

Laboratory Investigation Report

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

Immunoassay**CEA (Carcino Embryonic Antigen), Serum**

| Date | 21/Jan/2024 10:44AM | Unit | Bio Ref Interval |
|-------------|------------------------|-------|------------------|
| CEA CLIA | 0.76 | ng/ml | 0 - 3 |

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.
Associate Director &
Manager Quality