

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.	

Clinical Biochemistry Special

Test Name	Result	Unit	Bio Ref Interval
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G-6-PD Newborn Screen*

G6PD Fluorometric	18.50	U/g Hb	> 2.0
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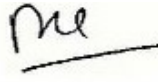
Comment Glucose – 6 – Phosphate Dehydrogenase (G – 6 – PD) deficiency in blood can cause hemolytic anemia and neonatal jaundice. Hemolytic anemia can also be caused after ingestion of drugs like antimalarial in G6PD deficiency. Recommended Whole Blood G – 6 PD Test or G6PD Gene Mutation Detection for confirmation

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



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology



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Test Name	Blood Bank Result	Unit	Bio Ref Interval
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Blood Grouping for Patients (Infants) Less Than 4 Months*, EDTA

Blood Group Haemagglutination	B POSITIVE
Direct Coombs Test SPRCA	NEGATIVE

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Sangeeta Pathak , DIHBT
Head-Transfusion Med



SIN No:SP0488159, Test Performed at :1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi

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.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(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

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Test Name	Immunoassay	Result	Unit	Bio Ref Interval
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Cord Blood TSH,Serum*

Cord Blood TSH CLIA		2.10	µU/mL	2.3-13.2
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SIN No:SP0488159, 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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Test Name	Immunoassay Result	Unit	Bio Ref Interval
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Cord Blood Free -T4,Serum

Cord Blood FT4 CLIA	0.63	ng/dL	0.89 - 1.53
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Kindly correlate with clinical findings


*** End Of Report ***



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