

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.	

Clinical Biochemistry Wellwise Advance Plus

Glycosylated Haemoglobin (HbA1C), EDTA Routine*

HPLC

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.7	%	0 - 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	39.11	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	117.75	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.52	mmol/L	

Comment < 5.7 % Non Diabetic

5.7 - 6.4 % Pre Diabetic

>= 6.5 % Diabetic



SIN No: B2B1260606, Test Performed at : 2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre : 2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

📞 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.	

Clinical Biochemistry Wellwise Advance Plus

KFT Profile with Calcium,Uric Acid*, Serum

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Urea Urease , Kinetic	27.4	mg/dl	19.3 - 42.6
Creatinine Jaffe	0.65	mg/dl	0.5 - 0.9
eGFR	94.49	ml/min/ 1.73m ²	0 - 90
Uric Acid Uricase	5.5	mg/dl	2.4 - 5.7
Calcium (Total) NM BAPTA	9.49	mg/dl	8.6 - 10.2
Sodium ISE Indirect	142.0	mEq/L	135 - 148
Potassium ISE Indirect	4.17	mEq/L	3.8 - 5.2
Chloride ISE Indirect	101.3	mEq/L	100 - 105
Bicarbonate Colorimetry	23.8	mEq/L	22 - 29



SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

 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.	

Clinical Biochemistry
Wellwise Advance Plus

Page 3 of 14

SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

 **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.	

Clinical Biochemistry
Wellwise Advance Plus
Liver Function Test Profile, Serum*

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Total Protein	6.94	gm/dl	6.4 - 8.2
Biuret			
Albumin	4.2	gm/dl	3.5 - 5.2
BCG			
Globulin	2.7	gm/dl	2.0 - 3.5
Calculated			
A.G. ratio	1.6	Ratio	0.8 - 2.0
Ratio			
Bilirubin (Total)	0.310	mg/dl	<1.2
Diazo			
Bilirubin (Direct)	0.136	mg/dl	< 0.2
Diazo			
Bilirubin (Indirect)	0.17	mg/dl	0.0 - 0.8
Calculated			
SGOT- Aspartate Transaminase (AST)	18.9	U/L	0 - 40
ENZYMATIC IFCC			
SGPT- Alanine Transaminase (ALT)	21.6	U/L	0 - 40
ENZYMATIC IFCC			
Alkaline Phosphatase	117	U/L	35 - 104
Colorimetric (IFCC)			
GGTP (Gamma GT), Serum	16.0	U/L	1 - 40
Gama-G-carboxy antitide			

Comment Kindly note the change in reference range with effect from 16-10-2019

Reference Range for INR:

For Normal Patients: - 1.0-1.3

For patients with,

Standard dose therapy - 2.0 - 3.

High dose therapy- 2.5 - 3.5



Page 4 of 14

SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

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.	

Clinical Biochemistry
Wellwise Advance Plus

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Maya Varde M.D
 Consultant Pathology



Dr. Priyanka Vichare M.D
 Clinical Associate Pathology



Page 5 of 14

SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

📞 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
Wellwise Advance Plus
Thyroid Profile*,Serum*

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) ECLIA	3.60	pg/mL	2.0 - 4.4
Free Thyroxine (FT4) ECLIA	1.20	ng/dL	0.93 - 1.7
Thyroid Stimulating Hormone ECLIA	3.42	mIU/L	0.27 - 4.2

Kindly correlate with clinical findings

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

Dr. Maya Varde M.D
 Consultant Pathology


Page 6 of 14

SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

 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.	

Clinical Biochemistry Wellwise Advance Plus

Blood Sugar Fasting, Fluoride Plasma

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	81.5	mg/dl	60 - 100

Comment Non-Diabetic: <100mg/dl

Impaired Fasting Glucose(IFG): 100-125 mg/dl

Diabetic: >= 126 mg/dl

Random Sugar : 60-200 mg/dl



SIN No: B2B1260606, Test Performed at : 2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre : 2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

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.	

Clinical Biochemistry Wellwise Advance Plus

Lipid Profile, Serum

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Cholesterol Enzymatic Colorimetry	181.3	mg/dl	0 - 200
HDL Cholesterol Enzymatic Colorimetry	53.1	mg/dl	> 60
LDL Cholesterol Enzymatic Colorimetry	120.1	mg/dl	0 - 100
Triglyceride Enzymatic Colorimetry	99.7	mg/dl	0 - 150
VLDL Cholesterol Calculated	19.9	mg/dl	0 - 40
Total Cholesterol/HDL Ratio Calculated	3.4	Ratio	3.3 - 4.4
Non-HDL Cholesterol Calculated	128.20	mg/dL	< 130
HDL/LDL Calculated	0.44	Ratio	0.3 - 0.4

Comment

Note : Methodology of estimation of Low density lipoprotein cholesterol has been changed to direct estimation(enzymatic method) instead of calculation wef from 08-05-2019.

Note : Friedewald equation does not hold true as direct Low density lipoprotein cholesterol is being reported instead of calculated.

VLDL-Cholesterol is calculated by using formula : Serum Triglycerides/5

INTERPRETATION:

Cholesterol(Enzymatic):

Desirable : < 200 mg/dl
 Borderline : 200 - 239 mg/dl
 High : > 240 mg/dl

Triglyceride (Enzymatic):

Desirable : < 150 mg/dl
 Borderline High : 150 - 199 mg/dl
 High : 200 - 499 mg/dl



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.	

Clinical Biochemistry Wellwise Advance Plus

VeryHigh : > 500 mg/dl

HDL Cholesterol (Enzymatic):

Desirable : > 60 mg/dl

Borderline : 40 – 60 mg/dl

Low : < 40 mg/dl

DL Cholesterol (Enzymatic): < 100 mg/dl (Calculated)

VLDL Cholesterol : 5 - 30 mg/dl (Calculated)

Cholesterol/HDL Ratio: 0 – 4.5 (Calculated)

LDL/HDL Ratio : 0 – 3.5 (Calculated)

(Ranges adapted from National Cholesterol Education program Expert Panel: Circulation 2002;106:3143-3421)

Inorganic Phosphorus, Serum

Date **11/Dec/2021**
06:40AM

Phosphorus(inorg) **7.09**
Phosphomolybdate Formation

Unit **Bio Ref**
Interval
mg/dl 2.5 - 4.5

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Maya Varde M.D
Consultant Pathology



Dr. Priyanka Vichare M.D
Clinical Associate Pathology



SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 9 of 14

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

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.	

Clinical Pathology
Wellwise Advance Plus
Urine Routine And Microscopy

Date	11/Dec/2021	Unit	Bio Ref Interval
	06:40AM		

Macroscopy

pH indicator

Colour	PALE YELLOW		Pale Yellow - Deep Amber
PH	6.0	.	4.5 - 8.0
Specific Gravity	1.020	.	1.005 - 1.03
Protein	ABSENT		Nil
Glucose	ABSENT	mg/dl	
Ketones	ABSENT		Absent
Blood	ABSENT		ABSENT
Bilirubin	ABSENT		
Urobilinogen	NORMAL		Absent
Nitrite	Positive		

Microscopy

Red Blood Cells (RBC)	ABSENT
White Blood Cells	20-25
Squamous Epithelial Cells	2-4
Cast	Nil
Crystals	Nil
Bacteria	+++

SAMPLE QUANTITY: 30 ML.

Kindly correlate with clinical findings

*** End Of Report ***



Page 10 of 14

SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

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.	

Clinical Pathology

Wellwise Advance Plus



Dr. Maya Varde M.D
 Consultant Pathology



SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

☎ 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
Wellwise Advance Plus
Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Haemoglobin <small>SLS Method</small>	11.1	g/dl	12 - 15
Packed Cell, Volume <small>Direct</small>	36.8	%	36 - 46
Total Leucocyte Count (TLC) <small>Flow Cytometry</small>	6240	/μL	4000 -10000
RBC Count <small>Sheath Flow DC Detection</small>	4.16	mill/μL	3.8 - 4.8
MCV <small>Calculated</small>	88.5	fl	81 - 99
MCH <small>Calculated</small>	26.7	Pg	27 - 32
MCHC <small>Calculated</small>	30.2	g/dl	31.5 - 34.5
Platelet Count <small>Flow Cytometry</small>	261	x 1000/μL	150 - 400
MPV	11.1	fl	7 - 12
RDW <small>Calculated</small>	12.9	%	11 - 16

Differential Cell Count
Flow Cytometry

Neutrophils	34.4	%	40 - 80
Lymphocytes	51.0	%	20 - 40
Monocytes	5.9	%	2 - 10
Eosinophils	8.2	%	2 - 6
Basophils	0.5	%	0 - 2

Absolute Leukocyte Count
Calculated

Absolute Neutrophil Count	2146.56	/μL	2000 - 7000
Absolute Lymphocyte Count	3182.4	/μL	1000 - 3000



Page 12 of 14

SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

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
Wellwise Advance Plus

Absolute Monocyte Count	368.16	/μL	200 - 1200
Absolute Eosinophil Count	511.68	/μL	20 - 500
Absolute Basophil Count	31.2	/μL	20 - 100
ESR (Westergren)	12	mm/hr	0 - 20

Peripheral Smear Examination

Peripheral Blood Film:-

RBC:- Normocytic / Normochromic

WBC:- TLC within normal limits. No abnormal cell seen.

Platelets are adequate on smear.

No hemoparasite seen on thin smear examined.

Kindly correlate with clinical findings

*** End Of Report ***


Dr. Priyanka Vichare M.D
 Clinical Associate Pathology


Page 13 of 14

SIN No:B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

 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 Wellwise Advance Plus

Vitamin B12, Serum

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
Vitamin B12 ECLIA	416.3	pg/mL	160 - 760

25 Hydroxy Vitamin D Level, Serum

Date	11/Dec/2021 06:40AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D ECLIA	39.37	ng/mL	

Reference range in ng/mL

< 20 - DEFICIENCY
 20 - 30 - INSUFFICIENCY
 > 30 - SUFFICIENCY
 > 100 - TOXICITY

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Maya Varde M.D
 Consultant Pathology



Page 14 of 14

SIN No: B2B1260606, Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI

Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.

Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,

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.

