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NAME	**: Mrs. ISHA**		
AGE/ GENDER	: 35 YRS/FEMALE	**PATIENT ID**	: 1628273
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409280049**
REFERRED BY	: SHARMA HOSPITAL	**REGISTRATION DATE**	: 28/Sep/2024 02:55 PM
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	**9.3^{L}**	**gm/dL**	**12.0 - 16.0**
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	3.68	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**28.8^{L}**	**%**	**37.0 - 50.0**
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**78.4^{L}**	**fL**	**80.0 - 100.0**
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**25.1^{L}**	**pg**	**27.0 - 34.0**
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	32.1	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**16.5^{H}**	**%**	**11.00 - 16.00**
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	48.1	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	21.3	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	34.91	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	7890	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) *by AUTOMATED 6 PART HEMATOLOGY ANALYZER*	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	NIL	%	< 10 %
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	66	%	50 - 70

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Test Name	Value	Unit	Biological Reference interval
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	24	%	20 - 40
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	5	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	5	%	2 - 12
BASOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	5207	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	1894	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	394	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	394	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	209000	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	0.27	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) ***by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE***	**13^{H}**	**fL**	**6.50 - 12.0**
PLATELET LARGE CELL COUNT (P-LCC) ***by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE***	**101000^{H}**	**/cmm**	**30000 - 90000**
PLATELET LARGE CELL RATIO (P-LCR) ***by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE***	**48.6^{H}**	**%**	**11.0 - 45.0**
PLATELET DISTRIBUTION WIDTH (PDW) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	16.1	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	99.61	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prnadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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ENDOCRINOLOGY

DUAL MARKER MATERNAL SCREENING

Test Name	Value	Unit	Biological Reference interval
DUAL MARKER TEST			
PATEINT SPECIFICATIONS			
DATE OF BIRTH	16-11-1989		
MATERNAL AGE	35.39	YEARS	
WEIGHT	50	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	ABSENT		
H/O SMOKING	ABSENT		
H/O INSULIN DEPENDANT DIABETES	ABSENT		
H/O TRISOMY 21 SCREENING	ABSENT		
ULTRA SOUND SCAN DETAILS			
DATE OF ULTRASOUND *by ULTRASOUND SCAN*	28-09-2024		
METHOD FOR GESTATION AGE ESTIMATION *by ULTRASOUND SCAN*	ULTRASOUND SCAN DETAILS		
FOETUS (NOS) *by ULTRASOUND SCAN*	1		
GA ON THE DAY OF SAMPLE COLLECTION *by ULTRASOUND SCAN*	12.4	WEEKS	
CROWN RUMP LENGTH (CRL) *by ULTRASOUND SCAN*	62	mm	38 - 84
GESTATIONAL AGE BY CRL *by ULTRASOUND SCAN*	12.4		
NUCHAL TRANSLUCENCY (NT) *by ULTRASOUND SCAN*	1.84	mm	0.1 - 6.0
NUCHAL TRANSLUCENCY (NT) MOM *by ULTRASOUND SCAN*	1.15		
DUAL MARKER - BIOCHEMICAL MARKERS			
PREGNANCY ASSOCIATED PLASMA	4295.554	mIU/L	

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Test Name	Value	Unit	Biological Reference interval
PROTEIN A (PAPP-A) *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*			
BETA HCG - FREE: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	17.181	ng/mL	
MULTIPLE OF MEDIAN (MOM) VALUES			
PAPP-A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.74		
BETA HCG - FREE MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.31		
TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT			
TRISOMY 21 SCREENING RISK RESULT *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:393 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:150
TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:150
TRISOMY 18 SCREENING RISK ASSESSMENT			
TRISOMY 18 AGE RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		
TRISOMY 13/18 SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:300

INTERPRETATION:

1.Double marker test (maternal serum screen – first trimester) is a prenatal test to screen for Trisomy 21 (down's syndrome) and Trisomy 13/18 during gestational period 8 – 13 weeks.

2.Besides the biochemical markers tested – maternal pregnancy associated plasma protein a (papp-a) & maternal free beta hcg , the risk is calculated combining usg measurement of nuchat translucency (nt), gestational age at the time of sample with other maternal factors as age, weight, h/o diabetes, smoking, race, twin pregnancies, use of assissted reproductive technologies (IVF).

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Test Name	Value	Unit	Biological Reference interval

NOTE:

1.This is only screening test based purely on statistical analysis which is further based on the data submitted; hence the correctness of data is vital for risk analysis.

2.A negative screen indicates a lower probability of having a baby with trisomy 21 ,trisomy 18 and neural tube defects, but does not completely exclude the possibility.

3.A positive screen on the contrary only indicates a higher probability of having a baby with trisomy 21, trisomy 18 and neural tube defects, and needs confirmation by cytogenetic studies and/or level ii scan.

4.The detection rate by this test is about 60%, with 5% false positive rate when assesment is done for only biochemical parameters and increase to 85 % with 5% false positive rate when both biochemical parameters and nt are combined for analysis.

5.Correlation with patient history, family history and detailed USG scan is required to decide further course of action in cases who have high risk statistically calculated by this test.

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.02	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
HEPATITIS C ANTIBODY (HCV) TOTAL RESULT *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	NON - REACTIVE		

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
> =1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

USES:

1. Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
2. Routine screening of low and high prevelance population including blood donors.

NOTE:

1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
2. False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.
3. *HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.*

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Test Name	Value	Unit	Biological Reference interval

ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.1	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
HIV 1/2 AND P24 ANTIGEN RESULT *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	NON - REACTIVE		

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE
> = 1.00	PROVISIONALLY REACTIVE

Non-Reactive result implies that antibodies to HIV 1/ 2 have not been detected in the sample . This menas that patient has either not been exposed to HIV 1/ 2 infection or the sample has been tested during the “window phase” i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/ 2.

RECOMMENDATIONS:

1. Results to be clinically correlated
2. Rarely falsenegativity/positivity may occur.

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Test Name	Value	Unit	Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): SERUM	0.01	S/CO	NEGATIVE: < 1.0 POSITIVE: > 1.0
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
HEPATITIS B SURFACE ANTIGEN (HBsAg) RESULT	NON REACTIVE		
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

INTERPRETATION:

RESULT IN INDEX VALUE	REMARKS
< 1.30	NEGATIVE (-ve)
>=1.30	POSITIVE (+ve)

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

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Test Name	Value	Unit	Biological Reference interval

VDRL

VDRL *by IMMUNOCHROMATOGRAPHY*	NON REACTIVE		NON REACTIVE

INTERPRETATION:

1.Does not become positive until 7 - 10 days after appearance ofchancre.
2.***High titer (>1:16) - active disease.***
3.***Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphillis.***
4.Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.
5.Rising titer (4X) indicates relapse,reinfection, or treatment failure and need for retreatment.
6.May benonreactive in early primary, late latent, and late syphillis (approx. 25% ofcases).
7.Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest).

SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:

1.Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
2.M. pneumoniae; Chlamydia; Malaria infection.
3.Some immunizations
4.Pregnancy (rare)

LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:

1.Serious underlying disease e.g., collagen vascular diseases, leprosy ,malignancy.
2.Intravenous drug users.
3.Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
4.<l0 % of patients older thanage 70 years.
5.Patients taking some anti-hypertensive drugs.

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

Test Name	Value	Unit	Biological Reference interval
PHYSICAL EXAMINATION			
QUANTITY RECIEVED *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	10	ml	
COLOUR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	PALE YELLOW		PALE YELLOW
TRANSPARANCY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	CLEAR		CLEAR
SPECIFIC GRAVITY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	1.02		1.002 - 1.030
CHEMICAL EXAMINATION			
REACTION *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	ACIDIC		
PROTEIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
SUGAR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
pH *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	6		5.0 - 7.5
BILIRUBIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
NITRITE *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.*	Negative		NEGATIVE (-ve)
UROBILINOGEN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Normal	EU/dL	0.2 - 1.0
KETONE BODIES *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
BLOOD *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
ASCORBIC ACID *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
MICROSCOPIC EXAMINATION			

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DR.YUGAM CHOPRA
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Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mrs. ISHA**		
AGE/ GENDER	: 35 YRS/FEMALE	**PATIENT ID**	: 1628273
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409280049**
REFERRED BY	: SHARMA HOSPITAL	**REGISTRATION DATE**	: 28/Sep/2024 02:55 PM
BARCODE NO.	: 01517893	**COLLECTION DATE**	: 28/Sep/2024 02:56PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 28/Sep/2024 03:37PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	1-3	/HPF	0 - 5
EPITHELIAL CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	2-4	/HPF	ABSENT
CRYSTALS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	ABSENT		ABSENT

*** End Of Report ***

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Basic Information

Name:	ISHA	Contact:		Gender:	Female
Weight:	50.00 Kg	Birthdate:	1989-11-16	Age of EDC:	35.39 Year
Race:	Asian	Twins:	No	GA calc method:	CRL Robinson
LMP Day:		Sender:			

Sample information

Send time:	2024-09-29	Sample NO.:	01517893	Scan Date:	2024-09-28
Lab:		Sample Date:	2024-09-28	GA:	12+4
BPD:	-- mm	CRL length:	62.00 mm	NT length:	1.84 mm

Assay

NO.	Item abbr	Result	Unit	MOM	Reference range
1	free-ß-HCG	**17.18**	ng/ml	0.31	
2	PAPP-A	**4295.55**	mIU/L	0.74	
3	NT	**1.84**	mm	1.15	

Risk calculate

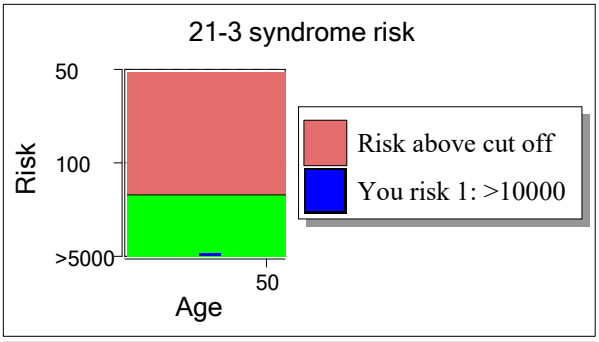
Age risk: 1:393

Parameter: Trisomy21

Risk: 1:23599

Cut Off: (< 1:150)

Screaning Result: Negative

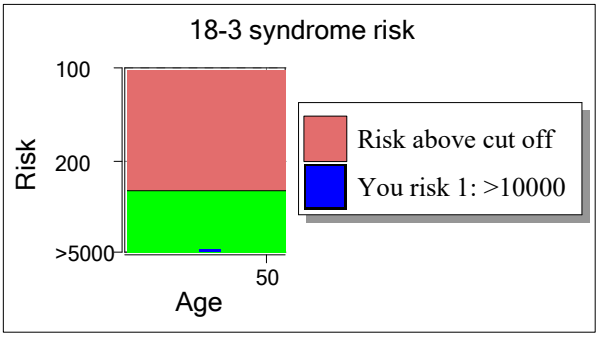


Parameter: Trisomy18/13

Risk: 1:19164

Cut Off: (< 1:300)

Screening Result: Negative



Parameter:	Cut Off:	Screening Result:

Advice: Diagnostic results with less risk

Note: *The basic information on the basis of Down's risk assessment in this report is provided at the time of your onsite. When you get this report , please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feedback us the correct information and documents, then obtain the correct report.

*The high risk and borderline risk of trisomy 21 or trisomy 18 requires further interventional prenatal diagnosis (from fetuses such as villus, amniotic fluid, cord blood, etc.); high risk of neural tube defect (NTD), please go to ultrasound prenatal diagnosis qualified hospitals use ultrasound to exclude.

*The risk of NTD is only calculated at 14-22 weeks.

*The screening result with low risk only shows that the chance of this kind of congenital abnormality in your fetus is less , and the possibility of this kind of abnormality or other abnormalities cannot be completely ruled out. Please consult a doctor in time after you get the report, and the doctor will follow your Risks and other conditions (whether you are older than 35 years old, whether you have had more than one child with other deformities, or have other diseases such as tumors) are comprehensively considered to suggest whether you need to take further examination to confirm the diagnosis.

****This report only can be reference and assistant for doctor , cannot directly give conclusion by this ****

Doctor:

Checked by :

Print date: 2024-09-29 13:08:08