2.0	50.0 - 500.0
2.0 - 3.0	100.0 - 5000.0
3.0 - 4.0	500.0 - 10000.0
4.0 - 5.0	1000.0 - 50000.0
5.0 - 12.0	10000.0 - 200000.0

Advice: 1. Kindly repeat Beta HCG < 5 mIU/mL after 3 - 4 days.
2. Serial Beta HCG estimation.

Interpretation

It is used to diagnose very early pregnancy (6-8 days after conception) and estimate gestational age. Serial determination may be helpful when abnormal pregnancy is suspected.

Serum β-hCG (Beta-Human Chorionic Gonadotropin) is used as a tumor marker in the diagnosis, staging, and monitoring of germ cell tumors (Both Seminomatous and Non-seminomatous) and gestational trophoblastic neoplasia. It may also be ectopically produced in certain non-germ cell malignancies such as hepatocellular carcinoma, pancreatic carcinoma, and lung carcinoma. Interpretation should be correlated clinically and with other tumor markers (e.g., AFP, LDH).

Patient receiving mouse monoclonal antibodies for diagnosis/ therapy or presence of any heterophile antibodies in patient samples may interfere with the result

The concentration of β-hCG in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity

MC-2714

Laboratory Investigation Report

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

SIN No:B2B8887564

Immunoassay

Wellwise Prime - Female

Test Name	Result	Unit	Bio Ref Interval
CA 19.9 , Serum			
CA 19.9 Antigen CLIA	2.88	U/ml	0-35

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

Immunoassay

Wellwise Prime - Female

SIN No:B2B8887564

CA-125 (Ovarian Cancer Marker), Serum

CLIA

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
CA - 125 Ovarian Cancer Marker CLIA	2.20	U/mL	0.0 - 35

Interpretation

- CA 125 antigen can be elevated in certain ovarian malignancies, particularly “Epithelial ovarian cancer”. However, elevated CA 125 levels are **not ovarian cancer-specific** and may also be observed in other malignancies, including lung, endometrial, and breast cancers, as well as in **benign conditions** such as menstruation, endometriosis, and pelvic inflammatory disease.
- CA 125 is **not recommended for screening or diagnosis** of malignancy. Its primary utility lies in **monitoring “disease progression” or “recurrence”**, especially in known cases of ovarian cancer. Persistent elevation or a rising trend in CA 125 levels may suggest disease progression. It should always be used **as a complementary marker**, not as a standalone diagnostic tool. Its results must be interpreted alongside other diagnostic data for accurate clinical decision-making.
- CA 125 levels may be affected by heterophile antibodies or patients undergoing treatment with mouse monoclonal antibodies.
- Results from different assay manufacturers may vary due to differences in methods, calibration standards, and reagent specificity; therefore, serial monitoring should be done using the same assay method whenever possible.

MC-2714

Laboratory Investigation Report

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

Immunoassay

Wellwise Prime - Female

SIN No:B2B8887564

CEA (Carcino Embryonic Antigen),Serum

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
CEA CLIA	0.91	ng/ml	0 - 3

Interpretation

"CEA" (Carcinoembryonic Antigen) is a tumor marker used as a prognostic and monitoring tool in patients with known malignancies, especially "Colorectal carcinoma". While elevated CEA levels may indicate malignancy, but they are not specific, and can also be seen in cancers of the pancreas, lung, breast, and stomach, as well as in benign conditions such as smoking, liver disease, inflammatory bowel disease, and pancreatitis.

CEA is not recommended for screening or diagnosis of malignancy. Its primary utility lies in monitoring disease progression or recurrence. Persistent elevation or a rising trend in CEA levels may suggest disease progression. It should always be used as a complementary marker, not as a standalone diagnostic tool. Its result must be interpreted alongside other diagnostic data for accurate clinical decision-making

CEA levels may be affected by heterophile antibodies or patients undergoing treatment with mouse monoclonal antibodies.

Results from different assay manufacturers may vary due to differences in methods, calibration standards, and reagent specificity; therefore, serial monitoring should be done using the same assay method whenever possible.

Disclaimer : Cancer marker results reported above are **not intended to be used in isolation for cancer screening**. Elevated or normal values do not by themselves confirm or exclude the presence of cancer. These results must be interpreted by a qualified healthcare professional in conjunction with clinical findings and other relevant diagnostic investigations.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

MC-2714

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

Wellwise Prime - Female

SIN No:B2B8887564

Albumin /Creatinine Ratio, Urine

Date	12/Apr/2026 07:00PM	Unit	Bio Ref Interval
Albumin, Urine (Microalbumin) Immunoturbidimetric	0.70	mg/dL	< 1.9
Creatinine, Urine Alkaline picrate kinetic	81.36	mg/dl	15 - 278
Albumin/Creatinine Ratio Calculated	8.6	mg/g Creatinine	< 30

Comment

Category	Spot Collection
Normal	< 30 mg/g creatinine
Moderately Increased	30 – 299 mg/g creatinine
Clinical Albuminuria	≥ 300 mg/g creatinine

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714

Laboratory Investigation Report

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

Clinical Pathology

SIN No:B2B8887564

Wellwise Prime - Female

Urine Routine And Microscopy

	Date 12/Apr/2026 07:00PM	**Unit**	**Bio Ref Interval**
Macroscopy			
Colour Visual Observation/ Automated	Pale Yellow		Pale Yellow
PH Double Indicator	6.0	..	5-6
Specific Gravity pKa change	1.015		1.015 - 1.025
Protein Protein-error of indicators	Neg		Nil
Glucose. Enzyme Reaction	Neg		Nil
Ketones Acetoacetic Reaction	Neg		Nil
Blood Benzidine Reaction	Neg		Nil
Leukocyte Esterase Leukocyte esterase reaction	Neg		Nil
Bilirubin Diazo Reaction	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal		Normal
Nitrite Conversion of Nitrate	Neg		
Microscopy			
Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	0	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	1	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	1	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	..	Nil
Bacteria	Nil	/HPF	Nil

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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

MC-2714

Laboratory Investigation Report

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

Clinical Pathology

Wellwise Prime - Female

SIN No:B2B8887564

Light Microscopy/Image capture microscopy

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Director & Quality Manager

Dr. Anupama Arya. M.D.(PATH)
Principal Consultant - Lab Medicine

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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

MC-2714