NAME	**: Mr. S.B TIWARI**		
AGE/ GENDER	: 68 YRS/MALE	**PATIENT ID**	: 1769420
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012502250022**
REFERRED BY	:	**REGISTRATION DATE**	: 25/Feb/2025 10:07 AM
BARCODE NO.	: 01526116	**COLLECTION DATE**	: 25/Feb/2025 10:10AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 25/Feb/2025 11:26AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

TUMOUR MARKER

ALPHA FETO PROTEIN (AFP): TUMOR MARKER

ALPHA FETO PROTEIN (AFP) TUMOUR MARKER: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	3.66	IU/mL	SMOKERS: < 8.00 NON SMOKERS: < 8.00 HEPATO CELLULAR CARCINOMA:100.0->350.0

INTERPRETATION:

1. Alpha-fetoprotein (AFP) is a glycoprotein that is produced in early fetal life by the liver, GIT & yolk sac and by a variety of tumors including hepatocellular carcinoma, hepatoblastoma, and nonseminomatous germ cell tumors of the ovary and testis (eg, yolk sac and embryonal carcinoma). Most studies report elevated AFP concentrations in approximately 70% of patients with hepatocellular carcinoma. Elevated AFP concentrations are found in 50% to 70% of patients with non seminomatous testicular tumors.
2. It is a major component of fetal plasma, reaching a peak concentration of 3mg/mL at 12 weeks of gestation. Following birth, it clears from circulation, falling to 100 ng/ mL by 150 days and reaching adult values by end of 1 year.
3. AFP is elevated during pregnancy. Persistence of AFP in the mother following birth is a rare hereditary condition.
3. Neonates have markedly elevated AFP levels (>100,000 ng/mL) that rapidly fall to below 100 ng/mL by 150 days and gradually return to normal over their first year.
4. Concentrations of AFP above the reference range also have been found in serum of patients with benign liver disease (eg, viral hepatitis, cirrhosis), gastrointestinal tract tumors and, along with carcinoembryonic antigen in ataxia telangiectasia.

CAUTION:

1. It is not recommended to use this assay for the initial diagnosis of the above mentioned malignancies.
2. It is best used for monitoring of therapy and to look for relapse of malignancies that have been surgically excised or cleared with chemo/radiotherapy.
3. Failure of the AFP value to return to normal by approximately 1 month after surgery suggests the presence of residual tumor.
4. Elevation of AFP after remission suggests tumor recurrence; however, tumors originally producing AFP may recur without an increase in AFP.

NOTE:

A difference of > 20% between two measurements is considered to be medically significant. The assay is used only as an adjunct to diagnosis and monitoring/ diagnosis should be confirmed by other tests/procedures.

*** End Of Report ***

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