

Laboratory Investigation Report

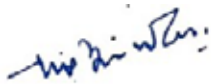
Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female

**Apolipoproteins A1 & B, Serum***

Date	03/Jun/2025 06:45AM	Unit	Bio Ref Interval
Apolipoprotein (A)	136.54	mg/dL	101 - 199
Apolipoprotein (B)	97.41	mg/dL	55 - 125
Apo B/ Apo A1 Ratio	0.71	Ratio	0.0 - 0.9

Kindly correlate with clinical findings

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

Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry



Dr. Anjali, Ph.D.
Consultant - Biochemistry

Test Performed at : 8141 - Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 1 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Serology
Wellwise Premium - Female


SIN No: B2B7652658

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

Hepatitis B Surface Antibodies/Antibodies to HBs, Serum(HBsAb)

CLIA

Anti Hbs Titre	75.9	mIU/mL
----------------	------	--------

Ref. Range

Non-immune < 10.0

Immune ≥ 10.0

Interpretation

It may be used to monitor the response to Hepatitis B Vaccination or recovery from an acute HBV infection. Anti HBs titre of more than 10 mIU/ml is probable protective.

Certain drugs and clinical conditions are known to alter anti HBs concentration in vivo.

Kindly correlate with clinical findings

*** End Of Report ***



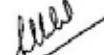
Dr. Poonam S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



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



Dr. Sonu Kumari Aggrawal, MD
Consultant Microbiology



Dr Nidhi Malik, MD
Consultant Microbiology

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

Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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

Page 2 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(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.



MC-2714

Laboratory Investigation Report

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

Clinical Biochemistry
Wellwise Premium - Female

**Homocysteine, Quantitative, Serum**

Date		Unit	Bio Ref Interval
	03/Jun/2025 06:45AM		
Homocysteine, Quantitative	11.96	umol/L	4.70 - 12.60
Two Point rate (CBS/CBL/LDH)			

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 3 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female

**Albumin /Creatinine Ratio, Urine**

Date	03/Jun/2025 06:45AM	Unit	Bio Ref Interval
Albumin, Urine (Microalbumin) Immunoturbidimetric	0.67	mg/dL	< 1.9
Creatinine, Urine	111.7	mg/dL	24 - 392
Albumin/Creatinine Ratio Calculated	6	mg/g Creatinine	< 30

Kindly correlate with clinical findings

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

Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry



Dr. Anjali, Ph.D.
Consultant - Biochemistry

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 4 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Immunoassay
Wellwise Premium - Female

**Cortisol (Random Sample), Serum**

Date	03/Jun/2025 06:45AM	Unit	Bio Ref Interval
Cortisol (Random) CLIA	14.7	µg/dL	3.0 - 22.6

Kindly correlate with clinical findings

***** End Of Report *****
Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry
Dr. Anjali, Ph.D.
Consultant - Biochemistry

Test Performed at : 8141 - Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 5 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Serology Special
Wellwise Premium - Female


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

Allergy Screen-PhadiaTop/Inf, Serum
 FEIA

Allergy Screen, Phadia Top Fluoroenzyme Immunoassay	4.83	kUA/L	< 0.34
--	-------------	-------	--------

Comment

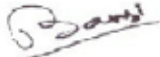
ImmunoCAP Phadiatop is an in vitro qualitative and semiquantitative assay for graded determination of IgE antibodies specific to inhalant allergens in human serum or plasma. It is intended for in vitro diagnostic use as an aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings, and is to be used in clinical laboratories. In patients suffering from extrinsic asthma, hay fever or atopic eczema, symptoms develop immediately after exposure to specific allergens. This immediate type of allergy is a function of a special type of serum antibodies belonging to the IgE class of immunoglobulins.

Kindly correlate with clinical findings

*** End Of Report ***



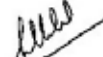
Dr. Poonam S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



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



Dr. Sonu Kumari Aggarwal, MD
Consultant Microbiology



Dr. Nidhi Malik, MD
Consultant Microbiology

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

Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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

Page 6 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(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.



MC-2714

Laboratory Investigation Report

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

Clinical Biochemistry
Wellwise Premium - Female

**CRP- C- Reactive Protein, Serum**

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
CRP	<0.50 3.40	mg/dL	0.0 - 0.90
Fixed-point immuno-rate			

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 7 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

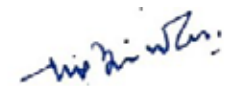
Clinical Biochemistry
Wellwise Premium - Female


Kidney Function Test (KFT) Profile with Calcium, Uric Acid, Serum

Date	03/Jun/2025	12/Apr/25	Unit	Bio Ref Interval
	06:45AM	06:34AM		
Urea <small>Colometric (Urease/GLDH)</small>	26.0	18.5	mg/dL	17.0 - 49.0
Blood Urea Nitrogen <small>Colometric (Urease/GLDH)</small>	12.15	8.64	mg/dL	7.93 - 22.84
Creatinine <small>Sarcosine-Oxidase</small>	0.70	0.7	mg/dL	0.52 - 1.04
eGFR by MDRD	93.93	94.01		
eGFR by CKD EPI 2021	113.85	113.97		
Bun/Creatinine Ratio	17.36	12.34		
Uric Acid <small>Uricase/ Peroxidase</small>	3.9	3.7	mg/dL	2.30- 6.60
Calcium (Total) <small>Arsenazo III</small>	9.33	9.7	mg/dL	8.6 - 10.2
Sodium <small>ISE Direct</small>	138.0	140.0	mmol/L	137 - 145
Potassium <small>ISE Direct</small>	4.23	4.84	mmol/L	3.50 - 5.10
Chloride <small>ISE Direct</small>	101	105	mmol/L	98 - 102

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry



Dr. Anjali, Ph.D.
Consultant - Biochemistry

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 8 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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

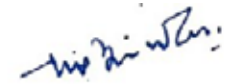
Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Immunoassay
Wellwise Premium - Female


Test Name	Result	Unit	Bio Ref Interval
Homa-IR Insulin Resistance Index*, Fluoride Plasma			
Glucose (Fasting) GOD/POD, Colorimetric	86	mg/dL	74 - 100
Insulin Serum , Fasting	22.90	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	218.20	%	
Insulin Sensitivity (%S)	35.00	%	
Homa IR Index	2.86		<2.50

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry



Dr. Anjali, Ph.D.
Consultant - Biochemistry

Test Performed at : 8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 9 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


Test Name	Result	Unit	Bio Ref Interval
BUN/CREATININE RATIO*			
Urea Colometric (Urease/GLDH)	26.0	mg/dL	17.0 - 49.0
Blood Urea Nitrogen Colometric (Urease/GLDH)	12.15	mg/dL	7.93 - 22.84
Creatinine Sarcosine-Oxidase	0.70	mg/dL	0.52 - 1.04
Bun/Creatinine Ratio	17.36		

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 10 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female

**Amylase, Serum**

Date		Unit	Bio Ref Interval
	03/Jun/2025		
	06:45AM		
Amylase	65	U/L	30 - 110
Amylopectin Two Point Rate			

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 11 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA
 HPLC

Date	03/Jun/2025 12/Apr/25		Unit	Bio Ref Interval
	06:45AM	06:34AM		
Glycosylated Haemoglobin(Hb A1c)	5.90	5.75	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	40.97	39.33	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	122.63	118.33	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.79	6.55	mmol/L	

Ref Range Normal: <5.7 %
 Pre-Diabetic: 5.7-6.4 %
 Diabetic: >6.4 %

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 12 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

 Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


LDH (Lactate Dehydrogenase) Total , Serum

Date	03/Jun/2025 06:45AM	Unit	Bio Ref Interval
LDH Enzymatic (Pyruvate to Lactate)	238.9	U/L	120 - 246

Lipase, Serum

Date	03/Jun/2025 06:45AM	Unit	Bio Ref Interval
Lipase Enzymatic with Colipase	175	U/L	23 - 300

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 13 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


B.U.N (Blood Urea Nitrogen), Serum*

Date		Unit	Bio Ref Interval
	03/Jun/2025		
	06:45AM		
Urea	26.0	mg/dL	17.0 - 49.0
Colometric (Urease/GLDH)			
Blood Urea Nitrogen	12.15	mg/dL	7.93 - 22.84
Colometric (Urease/GLDH)			

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 14 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female

**Creatine Kinase (CPK), Serum**

Date		Unit	Bio Ref Interval
	03/Jun/2025		
	06:45AM		
Creatine Kinase (CPK)	94.8	U/L	30 - 135

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 15 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


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

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Glucose (Fasting)	86 89.0	mg/dL	74 - 100
GOD/POD, Colorimetric			

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 16 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


Total Iron Binding Capacity (TIBC)*, Serum

Date	03/Jun/2025	12/Apr/25	Unit	Bio Ref Interval
	06:45AM	06:34AM		
Iron	68.3	111	microgram/dl	37 - 170
FerroZine				
UIBC	279.3	248		
Total Iron Binding Capacity	347.6	359	ug/dL	265 - 497
Two Point Rate(Chromazurol B)				
Transferrin Saturation	19.65	30.92	%	20 - 55
Calculated				

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 17 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


Inorganic Phosphorus, Serum

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Phosphorus(inorg)	4.0 3.7	mg/dL	2.50 - 4.50
Colorimetric (Fiske and Subbarow)			

Kindly correlate with clinical findings

*** End Of Report ***


Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry


Dr. Anjali, Ph.D.
Consultant - Biochemistry

Laboratory Investigation Report

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

Clinical Pathology
Wellwise Premium - Female


Urine Routine And Microscopy

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		

Macroscopy

Colour Visual Observation/ Automated	Pale Yellow	PALE YELLOW		Pale Yellow
PH Double Indicator	6.5	6.5	..	5-6
Specific Gravity pKa change	1.015	1.015		1.015 - 1.025
Protein Protein-error of indicators	Negative	Trace		Nil
Glucose. Enzyme Reaction	Negative	Neg		Nil
Ketones Acetoacetic Reaction	Negative	Neg		Nil
Blood Benzidine Reaction	Negative	Neg		Nil
Bilirubin Diazo Reaction	Negative	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal	Normal		Normal
Nitrite Conversion of Nitrate	Negative	Neg		

Microscopy

Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	Nil	1	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	2-3	4	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	6-8	14	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	Nil	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	Nil	..	Nil
Bacteria Light Microscopy/Image capture	Nil	Nil	/HPF	Nil

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 19 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

 Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Pathology
Wellwise Premium - Female



microscopy

Kindly correlate with clinical findings

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

Dr. Mayank Mishra, MD
Senior Resident - Pathology

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 20 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


Glucose-6-Phosphate Dehydrogenase Quantitative (G-6-PD)

Date **03/Jun/2025**
 06:45AM

Unit **Bio Ref**
 Interval

G - 6 PD 8.9
UV Kinetic

U/g Hb >= 7.7

Comment

Sex/G6PD Status	% Normal G6PD Activity	U/g Hb
Male	G6PD deficiency <30	<2.9
	G6PD normal ≥30	≥2.9
Female	G6PD deficiency <30	<2.9
	G6PD intermediate 30 – <80	2.9 – <7.7
	G6PD normal ≥80	≥7.7

DRUGS TO AVOID IN G6PD DEFICIENCY
DEFINITE RISK OF HAEMOLYSIS
POSSIBLE RISK OF HAEMOLYSIS
Pharmacological Class Drugs*
Pharmacological Class Drugs*

- Anthelmintics**
- β-Naphthol
 - Niridazole
 - Stibophen
- Antibiotics**
- Nitrofurans
 - ◊ Nitrofurantoin
 - ◊ Nitrofurazone
 - Quinolones
 - ◊ Ciprofloxacin
 - ◊ Moxifloxacin
 - ◊ Nalidixic acid
 - ◊ Norfloxacin
 - ◊ Ofloxacin
 - Chloramphenicol
 - Sulfonamides
 - ◊ Co-trimoxazole (Sulfamethoxazole + Trimethoprim)
 - ◊ Sulfacetamide

- Analgesics**
- Acetylsalicylic acid (Aspirin)
 - Acetanilide
 - Paracetamol (Acetaminophen)
 - Aminophenazone (Aminopyrine)
 - Dipyron (Metamizole)
 - Phenacetin
 - Phenazone (Antipyrine)
 - Phenylbutazone
 - Tiaprofenic acid
- Antibiotics**
- Furazolidone
 - Streptomycin
 - Sulfonamides
 - ◊ Sulfacytine
 - ◊ Sulfaguanidine
 - ◊ Sulfamerazine
 - ◊ Sulfamethoxypyridazole

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

Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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

Page 21 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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.



MC-2714

Laboratory Investigation Report

Patient Name
Age/Gender
MaxID/Lab ID
Ref Doctor

Centre
OP/IP No/UHID
Collection Date/Time
Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female



	<ul style="list-style-type: none"> ◊ Sulfadiazine ◊ Sulfadimidine ◊ Sulfamethoxazole ◊ Sulfanilamide ◊ Sulfapyridine ◊ Sulfasalazine (Salazosulfapyridine) ◊ Sulfisoxazole (Sulfafurazole) 	Anticonvulsants Antidiabetics Antidotes Antihistamines	<ul style="list-style-type: none"> ● Phenytoin ● Glibenclamide ● Dimercaprol (BAL) ● Antazoline (Antistine) ● Diphenhydramine ● Tripeleennamine
Antimalarials	<ul style="list-style-type: none"> ● Mepacrine ● Pamaquine ● Pentaquine ● Primaquine 	Antihypertensives	<ul style="list-style-type: none"> ● Hydralazine ● Methyldopa
Antimethemoglobinemic Agents	<ul style="list-style-type: none"> ● Methylene blue ● Dapsone ● Para-aminosalicylic acid ● Sulfones 	Antimalarials	<ul style="list-style-type: none"> ● Chloroquine & derivatives ● Proguanil ● Pyrimethamine ● Quinidine ● Quinine
Antimycobacterials	<ul style="list-style-type: none"> ◊ Aldesulfone sodium (Sulfoxone) ◊ Glucosulfone ◊ Thiazosulfone 	Antimycobacterials Antiparkinsonism Agents	<ul style="list-style-type: none"> ● Isoniazid ● Trihexyphenidyl (Benzhexol)
Antineoplastic Adjuncts	<ul style="list-style-type: none"> ● Doxorubicin ● Rasburicase 	Cardiovascular Drugs	<ul style="list-style-type: none"> ● Dopamine (L-dopa) ● Procainamide ● Quinidine
Genitourinary Analgesics	<ul style="list-style-type: none"> ● Phenazopyridine (Pyridium) 	Diagnostic Agent for Cancer Detection	<ul style="list-style-type: none"> ● Toluidine blue
Others	<ul style="list-style-type: none"> ● Acetylphenylhydrazine ● Phenylhydrazine 	Gout Preparations Hormonal Contraceptives Nitrates	<ul style="list-style-type: none"> ● Colchicine ● Probenecid ● Mestranol ● Isobutyl nitrite
	<ul style="list-style-type: none"> ● Diazepam ● Isoflurane 		<ul style="list-style-type: none"> ● Menadiol Na sulfate

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

Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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

Page 22 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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.



MC-2714

Laboratory Investigation Report

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

Clinical Biochemistry
Wellwise Premium - Female


Anaesthetic Agents	<ul style="list-style-type: none"> • Sevoflurane • Halothane • Prilocaine • Ketamine • Fentanyl • Propofol • Benzodiazepines 	Vitamin K Substance	<ul style="list-style-type: none"> • Menadione • Menadione Na bisulfite • Phytomenadione
		Vitamins	<ul style="list-style-type: none"> • Ascorbic acid (Vit C) (rare)
	(except Diazepam)		<ul style="list-style-type: none"> • Arsine • Berberine
		Others	<ul style="list-style-type: none"> • Fava beans • Naphthalene (in mothballs) • Para-aminobenzoic acid

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. Rajeev Kumar, DCP, MD
 Associate Consultant
 Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 23 of 36



MC-2714

Laboratory Investigation Report

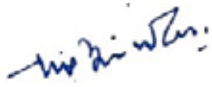
Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


Test Name	Result	Unit	Bio Ref Interval
High Sensitivity CRP (HS CRP), Serum			
C-Reactive Protein, High Sensitive	3.217	mg/L	0.0 - 5.0

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Biplob Kumar Biswas, MD
 Attending Consultant - Biochemistry



Dr. Anjali, Ph.D.
 Consultant - Biochemistry

Test Performed at : 8141 - Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 24 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Serology
Wellwise Premium - Female


SIN No: B2B7652658

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

Hepatitis B Surface Antigen, Serum*

HBsAg CLIA	Non Reactive		
HBsAg Test Value CLIA	0.522	S/CO	< 0.90

Comment

0.00 - 0.89 Negative
0.90 - 0.99 Border Line
>1.00 Reactive

Testing for hepatitis B surface antigen (HBsAg) was done by VITROS Immunodiagnostic System. It uses an immunometric technique for the qualitative detection of HBsAg. It is a screening test to diagnose suspected HBV infection, to monitor the status of infected individuals, for prenatal screening of pregnant women and efficacy of anti-viral drugs. A negative result does not exclude the possibility of exposure to or infection with Hepatitis B virus. In case of borderline (OD>0.9-0.99)/reactive (OD≥1.0) results patient's sample should be confirmed by Neutralization assay (HBsAg confirmatory test)/ RT-PCR for the current status of infection. In case of Reactive/borderline reactive test result we advise to consult gastroenterologist for further evaluation and clinical correlation.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Arghyadeep Malik
Consultant
(Department Of Transfusion Medicine)

Test Performed at : 8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 25 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female

**Rheumatoid Factor(Quantitative), Serum**

Date	03/Jun/2025 06:45AM	Unit	Bio Ref Interval
Rheumatoid Factor Immunoturbidimetric Assay	<8.6	IU/mL	0.0 - 12.0

Kindly correlate with clinical findings

***** End Of Report *****
Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry
Dr. Anjali, Ph.D.
Consultant - Biochemistry

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 26 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)**Max Super Speciality Hospital, Saket (West Block)**, 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Hematology
Wellwise Premium - Female

Complete Haemogram, Peripheral Smear and ESR, EDTA*

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Haemoglobin SLS HAEMOGLOBIN	12.1 12.8	g/dL	12 - 16
Packed Cell, Volume Calculated	39.8 38.4	%	37 - 47
Total Leucocyte Count (TLC) FLUORESCENCE FLOWCYTOMETRY	8.58 9.0	10 ³ /μL	4 - 10
RBC Count ELECTRICAL IMPEDENCE	5.00 5.06	10 ⁶ /μL	4.2 - 5.4
MCV RBC PULSE HEIGHT	79.5 75.8	fL	82 - 97
MCH Calculated	24.3 25.2	pg	27 - 33
MCHC Calculated	30.4 33.2	g/dL	32 - 36
Platelet Count ELECTRICAL IMPEDENCE/OPTICAL	303 294	10 ³ /μL	150 - 450
MPV Calculated	12.0 8.7	fL	7.8-11.2
RDW Calculated	15.3 14.6	%	11.5 - 14.5

Differential Cell Count
FLUORESCENCE FLOWCYTOMETRY

Neutrophils	56.6 48.8	%	40 - 80
Lymphocytes	35.5 41.3	%	20 - 40
Monocytes	5.2 6.8	%	4 - 10
Eosinophils	2.6 2.8	%	2 - 4
Basophils	0.1 0.3	%	0 - 1

Absolute Leukocyte Count
FLUORESCENCE FLOWCYTOMETRY

Absolute Neutrophil Count	4.86 4.39	10 ³ /μL	1.5 - 8
Absolute Lymphocyte Count	3.0 3.7	10 ³ /μL	1 - 3
Absolute Monocyte Count	0.45 0.61	10 ³ /μL	0.2 - 1.0
Absolute Eosinophil Count	0.22 0.25	10 ³ /μL	0.02 - 0.5
Absolute Basophil Count	0.010 0.030	10 ³ /μL	0.02 - 0.1
ESR (Modified Westergren) 30	15	mm/hr	<=12

Peripheral Smear Examination

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 27 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

 Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Hematology**Wellwise Premium - Female**

SIN No: B2B7652658

RBC- Anisopoikilocytosis (+)
Microcytosis (+) Hypochromia (+)
Target cells (+)
Elliptocytes (+). Many Normocytic normochromic cells are also seen.

WBC- Normal TLC with borderline high absolute lymphocyte count

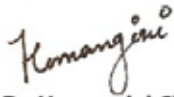
Platelet- Adequate

Impression- Microcytic Hypochromic Blood picture with mild lymphocytosis.

Advise- Serum Iron, Serum Ferritin and TIBC
Haemoglobin HPLC

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Hemangini Chowdhury, MD
Consultant - Pathology

Test Performed at : 8141 - Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 28 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Immunoassay
Wellwise Premium - Female


Ferritin, Serum

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Ferritin	27.5 52.22	ng/mL	6.24 137.00
CLIA			

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

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Vitamin B12	336 469.00	pg/mL	239 - 931
CLIA			

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 29 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Immunoassay
Wellwise Premium - Female

PTH (Parathyroid Hormone)- Intact,EDTA
Date **03/Jun/2025**
 06:45AM
Unit **Bio Ref Interval**

Intact, Parathyroid Hormone 32.0
(PTH)
CLIA

pg/mL 14.2 - 75.2

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 30 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Immunoassay
Wellwise Premium - Female

Folate , Serum

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Folate Serum CLIA	5.3 14.5	ng/mL	6.0 - 20.0

Testosterone, Total, Serum

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Testosterone (total) CLIA	52.0 0.56	ng/dL	

Ref Range :
Reference range Testosterone - Male

Premature (26-28weeks): 59.0 – 125.0 ng/dL
 Premature (31-35weeks): 37.0 – 198.0 ng/dL
 Newborn – 7 Months: 75.0 – 400.0 ng/dL
 7 – 9 Years: 0.0 – 9.0 ng/dL
 9 – 11 Years: 2.0 – 57.0 ng/dL
 11 – 13 Years: 7.0 – 747.0 ng/dL
 13 – 15 Years: 33.0 – 585.0 ng/dL
 15 – 17 Years: 185.0 – 886.0 ng/dL
 17 – 20 Years: 400.0 – 1080.0 ng/dL
 20 – 49 Years: 132.0 – 813.0 ng/dL
 49 – 100 Years: 71.0 – 623.0 ng/dL

Reference range Testosterone - Female

Premature (26-28weeks): 5.0 – 16.0 ng/dL
 Premature (31-35weeks): 5.0 – 22.0 ng/dL
 Newborn – 7 Months: 20.0 – 64.0 ng/dL
 7 – 9 Years: 0.0 – 15.0 ng/dL
 9 – 11 Years: 2.0 – 42.0 ng/dL
 11 – 13 Years: 6.0 – 64.0 ng/dL
 13 – 15 Years: 9.0 – 49.0 ng/dL
 15 – 17 Years: 8.0 – 63.0 ng/dL
 17 – 20 Years: 11.0 – 59.0 ng/dL
 20 – 60 Years: 10.0 – 90.0 ng/dL
 Post-Menopausal: 6.0 – 25.0 ng/dL

Tanner Stages*-Male

Tanner Stage I: < 20.0 ng/dL
 Tanner Stage II: 2.0 – 149.0 ng/dL
 Tanner Stage III: 7.0 – 762.0 ng/dL
 Tanner Stage IV: 164.0 – 854.0 ng/dL
 Tanner Stage V: 194.0 – 783.0 ng/dL

Tanner Stages*- Female

Tanner Stage I: < 17.0 ng/dL
 Tanner Stage II: 4.0 – 39.0 ng/dL
 Tanner Stage III: 10.0 – 60.0 ng/dL
 Tanner Stage IV: 8.0 – 63.0 ng/dL
 Tanner Stage V: 10.0 – 60.0 ng/dL

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Biplob Kumar Biswas, MD
 Attending Consultant - Biochemistry



Dr. Anjali, Ph.D.
 Consultant - Biochemistry

Test Performed at : 8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 31 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Serology
Wellwise Premium - Female


Test Name	Result	Unit	Bio Ref Interval
HCV IgG Antibody (Hepatitis C Virus)*, Serum			
HCV, IgG CLIA	Non Reactive		
HCV,IgG Test Value	0.080	S/CO	< 0.90

Comment

0.00-0.89 Non Reactive
 0.90-0.99 Borderline
 > 1.00 Reactive

Testing for anti HCV antibody was done by VITROS Immunodiagnostic System. It uses an immunometric technique for the qualitative detection of antibodies to Hepatitis C virus (anti-HCV). It is a screening test. A non-reactive result does not exclude exposure to or infection with HCV. For diagnostic purposes it should be correlated with patient's history and other hepatitis markers for diagnosis of acute or chronic infection. False reactivity may occur due to unrelated antibodies. Repeatedly reactive anti-HCV specimen should be investigated further by recommended supplemental tests (RIBA/PCR). In case of Reactive test result we advise to consult gastroenterologist for further evaluation and clinical correlation. For the role of supplementary investigations in reactive sample of HCV please refer to 1. CDC guidelines for laboratory testing and result reporting of antibody to HCV. MMWR Recomm Rep 2003; 52:1-13.2. Establishing a S/CO ratio for lab-diagnosis of HCV in Indian context. AJTS 2015;9(2):185-8

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Arghyadeep Malik
 Consultant
 (Department of Transfusion Medicine)

Test Performed at : 8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 32 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

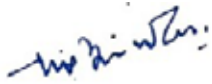
Immunoassay**Wellwise Premium - Female**

SIN No: B2B7652658

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

Date	03/Jun/2025	12/Apr/25	Unit	Bio Ref Interval
	06:45AM	06:34AM		
25 Hydroxy, Vitamin D	17.6	14.46	ng/mL	30 - 100
CLIA				

Kindly correlate with clinical findings

***** End Of Report *******Dr. Biplob Kumar Biswas, MD**
Attending Consultant - Biochemistry**Dr. Anjali, Ph.D.**
Consultant - Biochemistry

Test Performed at : 8141 - Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304

Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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

Page 33 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)**Max Super Speciality Hospital, Saket (West Block)**, 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


Lipid Profile, Serum

Date	03/Jun/2025	12/Apr/25	Unit	Bio Ref Interval
	06:45AM	06:34AM		
Cholesterol Enzymatic CHE/CHO/POD	199	184	mg/dL	0.0 - 200
HDL Cholesterol Enzymatic CHE/CHO/POD	48.3	47	mg/dL	50 - 75
LDL Cholesterol Direct Homogenous	122	121	mg/dL	0.0 - 100
Triglyceride Enzymatic (GPO-POD)	178.0	133.0	mg/dL	0.0 - 150.0
VLDL Cholesterol Calculated	35.6	26.6	mg/dL	0.0 - 28.0
Total Cholesterol/HDL Ratio Calculated	4.1	3.9		0.0 - 4.0
Non-HDL Cholesterol	150.70	137.00		
HDL/LDL	0.40	0.39		

Reference range for HDL-Cholesterol:-

Female: Low 50 mg/dL
High \geq 75 mg/dL
Male: Low 40 mg/dL
High \geq 60 mg/dL

Reference range for LDL -Cholesterol:-

DESIRABLE : 100
OPTIMAL: 100 – 129
BORDERLINE HIGH: 130 – 159
HIGH : 160 - 189
VERY HIGH : >190

Reference range for Total Cholesterol:-Normal : 150

Border line : 150 - 199
High : 200 - 499
Very High : >500

Test Performed at : 8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 34 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Female


Liver Function Test (LFT), Serum

Date	03/Jun/2025 12/Apr/25	Unit	Bio Ref Interval
	06:45AM 06:34AM		
Total Protein Biuret Method	7.38 7.80	g/dL	6.30 - 8.20
Albumin BCG Binding	4.4 4.3	g/dL	3.5 - 5.0
Globulin Calculated	3.0 3.5	g/dL	2.40 - 3.50
A.G. ratio Calculated	1.5 1.2	g/dL	0.9 - 2.0
Bilirubin (Total) Azobilirubin/Dyphylline	0.30 0.54	mg/dL	0.2 - 1.3
Bilirubin (Direct)	0.03 0.09		
Bilirubin (Indirect) Colorimetric(Dual- Wavelength/Calculated)	0.27 0.45	mg/dL	0.0 - 1.1
SGOT- Aspartate Transaminase (AST) Kinetic with P5P	24.3 18	U/L	14.0 - 36.0
SGPT- Alanine Transaminase (ALT) Kinetic Rate using LDH/NADH	15.9 7	U/L	4.0 - 35.0
AST/ALT Ratio	1.53 2.57		
Alkaline Phosphatase Kinetic with pNNP/ AMP Buffer	65.3 54	U/L	38 - 126
GGTP (Gamma GT), Serum Multi Point Kinetic	16.9 21.0	U/L	12.0 - 43.0

Kindly correlate with clinical findings

*** End Of Report ***


Dr. Biplob Kumar Biswas, MD
Attending Consultant - Biochemistry


Dr. Anjali, Ph.D.
Consultant - Biochemistry

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 35 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(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/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Immunoassay
Wellwise Premium - Female

Thyroid Profile (Free T3, Free T4 & TSH), Serum

Date	03/Jun/2025	12/Apr/25	Unit	Bio Ref Interval
	06:45AM	06:34AM		
Free Triiodothyronine (FT3) CLIA	4.87	3.77	pg/mL	2.32 - 6.09
Free Thyroxine (FT4) CLIA	1.11	0.71	ng/dL	0.79 - 2.35
Thyroid Stimulating Hormone CLIA	3.215	2.56	mIU/L	0.40 - 4.05

Kindly correlate with clinical findings

*** End Of Report ***


Dr. Biplob Kumar Biswas, MD
 Attending Consultant - Biochemistry


Dr. Anjali, Ph.D.
 Consultant - Biochemistry

Test Performed at :8141 -Dept of Lab Med. Max Super Speciality Hosp, Noida (Unit of JHCL) Sec 128, Noida, U.P. 201304
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 36 of 36

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
 (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.