

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.	

Cytogenetics

Karyotyping-Peripheral Blood Cells*

Specimen	: Peripheral Blood
Indication	: To rule out chromosomal abnormalities
Culture Type	: 72 hr PHA stimulated culture
Medium	: RPMI 1640
Banding Technique	: GTG
Banding Resolution	: 450 - 550
Metaphase counted	: 20
Metaphase analyzed	: 20
Metaphase Karyotyped	: 05

Karyotype: 46,XX[20]

Interpretation: Normal female karyotype. No numerical or structural chromosomal abnormality detected at 450-550 banding resolution. Kindly correlate with clinical findings.

Note: Microdeletions, microduplications and cryptic chromosomal rearrangements cannot be detected by this method.

Note: Karyogram attached



SIN No:GGN0009289, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

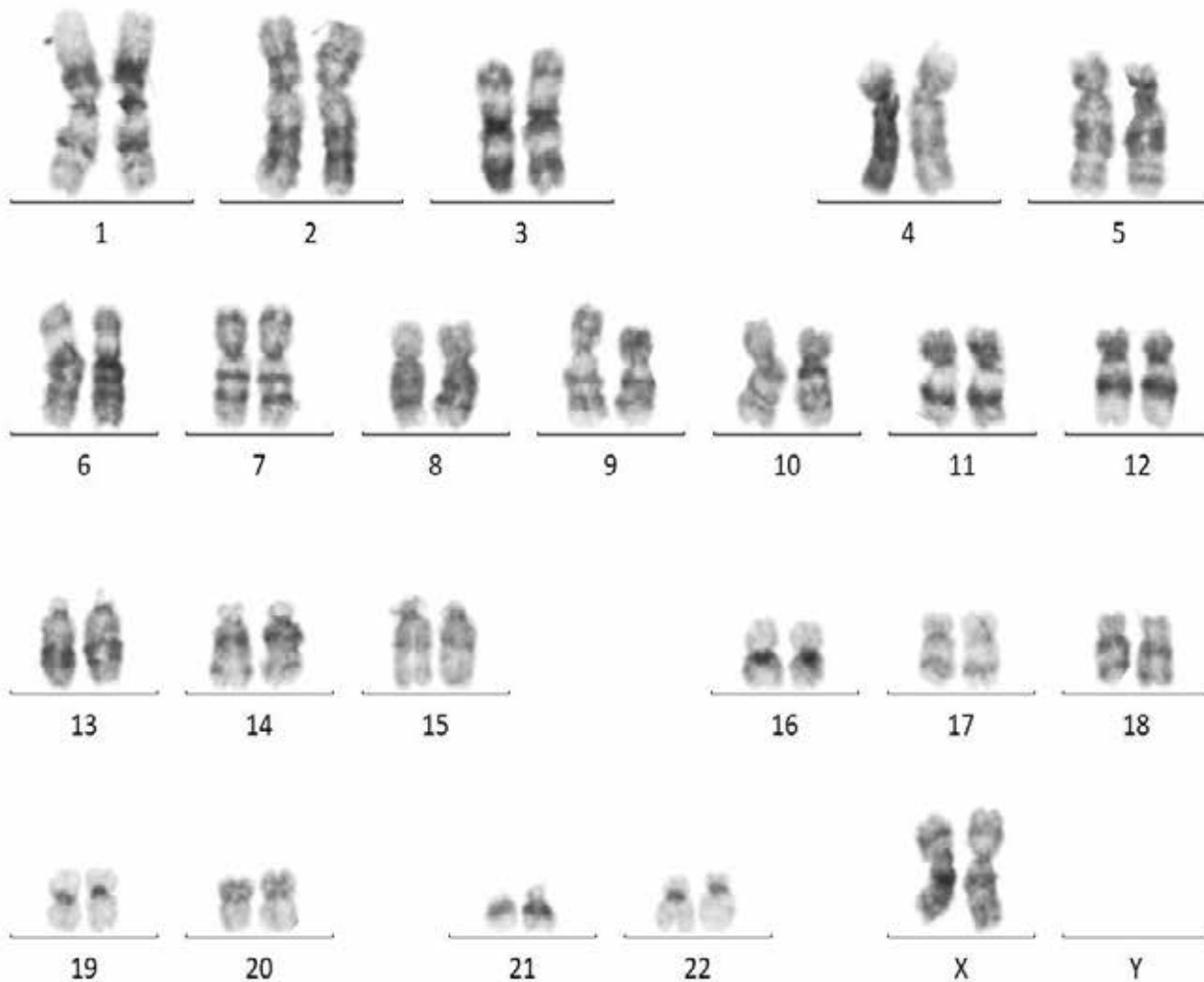
Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

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

Cytogenetics



SIN No:GGN0009289, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

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

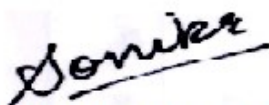
Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported 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	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Cytogenetics

Kindly correlate with clinical findings

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

Dr. Sonika Sharma, PhD
Consultant - Cytogenetics



Page 3 of 11

SIN No:GGN0009289, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (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	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Immunoassay**Prolactin, Serum***

Date	10/Oct/2021 09:45AM	Unit	Bio Ref Interval
Prolactin CLIA	15.62	ng/mL	
Pooled Sample			

Ref Range

Males :	2.64 - 13.13
Females :	
Premenopausal (<50 years of age):	3.34 - 26.74
Postmenopausal (>50 years of age):	2.74 - 19.64

Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pituitary disease (e.g. sarcoidosis, granulomatous diseases, craniopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery
Decreased in pituitary apoplexy (Sheehan's Syndrome)

Kindly correlate with clinical findings

*** End Of Report ***



Page 4 of 11

SIN No:GGN0009289, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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.)

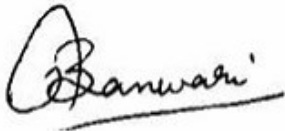
Max Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

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

Immunoassay

Dr. Akash Banwari, M.D.(Path)
Pathologist



SIN No:GGN0009289, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (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	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Test Name	Serology Result	Unit	Bio Ref Interval
-----------	-----------------	------	------------------

TORCH (IgG, IgM), Serum*

Toxo IgG ECLIA	<0.130	IU/mL	
Rubella IgG ECLIA	232.8	IU/mL	
CMV IgG ECLIA	>500.0	U/mL	
HSV IgG (1+2) CLIA	<0.500	Index	
Toxo IgM ECLIA	0.257	COI	
Rubella IgM ECLIA	0.231	COI	
CMV IgM ECLIA	0.258	COI	
HSV IgM (1+2) CLIA	2	Index	

Advice : HSV PCR

Ref Range (Toxo IgG)

Non Reactive < 1.0
Equivocal $\geq 1.0 - < 3.0$
Reactive > 3.0

Interpretation:

Positive IgG antibodies indicate a past infection with Toxoplasma gondii.

Ref Range (Rubella IgG)

Non Reactive < 10.0
Reactive ≥ 10.0

Interpretation:

Positive IgG antibodies indicate an exposure to virus, either after infection or vaccination.

Ref Range (CMV IgG)

Non Reactive < 0.50
Equivocal $0.50 - < 1.0$
Positive ≥ 1.0

Interpretation:

Positive CMV IgG levels indicate past infection.

Ref Range (HSV IgG)

Non Reactive < 0.90



SIN No:GGN0009289, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | 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	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Test Name	Serology Result	Unit	Bio Ref Interval
-----------	-----------------	------	------------------

Equivocal 0.90 - 1.10
Reactive > 1.10

Interpretation:

Positive HSV IgG levels indicate past infection.

Ref Range (Toxo IgM)

Non Reactive < 0.80
Equivocal >= 0.80 - < 1.0
Reactive > 1.0

Interpretation:

Positive IgM antibodies help in the diagnosis of congenital / Acute Acquired toxoplasmosis.

Ref. Range (Rubella IgM)

Negative < 0.80
Equivocal >=0.80 - 1.0
Positive >= 1.0

Interpretation:

Positive IgM antibodies to Rubella virus is seen in recent infection.

Ref Range (CMV IgM)

Negative < 0.70
Equivocal >=0.70 - < 1.0
Positive > 1.0

Interpretation:

Positive CMV IgM antibodies is seen in recent infection.

Ref Range (HSV IgM)

Non Reactive < 0.90
Equivocal 0.90 - 1.10
Reactive > 1.10

Interpretation:

HSV IgM antibody is seen after primary HSV infection.

1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks
2. Equivocal results may contain low levels of antibodies. In such cases it is recommended to retest after 2 weeks
3. Reactive results IgG indicate past or acute infection. IgG avidity testing is recommended to differentiate between recent and past infection
4. Reactive IgM Rubella & IgM CMV result indicates primary infection / reinfection / reactivation of latent virus respectively.
5. Reactive IgM Toxoplasma result indicates recent / past infection as the IgM antibodies can persist upto 18 months post infection.
6. Reactive HSV IgM results are seen with primary HSV infection.
7. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account



SIN No: GGN0009289, Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre : 585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (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.

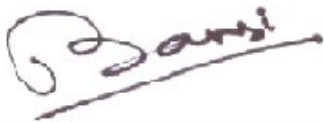
Laboratory Investigation Report

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

Test Name	Serology		Unit	Bio Ref Interval
	Result			

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Bansidhar Tarai, M.D.
Associate Director
Microbiology & Molecular Diagnostics



Dr. Poornima Sen, M.D.
Consultant - Microbiology



Dr. Madhuri Somani, M.D. , DNB
Consultant - Microbiology



SIN No:GGN0009289, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (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	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Hematology Special Thrombophilia Profile

Test Name	Result	Unit	Bio Ref Interval
-----------	--------	------	------------------

Protein C, Functional, Sodium Citrate

Protein C, Functional	114	%	70 - 140
-----------------------	-----	---	----------

Interpretation

Protein C is a zymogen, the activated form of which plays an important role in regulating anticoagulation, inflammation, cell death, and maintaining the permeability of blood vessel walls in humans and other animals.

Reduced levels predispose to VTE. It can be seen in hereditary deficiency, pregnancy, Oral anticoagulant e.g. Warfarin, malignancy and liver diseases.

Natural Killer Cells, Flow Cytometry, EDTA

Flow Cytometry Number

IM 173/2021

Total Leucocytes	4100	cells/μl
Lymphocyte percentage	41.9	%
NK cells percentage:	12.23	% of gated lymphocytes
NK cells absolute count	210.05	cell/ul
(Expected reference range 67 - 1134 cells/μl)		

Free Protein S,Citrate Plasma

Protein S, Free	89.7	%	74.1-146.1
Latex Ligand Immunoassay			

Interpretation Protein S is a vitamin K-dependent plasma glycoprotein synthesized in the liver. It functions as a cofactor to Protein C in the inactivation of Factors Va and VIIIa and plays a role in anticoagulation pathway.

Reduced levels predispose to VTE. It can be seen in hereditary deficiency, pregnancy, Oral anticoagulant e.g. Warfarin, nephritic syndrome and liver diseases.



SIN No:GGN0009289, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (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 results are 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 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	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Hematology Special Thrombophilia Profile

Test Name	Result	Unit	Bio Ref Interval
-----------	--------	------	------------------

Lupus Anticoagulant, Sodium Citrate

Silica Clotting Time

SCT Screen	45.50	Sec	30 - 49
SCT Screen ratio	1.15		
SCT Confirm	37.40	Sec	26.6 - 38.8
SCT Confirm ratio	1.14		
SCT Screen : Confirm ratio	1.01		< 1.20
Interpretation	No Lupus Like Anticoagulant Present		

Factor V by APCR, Citrate Plasma, Sodium Citrate

APCR-V-Ratio	2.69	>2
Cut Off	2.00	
Result (APCR)	Negative	

Interpretation Factor V Leiden is a variant (mutated form) of human factor V (one of several substances that helps blood clot), which causes an increase in blood clotting (hypercoagulability). With this mutation, the anticoagulant protein secreted (which normally inhibits the pro-clotting activity of factor V) is not able to bind normally to Factor V, leading to a hypercoagulable state.

Advice: - Factor V Leiden Mutation analysis by PCR can be done for confirmation.



SIN No:GGN0009289, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (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 results are for the information and interpretation by the referring doctor only. 3. Some tests are referred to other laboratories to provide a wider test menu to the customer. 4. 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	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Hematology Special Thrombophilia Profile

Test Name	Result	Unit	Bio Ref Interval
-----------	--------	------	------------------

Anti Thrombin - III - Functional, Citrate Plasma

Antithrombin III Functional	99	%	10-150
Chromogenic assay			

Interpretation Syn – Antithrombin III

Antithrombin is a small protein molecule that inactivates several enzymes of the coagulation system. Low levels of AT are found in 4-5% patients with unexplained VTE.

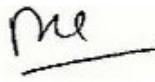
Reduced levels are seen in Hereditary deficiency, chronic liver diseases, heparin therapy, pregnancy (3rd trimester), acute leukemia, burns and renal diseases.

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: GGN0009289, Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre : 585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block, 0124662300

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 Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
Phone: +91-124-6623 000 | (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 results are generated and transported per specific instructions given by the physicians/laboratory. 3. The 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.



MC-2714