



Laboratory Investigation Report

Patient Name	: Mr. Inderdeo Sao	Centre	: 1103 - Max Hospital Saket(East Block)
Age/Gender	: 56 Y 2 M 4 D /M	OP/IP No/UHID	: IP/477366/CTVS BED05/
MaxID/Lab ID	: SKDD.954309/0832012334526	Collection Date/Time	: 31/Jan/2023 09:13PM
Ref Doctor	: Dr.Rajneesh Malhotra	Reporting Date/Time	: 01/Feb/2023 05:14PM

Hematology Special



SIN No:DF0938390

Test Name	Result	Unit	Bio Ref Interval
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CD4 - Flow Cytometry, EDTA

CD3	59.90	%	49 - 81
CD3 Count	1441.92	cells/μl	527 - 2846
CD4	32.89	%	28 - 51
CD4 Count	791.62	cells/μl	332 - 1642

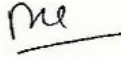
Note : The test has been done using four colour tetra reagent (CD45/CD3/CD4/CD8) on single platform DxFLEX Beckman Coulter. The enumeration has been done on total lymphocyte population.

Kindly correlate with clinical findings

*** End Of Report ***



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Max Lab & Blood Bank Services



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Manager Quality



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

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Booking Centre :1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



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