




Laboratory Investigation Report

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

Immunoassay	 SIN No: B2B2664199
Max Wellness Adolescent Profile	

Vitamin D, 25 - Hydroxy Test (Vit. D3)*, Serum

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	20.33	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

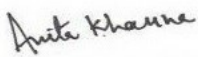
Vitamin D deficiency can be due to:

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

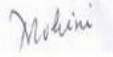
Advice: Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)



Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)



Laboratory Investigation Report

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Hematology

Max Wellness Adolescent Profile



CBC (Complete Blood Count), Whole Blood EDTA

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Haemoglobin	11.9	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	37.3	%	36-46
Total Leucocyte Count (TLC) 6.6 Electrical Impedance		10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.04	10~12/L	3.8-4.8
MCV Electrical Impedance	92.3	fL	83-101
MCH Calculated	29.5	pg	27-32
MCHC Calculated	31.9	g/dl	31.5-34.5
Platelet Count Electrical Impedance	302	10~9/L	150-410
MPV Calculated	11.7	fl	7.8-11.2
RDW Calculated	14.8	%	11.5-14.5

Differential Cell Count

VCS / Light Microscopy

Neutrophils	54.9	%	40-80
Lymphocytes	29.2	%	20-40
Monocytes	8.1	%	2-10
Eosinophils	7.3	%	1-6
Basophils	0.5	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.62	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.9	10~9/L	1.0-3.0
Absolute Monocyte Count	0.53	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.48	10~9/L	0.02-0.5
Absolute Basophil Count	0.03	10~9/L	0.02-0.1

Kindly correlate with clinical findings

*** End Of Report ***

Test Performed at : 794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)
 Booking Centre : 2727 - Dr. Aruna Saxena PLOT NO.583 GF NITI KHAND 1 INDIRAPURAM, 201014, 9818679091

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91 11 261 3300
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Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

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MC-2004



Laboratory Investigation Report

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Hematology

Max Wellness Adolescent Profile



SIN No: B2B2664199

Meenal Mehta

Dr. Meenal Mehta MD (Path),
Senior Consultant
(Hematopathology & Cytopathology)

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**Clinical Biochemistry
Max Wellness Adolescent Profile**



HbA1c (Glycated/ Glycosylated Hemoglobin) Test*
HPLC

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	5.2	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	33.32		
Average Glucose Value For the Last 3 Months	102.54	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	5.68		

Interpretation The following HbA1c ranges recommended by the American Diabetes Association(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	HbA1C(IFCC mmol/mol)	Suggested Diagnosis
≥ 6.5	≥ 48	Diabetic
5.7 - 6.4	39 - 47	Pre- Diabetic
< 5.7	< 39	Non - Diabetic

HbA1c provides a useful index of average glycaemia over the preceding 6-8 weeks.

It is suggested that HbA1c is measured every 6 months in stable patients, every 3 months in patients with unstable metabolic control and every month in pregnancy. Increased Glycated hemoglobin is a reflection of Hyperglycemia.

Total Iron Binding Capacity (TIBC)*, Serum

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Iron Colourimetric Assay	65.5	µg/dL	33-193
UIBC Ferrozine	382.3	µg/dL	135-392
Total Iron Binding Capacity Ferrozine	447.8	µg/dL	171 - 504
Transferrin Saturation	14.63	%	17 - 37

Kindly correlate with clinical findings

*** End Of Report ***



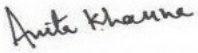
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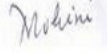
Clinical Biochemistry
Max Wellness Adolescent Profile



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Immunoassay

Max Wellness Adolescent Profile



SIN No: B2B2664199

Thyroid Stimulating Hormone (TSH) - Ultrasensitive, Serum

Date	30/Dec/2022	Unit	Bio Ref
	03:27PM		Interval
Thyroid Stimulating Hormone	2.00	µIU/mL	0.34 - 5.6
CLIA			

Interpretation

Parameter	Unit	Premature (28 - 36 Weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Increased in primary Hypothyroidism.
Decreased in primary Hyperthyroidism

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.






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Vitamin B12 (Vit- B12), (Cyanocobalamin)*, Serum

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Vitamin B12 CLIA	151.0	pg/mL	180 - 914

Interpretation

Note:- Vitamin B12 (Cobalamin)

Vitamin B12 is tested for patients with GIT disease, Neurological disease, psychiatric disturbances, malnutrition, alcohol abuse.

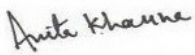
Increased in chronic renal failure, severe CHF.

Decreased in megaloblastic anemia.

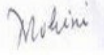
Advise: CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.

Kindly correlate with clinical findings

*** End Of Report ***



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