MAX Lab

Laboratory Investigation Report

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

SIN No:B2B2597084

BLOOD CENTRE

Max Antenatal Panel

Blood Grouping and RH Factor*, EDTA

	Date	**Unit**	**Bio Ref Interval**
	12/Jan/2023 01:05PM		
Blood Group Haemagglutination	B POSITIVE		

Kindly correlate with clinical findings

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

Dr. Sangeeta Pathak , DIHBT
Head-Transfusion Med

Test Performed at :1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi
Booking Centre :4011 - Rajiv Madan, R 57 New colony Railway Road, 9311156333
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Clinical Biochemistry

Max Antenatal Panel

Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma

Date	12/Jan/2023 01:05PM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	**69**	mg/dL	74 - 99

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path)
Principal Consultant

Dr. Jyoti Singhal, M.D. (Pathology)
Senior Resident

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Hematology

Max Antenatal Panel

CBC (Complete Blood Count), Whole Blood EDTA

Date	12/Jan/2023 01:05PM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	12.5	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	**38.1**	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	6.1	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.24	10~12/L	3.8-4.8
MCV Electrical Impedance	89.9	fL	83-101
MCH Calculated	29.5	pg	27-32
MCHC Calculated	32.8	g/dl	31.5-34.5
Platelet Count Electrical Impedance	342	10~9/L	150-410
MPV Calculated	8.6	fl	7.8-11.2
RDW Calculated	**16.2**	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	61.5	%	40-80
Lymphocytes	27.2	%	20-40
Monocytes	8.8	%	2-10
Eosinophils	2.2	%	1-6
Basophils	0.3	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	3.75	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.7	10~9/L	1.0-3.0
Absolute Monocyte Count	0.54	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.13	10~9/L	0.02-0.5
Absolute Basophil Count	0.02	10~9/L	0.02-0.1

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(CIN No.: U85100DL2021PLC381826)
Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

MC-2980

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Hematology

Max Antenatal Panel

Kindly correlate with clinical findings

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

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Senior Resident

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Serology

Max Antenatal Panel

Test Name	Result	Unit	Bio Ref Interval
Hepatitis B Surface Antigen,Serum CLIA			
HBsAg Test Value CLIA	0.05		

Ref. Range

Negative	< 0.90
Borderline	0.90 - 5.0
Positive	> 5.0

Interpretation

- This test is used to detect hepatitis B surface antigen (HBsAg) in serum sample based on VITROS immunometric immunoassay technique and aid in the laboratory diagnosis of HBV infection.
- Viral hepatitis is a major public health problem with an estimated 257 million persistent carriers of hepatitis B virus (HBV) worldwide. Infection with HBV results in a wide spectrum of acute and chronic liver diseases that may lead to cirrhosis and hepatocellular carcinoma.
- Transmission of HBV occurs by percutaneous exposure to blood products, needle stick injury, sexual contact and perinatally from HBV-infected mothers to baby.
- Hepatitis B surface antigen (HBsAg), derived from the viral envelope, is the first antigen to appear following infection.
- Positive results should be correlated with other potential laboratory abnormalities and clinical picture.
- A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus.
- Levels of HBsAg may be undetectable both in early infection and late after infection.
- In rare cases HBsAg tests do not detect certain HBV mutant strains.
- HBs Ag disappears with recovery from clinical disease in most patients, however, it persists for years in carriers.

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Serology

Max Antenatal Panel

Test Name	Result	Unit	Bio Ref Interval
HIV I & II*, Serum CLIA			
HIV (I and II) CLIA	Negative		

Interpretation

1) A Negative result implies that no Anti HIV-1 or HIV-2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been taken during the "WINDOW PERIOD" (before the development of detectable levels of antibodies).
2) Positive result suggests the possibility of HIV-1 or HIV-2 infection.

Advise:

To rule out false positivity, false negativity and window period, kindly perform "Confirmatory Tests"like HIV I RNA (Qualitative) Real Time PCR.

Kindly correlate with clinical findings

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

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Clinical Pathology

Max Antenatal Panel

Urine Routine And Microscopy

Date	**12/Jan/2023 01:05PM**	**Unit**	**Bio Ref Interval**
Macroscopy			
Colour Visual Observation/ Automated	Pale Yellow		Pale Yellow
PH Double Indicator	**6.5**	..	5-6
Specific Gravity pKa change	1.020		1.015 - 1.025
Protein Protein-error of indicators	Neg		Nil
Glucose. Enzyme Reaction	Neg		Nil
Ketones Acetoacetic Reaction	Neg		Nil
Blood Benzidine Reaction	Neg		Nil
Bilirubin Diazo Reaction	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal		Normal
Nitrite Conversion of Nitrate	Neg		
Microscopy			
Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	0	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	2	/HPF	0.0-5.0
Squamous Epithelial Cells Light Microscopy/Image capture microscopy	2	/HPF	
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture	Nil	..	Nil

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Clinical Pathology

Max Antenatal Panel

microscopy			
Bacteria	Nil	/HPF	Nil
Light Microscopy/Image capture microscopy			

Kindly correlate with clinical findings

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Serology

Max Antenatal Panel

Test Name	Result	Unit	Bio Ref Interval
VDRL/RPR, Serum			
RPR(Syphilis) Slide Flocculation	Non Reactive		

Comment

Interpretation

1. It is a screening test for syphilis which is useful for following the progression of disease and response to therapy. Rising titers are of immense value in confirming the diagnosis.
2. Biological false positive reactions exhibit low titers and are seen in conditions like Viral fevers, Mycoplasma infection, Chlamydia infection, Malaria, Immunizations, Pregnancy, Autoimmune disorders & past history of Treponemal infection.
3. It is advisable to confirm the diagnosis by tests such as TPHA & FTA-ABS.
4. 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.

Kindly correlate with clinical findings

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