

**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 Special			
Test Name	Result	Unit	Bio Ref Interval

**HLA B-27, Flow Cytometry, EDTA**

HLA B-27 Flow Cytometry	Positive		Negative
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**Advice**

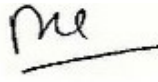
HLA-B27, PCR for confirmation.

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



SIN No:SS0288813, 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



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#### Clinical Biochemistry

#### CRP (C-Reactive Protein), High Sensitive, Serum

<b>Date</b>	<b>28/Oct/2021</b>	<b>Unit</b>	<b>Bio Ref Interval</b>
	<b>11:25AM</b>		
C-Reactive Protein, High Sensitive	0.215	mg/dL	
Latex particle Immunoturbidimetric			

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

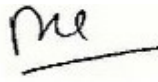
Increase in CRP levels is non – specific, and interpretation must be undertaken in comparison with previous Hs CRP values or other cardiac risk indicators (Cholesterol, HDL etc.) Single measurement may lead to an erroneous assessment of early cardiac inflammation.

Kindly correlate with clinical findings

#### \*\*\* End Of Report \*\*\*



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#### ESR (Westergren), EDTA

ESR (Westergren) Westergren	21	mm/hr	<=10
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#### Interpretation

(Syn: Erythrocyte Sedimentation Rate)

ESR is measured as red cells fall through a column of blood. It is a sensitive index of plasma protein change. It can be affected by age, sex, menstrual cycle, pregnancy and drugs( e.g. OCP, steroids).

No fasting sample is required for ESR.

ESR is performed for the diagnostic purpose for temporal arteritis and polymyalgia rheumatica. It is also used for chronic inflammation.

**High ESR** is seen in - inflammatory disorders ( e.g. infection , rheumatoid disease, tuberculosis), presence of paraproteinemia ( e.g. multiple myeloma, lymphoma) and anaemia.

**Low ESR** is seen in - polycythemia, hypofibrinogemia, poikilocytosis, spherocytosis and sickle cell anaemia.

Normal ESR does not exclude organic disease.



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#### Hematology

#### CBC (Complete Blood Count), Whole Blood EDTA

Date	28/Oct/2021 11:25AM	Unit	Bio Ref Interval
Haemoglobin	13.7	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	40.5	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	6.7	10~9/L	4.0-10.0
RBC Count Electrical Impedance	<b>4.26</b>	10~12/L	4.5-5.5
MCV Electrical Impedance	95.0	fL	83-101
MCH Calculated	<b>32.2</b>	pg	27-32
MCHC Calculated	33.9	g/dl	31.5-34.5
Platelet Count Electrical Impedance	189	10~9/L	150-410
MPV Calculated	10.4	fl	7.8-11.2
RDW Calculated	14.2	%	11.5-14.5

#### Differential Cell Count

VCS / Light Microscopy

Neutrophils	74.1	%	40-80
Lymphocytes	<b>14.7</b>	%	20-40
Monocytes	7.4	%	2-10
Eosinophils	3.0	%	1-6
Basophils	0.8	%	0-2

#### Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	4.96	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.0	10~9/L	1.0-3.0
Absolute Monocyte Count	0.5	10~9/L	0.2-1.0



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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](http://www.maxlab.co.in) [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

**MC-2714**  
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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#### Hematology

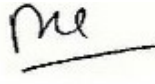
Absolute Eosinophil Count 0.2	10~9/L	0.02-0.5
Absolute Basophil Count 0.05	10~9/L	0.02-0.1

Kindly correlate with clinical findings

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



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#### Immunoassay

#### Vitamin B12, Serum

Date	28/Oct/2021 11:25AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	149.0	pg/mL	120 - 914

#### 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.

#### 25 Hydroxy Vitamin D Level, Serum

Date	28/Oct/2021 11:25AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	14.72	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:



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#### Immunoassay

1. Inadequate exposure to sunlight,
2. Diet deficient in vitamin D
3. Malabsorption

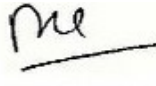
**Advice:** Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

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