

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

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<b>NAME</b>	: Mr. GURMAIL SINGH	<b>PATIENT ID</b>	: 1799578
<b>AGE/ GENDER</b>	: 50 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012503200046
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 20/Mar/2025 04:53 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 20/Mar/2025 04:57PM
<b>BARCODE NO.</b>	: 01527457	<b>REPORTING DATE</b>	: 21/Mar/2025 12:35PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**CLINICAL CHEMISTRY/BIOCHEMISTRY**  
**ALCOHOL/ETHANOL (ETHYL ALCOHOL): SERUM**

ALCOHOL (ETHANOL): SERUM < 0.05 g/L < 0.8

by SPECTROPHOTOMETRY, ALCOHOL DEHYDROGENASE UV

**INTERPRETATION:**

ALCOHOL/ETHANOL	UNITS	REMARKS
< 0.10	g/L	NEGATIVE
0.10 – 0.50	g/L	SUBCLINICAL: Strong indicator of use of alcohol containing beverages.
0.50 – 1.20	g/L	MILD EUPHORIA: Slowed reflexes, diminution of attention, judgement and control
1.20 – 2.50	g/L	DEPRESSION OF CNS: Reduced visual acuity and increased reaction time
2.50 – 4.0	g/L	DEPRESSION OF CNS: Muscular incoordination and decreased response to stimuli
> 4.0	g/L	POTENTIALLY LETHAL: Impairment of circulation and respiration, possible death.

**NOTE:** RESULT TO BE CORRELATED CLINICALLY

**USES:**

1. Detection of ethanol (alcohol) in blood to confirm prior consumption or administration of alcohol.
2. Quantification of ethanol concentration in blood correlates directly with degree of intoxication
3. Diagnosis of Chronic Alcoholism- such individuals will require higher levels than indicated above to achieve various states of intoxication.

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



  
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