



	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		MD	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE.	: Mr. GOURAV JAIN : 39 YRS/MALE : : : 01522792 : KOS DIAGNOSTIC LAB		PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1616620 : 012412210055 : 21/Dec/2024 04:58 PM : 21/Dec/2024 04:59PM : 21/Dec/2024 05:28PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB.				
Test Name		Value	Unit	Biological Reference interval	
		HAEMA	ATOLOGY		
	COMP		DOD COUNT (CBC)		
RED BLOOD CELL	S (RBCS) COUNT AND INDICES		, , ,		
HAEMOGLOBIN (H	B)	12.5	gm/dL	12.0 - 17.0	
by CALORIMETRIC RED BLOOD CELL (by HYDRO DYNAMIC F	(RBC) COUNT FOCUSING, ELECTRICAL IMPEDENCE	4.88	Millions/	cmm 3.50 - 5.00	
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER		39.6^L	%	40.0 - 54.0	
MEAN CORPUSCULAR VOLUME (MCV)		81	fL	80.0 - 100.0	
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER		25.5 ^L	pg	27.0 - 34.0	
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by calculated by automated hematology analyzer		31.5 ^L	g/dL	32.0 - 36.0	
RED CELL DISTRIBUTION WIDTH (RDW-CV)		14.8	%	11.00 - 16.00	
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER		44.9	fL	35.0 - 56.0	
MENTZERS INDEX by CALCULATED		16.6	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0	
GREEN & KING INDEX by Calculated WHITE BLOOD CELLS (WBCS)		24.46	RATIO	BETA THALASSEMIA TRAIT:< 65.0 IRON DEFICIENCY ANEMIA: > 65.0	
		9400	/cmm	4000 - 11000	
TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			/ chini		
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 %	





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





Dr. Yugam Chopra

MD (Pathology)

Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Mr. GOURAV JAIN AGE/ GENDER : 39 YRS/MALE **PATIENT ID** :1616620 **COLLECTED BY** REG. NO./LAB NO. :012412210055 **REFERRED BY REGISTRATION DATE** : 21/Dec/2024 04:58 PM **BARCODE NO.** :01522792 **COLLECTION DATE** : 21/Dec/2024 04:59PM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** :21/Dec/2024 05:28PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval DIFFERENTIAL LEUCOCYTE COUNT (DLC) NEUTROPHILS** 54% 50 - 70 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES 37 % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY EOSINOPHILS 3 % 1 - 6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY MONOCYTES 6 % 2 - 12by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY BASOPHILS 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY **ABSOLUTE LEUKOCYTES (WBC) COUNT** ABSOLUTE NEUTROPHIL COUNT 5076 2000 - 7500 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 3478 800 - 4900 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 282 /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 564 /cmm 80 - 880 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE BASOPHIL COUNT 0 /cmm 0 - 110 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. PLATELET COUNT (PLT) 150000 - 450000 447000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0.37^H PLATELETCRIT (PCT) % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE MEAN PLATELET VOLUME (MPV) fL 8 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 30000 - 90000 PLATELET LARGE CELL COUNT (P-LCC) 65000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % PLATELET LARGE CELL RATIO (P-LCR) 14.511.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) 15.0 - 17.0 15.7% by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

Dr. Vinay Chopra

MD (Pathology & Microbiology)



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NAME	: Mr. GOURAV JAIN		
AGE/ GENDER	: 39 YRS/MALE	PATIENT ID	: 1616620
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REFERRED BY	:	REGISTRATION DATE	: 21/Dec/2024 04:58 PM
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CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 21/Dec/2024 05:28PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	VTT	
Test Name	Value	Unit	Biological Reference interval



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANT		. 217 Dec/ 2024 00.101 M					
	. 0040/1, MonoLSon Rond, Mulhala on V							
Test Name	Value	Unit	Biological Reference interval					
IMMUNOPATHOLOGY/SEROLOGY								
	IMMUN	NOGLOBIN IgE						
IMMUNOGLOBIN-E by CLIA (CHEMILUMINE INTERPRETATION: COMMENTS:	(IgE): SERUM 1090.52 SCENCE IMMUNOASSAY)	2H IU/mL	0.00 - 100.00					
 exposure to allergens. 2. Total IgE is represents the sum of all the specific IgE, which inturn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them. 3. Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves. 4. Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details. 5. In adults, Total IgE values between 100 to 1000 Ul/ml may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic. 6. Specific IgE results obtained with the different methods vary significantly, hence followup testing to be performed using one laboratory only. 7. The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized. 8. A normal level of IgE in serum does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement. INCREASED: 1. Atopic/Non Atopic Allergy 2. Parasitic Infection. 3. IgE Myeloma 4. Allergic bronchopulmonary aspergillosis. 5. The rare hyper IgE syndrome. 6. Immunodeficiency States and Autoimmune states USES: 1. Evaluation of children with strong family history of allergic respiratory disease to establish the diagnosis and define the allergens of the optimal defines of children and adults suspected of having allergic respiratory diseas								
3. To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease								
4. To evaluate sensitivity to insect venom allergens particularly as an aid in defining venom specificity in those cases in which skin tests are equivocal								
5.To confirm the presence of IgE antibodies to certain occupational allergens *** End Of Report ***								
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