

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Hematology

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	02/Mar/2022 05:44PM	Unit	Bio Ref Interval
Haemoglobin	13.6	g/dl	11.5 - 15.5
Packed Cell, Volume Calculated	41.4	%	35-45
Total Leucocyte Count (TLC) Electrical Impedance	12.8	10~9/L	5.0-13.0
RBC Count Electrical Impedance	5.17	10~12/L	4.0-5.2
MCV Electrical Impedance	80.1	fL	77-95
MCH Calculated	26.4	pg	25-33
MCHC Calculated	33.0	g/dl	31.0-37.0
Platelet Count Electrical Impedance	253	10~9/L	170-450
MPV Calculated	8.6	fl	7.8-11.2
RDW Calculated	15.4	%	11.5-14.5

Differential Cell Count

VCS / Light Microscopy

Neutrophils	85.3	%	40-80
Lymphocytes	8.6	%	20-40
Monocytes	5.1	%	2-10
Eosinophils	0.9	%	1-6
Basophils	0.1	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	10.92	10~9/L	2.0-8.0
Absolute Lymphocyte Count	1.1	10~9/L	1.0-5.0
Absolute Monocyte Count	0.65	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.12	10~9/L	0.1-1.0



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SIN No:sp0521315, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :1104 - Max Smart- M S S S H, ,

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

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

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(CIN No.: U85100DL2021PLC381826)

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

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.



Laboratory Investigation Report

Patient Name	: Baby Manvi Meena	Centre	: 1104 - Max Smart- M S S S H
Age/Gender	: 8 Y 8 M 18 D /F	OP/IP No	: IC/3300910/SC-TRG-07
Max ID/Mobile	: SKCT.465547/9968377583	Collection Date/Time	: 02/Mar/2022 05:44PM
Lab ID	: 0833032201584	Receiving Date	: 02/Mar/2022
Ref Doctor	: Dr.Emergency Team Max Smart	Reporting Date	: 02/Mar/2022
Passport No.	:		

Hematology

Absolute Basophil Count **0.01** 10~9/L 0.02-0.1
ESR (Westergren) **5** mm/hr <= 10

Peripheral Smear Examination

RBC: - Normocytic Normochromic
WBC: - Counts Increased with Neutrophilia
Platelet: - Adequate

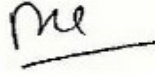
Impression: - Neutrophilic Leukocytosis

Kindly correlate with clinical findings

*** End Of Report ***



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