

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



EXPERIENCE PATIENT ID : 1706353 LIECTED BY : REG. NO./LAB NO. : 012412230019 FERRED BY : REGISTRATION DATE : 23/Dec/2024 11:37 AM RCODE NO. : 01522885 COLLECTION DATE : 23/Dec/2024 11:43AM RCODE NO. : 01522885 COLLECTION DATE : 23/Dec/2024 01:149AM RENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT :: 101111111111111111111111111111111111	MD (Pathology) Chairman & Consultant Pathologist MD (Pathology) CEO & Consultant Pathologist CEO & Consultant Pathologist CEO & Consultant Pathologist CEO & Consultant Pathologist CEO & Consultant Pathologist GE/ GENDER : 34 YRS/FEMALE PATIENT ID : 1706353 SOLLECTED BY : REG. NO./LAB NO. : 012412230019 EEFERRED BY : REGISTRATION DATE : 23/Dec/2024 11:37 AM AGRODE NO. : 01522885 COLLECTION DATE : 23/Dec/2024 11:43AM LIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Dec/2024 01:14PM LIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT E TUMOUR MARKER CANCER ANTIGEN (CA) -125; SERUM 25.7 U/ml. 0.0 - 35.0 www.worksorw 25.7 U/ml. 0.0 - 35.0 Ancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelonic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). . :supcontinut and and and antigen normally expressed in tissues derived from coelonic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). . :supcontinutant exportexported in individuals with a variety of nonovarian mal	J 9001 : 2008 CERT	IFIED LAD		EXCELLENCE IN HEALTHCARE		
E GENDER 34 YRS/FEMALE PATIENT ID 1706353 LIECTED BY :	GEV GENDEE: HAVENTION HOUSENED GEV GENDEE: HAVENTION HOUSENED GULECTED BY REG. NO./LAB NO. HOUSENED HEFERRED BY REGISTRATION DATE HOUSENED HEFERRED BY REGISTRATION DATE HOUSENED HARCODE NO. HOUSENED HOUSENED LIENT ADDRESS HOUSENED HOUSENED LIENT ADDRESS HOUSENED HOUSENED REGNAME Value Unit Biological Reference interval CONCERT ANTIGEN 125 (CA 125): OVARIAN CANCER MARKEE CANCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 by COMA (CHEMILLININESCENCE MICROPARTICLE MUMINASSAVI MUMINASSAVI CANCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 by COMA (CHEMILLININESCENCE MICROPARTICLE MUMINASSAVI MUMINASSAVI CANCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 Secure antigen a		MD (Patho	logy & Microbiology)	MD	(Pathology)	
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FERRED BY :: REGISTRATION DATE :: 23/Dec/2024 11:37 AM RCODE NO. :: 01522885 COLLECTION DATE :: 23/Dec/2024 11:43AM RENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 23/Dec/2024 01:14PM IENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT ::: 30/Dec/2024 01:14PM St Name Value Unit Biological Reference interval ITUMOUR MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER NOCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 COM (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 COM (CA) -125 is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, inoneum, fleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated sensitivities are 50% for stage 1 and 90% for stage 1 or greater. Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, inoneum 6A 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic, g. coton, stomach, billary tract, uterine, fallopian tube, breast, and endometrial carcinoma. MICHNEL Valua usuges to grossive malignant tisease	EFFERED BY E. SIZADEC/2024 11:37 AM EARCODE NO. :01522885 COLLECTION DATE :23/Dec/2024 11:43AM ELENT CODE :KOS DIAGNOSTIC LAB REPORTING DATE :23/Dec/2024 01:14PM ELENT ADDRESS :6349/1, NICHOLSON ROAD, AMBALA CANTT Biological Reference interval COLLECTION DATE :23/Dec/2024 01:14PM LIENT ADDRESS :6349/1, NICHOLSON ROAD, AMBALA CANTT CHORE NAME COLCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER CANCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 by CMA (CHEMULUMINESCENCE MIGROPARTICLE MULTODE: CANCER ANTIGEN 125 (SOVARIAN CANCER MARKER CANCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 WIENDER CANCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 STORE ON COLSPANTICLE WIENDER CANCER ANTIGEN 125 (SOVARIAN CANCER MARKER CANCER ANTIGEN 125 (SOVARIAN CANCER MARKER <td colspanting="" opt<="" th="" the="" to=""><th>AGE/ GENDER</th><th>: 34 YRS/FEMALE</th><th>PA</th><th>TIENT ID</th><th>: 1706353</th></td>	<th>AGE/ GENDER</th> <th>: 34 YRS/FEMALE</th> <th>PA</th> <th>TIENT ID</th> <th>: 1706353</th>	AGE/ GENDER	: 34 YRS/FEMALE	PA	TIENT ID	: 1706353
RCODE NO. : : 01522885 COLLECTION DATE : : 23/Dec/2024 11:43AM REPORTING DATE : : 23/Dec/2024 01:14PM REPORTING DATE : : 23/Dec/2024 01:14PM REPORTING DATE : : 23/Dec/2024 01:14PM REPORTING DATE : : : : : : : : : : : : : : : : : : :	ARCODE NO. :: 01522885 CLEATION DATE :: 23/Dec/2024 11:43AM CLEAT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 23/Dec/2024 01:14PM LIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTE TENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTE TENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTE TUMOUR MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER CANCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 by CMM (CHEMILUMINESCENCE MIGROPARRICLE MULHOASSAY) MIERPERTITION Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early lisease stages. The average reported sensitivities are 50% for stage 1 and 90% for stage 1 and greater. Elevated serum CA 125 is elevated in approximately 80% of women with a variety of nonovarian malignancies including cervical, liver, pancreatic ung, colon, stomach, billary tract, uterine, fallopian tube, breast, and endometrial carcinomas. Elevated server of CA 125 is a approximately 10 for ovarian carcinoma . Fvaluating patients' response to cancer therapy, especially for ovarian carcinomas. . Evaluating patients' response to cancer therapy, especially for ovarian carcinomas. . Evaluating patients' response to cancer therapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence - A persistently rising CA 125 is approximately 5 days. . In patients with advanced disease rise likely (>95% accuracy). However, normal levels do not rule-out recurrence - A persistently rising CA 125 is approximately 5 days. . In patients with advanced disease rise survival. . Providing surgery and chemotherapy indicate that residual disease and poor therapeutic response. . Physiologic half-life of CA 125 is approximately 5 days. . In patients with advanc	COLLECTED BY	:	RE	EG. NO./LAB NO.	: 012412230019	
text code :: KOS DIAGNOSTIC LAB REPORTING DATE :: 23/Dec/2024 01:14PM TEXT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT st Name Value Unit Biological Reference interval EXAMPLE CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER NCCR ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 (CHEMILUMINESCENCE MICROPARTICLE MINOASSAY) <u>EXPERIATION</u> : Tancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, itoneum, pleura, pericardium, colon, kidney, stomach). FERENTION: Tancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, itoneum, pleura, pericardium, colon, kidney, stomach). FERENTION: Eaverage reported sensitivities are 50% for stage 1 and 90% for stage 11 or greater. Elevated serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early tasse stages. The average reported sensitivities are 50% for stage 1 and 90% for stage 1 or greater. Elevated serum CA 125 is elevels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic, g, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinoma. "Fulcance: "Valuating patients' response to cancer therapy, especially for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence. Apersistently rising CA 125 is approximately 5 days. n patients with advanced disease who have undergone cyto-reductive surgery and are on chemotherapy, a prolonged half-life (>20 days) may associated with a shortened disease for have undergone cyto-reductive	LIENT CODE KOS DIACNOSTIC LAB REPORTING DATE : 23/Dec/2024 01:14PM LIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Image: Standard Control Contrel Contrented Control Control Contrel Control Control	EFERRED BY	:	RE	GISTRATION DATE	: 23/Dec/2024 11:37 AM	
ENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT st Name Value Unit Biological Reference interval st Name FUMOUR MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER NCER ANTIGEN (CA) -125: SERUM (CHEMILUMINESCENCE MIGROPARTICLE MINOASSAY) 25.7 U/mL 0.0 - 35.0 Immodel CHEMILUMINESCENCE MIGROPARTICLE MINOASSAY) 25.7 U/mL 0.0 - 35.0 Immodel CHEMILUMINESCENCE MIGROPARTICLE MINOASSAY) 25.7 U/mL 0.0 - 35.0 Immodel CHEMILUMINESCENCE MIGROPARTICLE MINOASSAY) 0.0 - 35.0 0.0 - 35.0 Immodel CHEMILUMINESCENCE MIGROPARTICLE MINOASSAY) 25.7 U/mL 0.0 - 35.0 Immodel CHAILUMINESCENCE MIGROPARTICLE MINOASSAY) 25.7 U/mL 0.0 - 35.0 Immodel CHAILUMINESCENCE MIGROPARTICLE MINOASSAY) 25.7 U/mL 0.0 - 35.0 Structure Profest end RIGO TASSA (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, itoneum, pleura, pericardium, colon, kidney, stomach). 35.0 Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early ease stages. The average reported sensitivities are 50% for stage 1 and 90% for stage 1 or greater. 35.0 Ieedeting	LIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Edes Name Value Unit Biological Reference interval EXPLORED LEUNDUR MARKER CANCER ANTIGEN (CA) -125; SERUM 25.7 U/ml 0.0 - 35.0 by CMAI (CHEMILUMINESCENCE MICROPARTICLE) 25.7 U/ml 0.0 - 35.0 MULDIOSANT Concert antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). Other antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early iscases stages. The average reported sensitivities are 50% for stage l and 90% for stage l or greater. Elevated serum CA 125 is levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic ing, colon, stomach, billary tract, uterine, fallopian tube, breast, and endometrial carcinomas. Elevated serum CA 125 is levels have been reported sease stage and 90% for stage l or greater. Elevated serum CA 125 is elevated with a specifally for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after elevations with advanced epithelian duce cerver, normal levels do not rule-out recurrence esocitated with a shortened disease free survival.	ARCODE NO.	: 01522885	CO	LLECTION DATE	: 23/Dec/2024 11:43AM	
st Name Value Unit Biological Reference interval TUMOUR MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER NCER ANTIGEN (CA) -125: SERUM 25.7 U/mL 0.0 - 35.0 COMM (CHEMILLIMINESCENCE MICROPARTICLE MURDASSAY CERPTION: Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, itoneum, pleura, pericardium, colon, kidney, stomach). CERPTION: Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, itoneum, pleura, pericardium, colon, kidney, stomach). Cerement CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic, g. colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinoma. NIFCANCE: Valuating patients' response to cancer therapy, especially for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, levations of cancer antigen 125 (CA 125) >35 U/mL after Duking supervisimetely 6 days. npatients with advanced disease-free survival. OU	Test Name Value Unit Biological Reference interval Interval Cancer Antrice 125 (CA 125): OVARIAN CANCER MARKER CANCER ANTIGEN (CA) -125: SERUM by CMA (CHEMLUMINESCENCE MICROPARTICLE MUNICASSAY) 25.7 U/mL 0.0 - 35.0 Cancer Antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early iscase stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic ing, colon, stomach, billary tract, uterine, fallopian tube, breast, and endometrial carcinomas. INPRICENCE: Valuating patients' response to cancer therapy, especially for ovarian carcinoma .Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after e-bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence - A persistently risin	LIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 23/Dec/2024 01:14PM	
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CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER NCER ANTIGEN (CA) -125: SERUM (CHEMILUMINESCENCE MICROPARTICLE NUNDASSAY) TEPRETATION: Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, itoneum, pieura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early ease stages. The average reported sensitivities are 50% for stage I and 90% for stage I or greater. Clevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic, g, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinomas. NIFICANCE: 'Valuating patients' response to cancer therapy, especially for ovarian carcinoma 'redicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence. A persistently rising CA 125 value suggests progressive malignant disease and poor therapeutic response. "hysiologic half-life of CA 125 is approximately 5 days. n patients with advanced disease who have undergone cyto-reductive surgery and are on chemotherapy, a prolonged half-life (>20 days) may associated with a shortened disease free survival. TE CA 125 levels. Hence this assay, regardless of level, sho	CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER CANCER ANTIGEN (CA) -125: SERUM by CMIA (CHEMILUMINESCENCE MICROPARTICLE WINVOASSAY) OTHER COLSPANSION	ſest Name		Value	Unit	Biological Reference interval	
 TERRETATION: Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, itoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early ease stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic, g. colon, stomach, billary tract, uterine, fallopian tube, breast, and endometrial carcinomas. NIFICANCE: Valuating patients' response to cancer therapy, especially for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor.In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence. A persistently rising CA 125 value suggests progressive malignant disease and poor therapeutic response. Physiologic half-life of CA 125 is approximately 5 days. n patients with advanced disease who have undergone cyto-reductive surgery and are on chemotherapy, a prolonged half-life (>20 days) may associated with a shortened disease-free survival. TE: CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant ease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures It is not recommended to this test for the initial diagnosis of ovarian cancer. TE: CA 125 levels have been reported in individuals with a variety of nonmalignant conditions	 <u>VIERPRETATION:</u> Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early isease stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic ing, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinomas. IGNIFICANCE: Evaluating patients' response to cancer therapy, especially for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after e-bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence e-bulking surgery and chemotherapy indicate that residual disease and poor therapeutic response. Physiologic half-life of CA 125 is approximately 5 days. In patients with advanced disease who have undergone cyto-reductive surgery and are on chemotherapy, a prolonged half-life (>20 days) may e associated with a shortened disease-free survival. CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant isease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures It is not recommended to se this test for the initial diagnosis of ovarian cancer. CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or ab	by CMIA (CHEMILUMIN		23.1	07 IIIL	0.0 - 33.0	
iortea.		INTERPRETATION: 1. Cancer antigen 12 beritoneum, pleura, 2. Serum CA 125 is e disease stages. The a 3. Elevated serum C/ ung, colon, stomach SIGNIFICANCE: 1. Evaluating patient 2. Predicting recurrent de-bulking surgery and 3. A persistently rising 4. Physiologic half-lift 5. In patients with action be associated with a NOTE: 1. CA 125 levels. Here disease. The assay var- use this test for the in- 2. Falsely Elevated se endometriosis, first tr	pericardium, colon, kidney, levated in approximately 8 verage reported sensitivitie A 125 levels have been reported biliary tract, uterine, fallo s' response to cancer thera nt ovarian cancer or intra-p nd chemotherapy indicate of CA 125 value suggests pr fe of CA 125 is approximate vanced disease who have u shortened disease-free sur- tive this assay, regardless of I lue should be used in conjur- itial diagnosis of ovarian can- rum CA 125 levels have beer	stomach). 0% of women with advances are 50% for stage I and 0 orted in individuals with a opian tube, breast, and end apy, especially for ovarian peritoneal tumor. In monito that residual disease is like ogressive malignant disea ely 5 days. undergone cyto-reductive s rvival. level, should not be interpre- nction with findings from cli- ncer.	ted epithelial ovarian ca 20% for stage II or great variety of nonovarian r dometrial carcinomas. carcinoma ring studies, elevations ely (>95% accuracy). Ho se and poor therapeuti surgery and are on chen ted as absolute evidenc nical evaluation and oth th a variety of nonmaligi	ancer, but assay sensitivity is suboptimal in earl er. nalignancies including cervical, liver, pancreation of cancer antigen 125 (CA 125) >35 U/mL after wever, normal levels do not rule-out recurrence c response. notherapy, a prolonged half-life (>20 days) may e for the presence or absence of malignant er diagnostic procedures It is not recommended to mant conditions including: cirrhosis, hepatitis,	

KOS Diagnostic Lab (A Unit of KOS Healthcare)





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com

