

 Patient Name
 Centre

 Age/Gender
 OP/IP No/UHID

 MaxID/Lab ID
 Collection Date/Time

Ref Doctor Reporting Date/Time

BLOOD CENTRE

Max-Fertility panel - Male (Basic)

Blood Grouping and RH Factor*, EDTA

Date 05/Jan/2024 Unit Bio Ref Interval

01:02PM

Blood Group O POSITIVE

Haemagglutination

Kindly correlate with clinical findings

*** End Of Report ***

Head Transfusion Medicine

Dr. Abhinav Verma

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Patient Name Centre

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

Clinical Biochemistry

Bio Ref Interval

Unit

Max-Fertility panel - Male (Basic)

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

05/Jan/2024 **Date**

01:02PM

84 74 - 99 mg/dl

Hexokinase

Glucose (Fasting)

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Anita Khanna MD (Path.)

Anita Khanne

Associate Director & Head (Lab Medicine)

Dr. Mohini Bhargava, MD Associate Director (Biochemistry)

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Patient NameCentreAge/GenderOP/IP No/UHIDMaxID/Lab IDCollection Date/TimeRef DoctorReporting Date/Time

Hematology Max-Fertility panel - Male (Basic)

Complete Haemogram	Peripheral Smear a	nd ESR.EDTA*

Date	05/Jan/2024 01:02PM	Unit	Bio Ref Interval
Haemoglobin Non- Haemoglobincyanide	16.2	g/dl	13-17
Packed Cell, Volume Calculated	47.8	%	40-50
Total Leucocyte Count (TLC) Flow Cytometry method using semiconductor laser	7.6	10~9/L	4.0-10.0
RBC Count Hydrodynamic focusing (DC detection)	5.49	10~12/L	4.5-5.5
MCV Calculated	87.0	fL	83-101
MCH Calculated	29.4	pg	27-32
MCHC Calculated	33.8	gm/dl	31.5-34.5
Platelet Count Hydrodynamic focusing (DC detection)	257	10~9/L	150-410
MPV Calculated	8.0	fl	7.8-11.2
RDW Calculated	13.3	%	11.5-14.5
<u>Differential Cell Count</u> Flowcytometry method using	semiconductor laser		
Neutrophils	54.2	%	40-80
Lymphocytes	32.8	%	20-40
Monocytes	9.6	%	2-10
Eosinophils	3.2	%	1-6
Basophils	0.2	%	0-2
Absolute Leukocyte Count Calculated			
Absolute Neutrophil Count	4.12	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.5	10~9/L	1.0-3.0
Absolute Monocyte Count	0.73	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.24	10~9/L	0.02-0.5
Absolute Basophil Count	0.02	10~9/L	0.02-0.1
ESR (Modified	02	mm/hr	<=10

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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.



Patient NameCentreAge/GenderOP/IP No/UHIDMaxID/Lab IDCollection Date/TimeRef DoctorReporting Date/Time

Hematology

Max-Fertility panel - Male (Basic)

SIN No:B2B4538730

Westergren)
Peripheral Smear

RBC: - Normocytic Normochromic

WBC: - Counts within normal limits

Platelet: - Adequate

Kindly correlate with clinical findings

*** End Of Report ***

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

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

SEROLOGY SPECIAL.

Max-Fertility panel - Male (Basic)

Free Testosterone, Serum

05/Jan/2024 **Bio Ref Interval** Date Unit

01:02PM

27.99 Free Testosterone pg/mL 15 - 50

Kindly correlate with clinical findings

*** End Of Report ***

Dr.Poonam.S. Das, M.D. Principal Director-

Max Lab & Blood Bank Services

Associate Director Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

Dr Nidhi Malik, MD Consultant Microbiology

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 Patient Name
 Centre

 Age/Gender
 OP/IP No/UHID

 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Immunoassay

Max-Fertility panel - Male (Basic)

FSH - Follicle Stimulating Hormone, Serum

Date 05/Jan/2024 Unit Bio Ref Interval

01:02PM

Follicle Stimulating Hormone CLIA

s Stimulating 5.57 mlU/mL

Ref. Range

Adult Male 1.27 - 19.26

Adult Female:

Follicular 3.85 - 8.78

Midcycle Peak 4.54 - 22.51

Luteal Phase 1.79 - 5.12

Post Menopausal 16.74 - 113.59

(>50 Yrs) 16.74 - 113.59

Interpretation

Increased in primary gonadal failure, ovarian or testicular agenesis, Klinefelter's syndrome, Reifenstein's syndrome, castration, alcoholism, menopause, orchitis, gonadotropin-secreting pitutary tumors.

Decreased in anterior hypofunction, hypothalamic disorders, pregnancy, anorexia nervose, polycystic ovarian disease, hemochromatosis, sickle cell anaema, sever illness, hyperprolactinemia.

Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

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Patient NameCentreAge/GenderOP/IP No/UHIDMaxID/Lab IDCollection Date/TimeRef DoctorReporting Date/Time

Immunoassay
SIN No:B2B4538730

Max-Fertility panel - Male (Basic)

LH-Luteinizing Hormone, Serum

Date 05/Jan/2024 Unit Bio Ref Interval

01:02PM

Luteinizing Hormone 4.55 mlU/mL

CLIA

Ref Range

LH(Male-Adult)	Reference Range			
	1.24-8.62			
LH (Female-Adult)				
Follicular	2.12-10.89			
Mid Cycle Peak	19.18-103.03			
Luteal Phase	1.2-12.86			
Post Menopausal (>50 Year)	10.87-58.64			

Interpretation

Increased in Primary gonadal dysfunction, polycystic ovarian syndrome (LH/FSH ratio is high in 60% cases), post-menopause, and pituitary adenoma. Decreased in pituitary or hypothalamic impairment, isolated gonadotropic deficiency associated with anosmia or hyposmia (Kallmann's syndrome), anorexia nervosa, isolated LH deficiency ("fertile eunuch"), sever stress, malnutrition, and sever illness.

Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

Testosterone, Total, Serum

Date	05/Jan/2024 01:02PM	Unit	Bio Ref Interval
Testosterone (total)	4.28	ng/mL	1.75-7.81

Interpretation Increase in Idiopathic sexual precocity and adrenal hyperplasia in boys, some adrenocortical tumors, extragonadal tumors producing gonadotropin in men, trophoblastic disease during pregnancy, testicular feminization, idiopathic hirsutism, virilizing ovarian tumors, arrhenoblastoma, hilar cell tumor, and virilizing luteoma.

Secretion is episodic, with peak about 7:00 AM and minimum about 8:00 PM; pooled samples are more reliable. Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

Kindly correlate with clinical findings

*** End Of Report ***

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

Immunoassay

Max-Fertility panel - Male (Basic)

Dr. Poonam. S. Das, M.D. Principal Director-Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D. Associate Director & Manager Quality

ne

Dr. Anisha Sharma, M.D., DNB Consultant Biochemistry

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

Immunoassay

Max-Fertility panel - Male (Basic)

Thyroid Stimulating Hormone (TSH) - Ultrasensitive, Serum

3.18

05/Jan/2024 01:02PM

Unit **Bio Ref** Interval

Thyroid Stimulating

Hormone CLIA

Date

0.34 - 5.6μIU/mL

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	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

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.

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Anita Khanna MD (Path.)

mite Khanne

Associate Director & Head (Lab Medicine)

Dr. Mohini Bhargava, MD

Associate Director (Biochemistry)

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 Patient Name
 Centre

 Age/Gender
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 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Clinical Pathology

Max-Fertility panel - Male (Basic)

Urine Routine And Microscopy

Date 05/Jan/2024 Unit Bio Ref Interval

01:02PM

Macroscopy

Colour Pale Yellow Pale Yellow Visual Observation/ Automated PΗ 5.5 5-9 Photoelectric colorimeter Specific Gravity 1.025 1.015 - 1.030 Photoelectric colorimeter Protein Neg Nil Photoelectric colorimeter Glucose. Neg Nil Photoelectric colorimeter Ketones Trace Nil Photoelectric colorimeter Nil Blood Neg Photoelectric colorimeter Bilirubin Nil Neg Photoelectric colorimeter Normal Normal Urobilinogen Photoelectric colorimeter Neg

Microscopy

microscopy

Conversion of Nitrate

Red Blood Cells (RBC) /HPF Nil Streaming Image technology White Blood Cells /HPF 0.0 - 5.0Streaming Image technology /HPF Squamous Epithelial Cells 1 Light Microscopy/Image capture microscopy /LPF Cast Nil Nil Light Microscopy/Image capture microscopy Nil Crystals Nil Light Microscopy/Image capture microscopy Bacteria Nil /HPF Nil Light Microscopy/Image capture

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

> **Clinical Pathology** Max-Fertility panel - Male (Basic)

Kindly correlate with clinical findings

*** End Of Report ***

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

Results to follow:

Semen Analysis: Sample not yet received

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