



		Chopra y & Microbiology) Consultant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
NAME	: Mrs. MONICA GARG			
AGE/ GENDER	: 32 YRS/FEMALE	PATI	ENT ID	: 1595045
COLLECTED BY	:	REG. J	NO./LAB NO.	: 042408290001
REFERRED BY	:	REGIS	STRATION DATE	: 29/Aug/2024 10:53 AM
BARCODE NO.	: A0465358	COLL	ECTION DATE	: 29/Aug/2024 03:15PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBA	AD REPO	RTING DATE	: 29/Aug/2024 03:31PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
ANEMIA (DECRESED H 1) Loss of blood (traur 2) Nutritional deficien 3) Bone marrow proble 4) Suppression by red 5) Kidney failure 6) Abnormal hemoglo POLYCYTHEMIA (INCRE 1) People in higher alt 2) Smoking (Secondary 3) Dehydration produc 4) Advanced lung disea	natic injury, surgery, bleedin cy (iron, vitamin B12, folate) ems (replacement of bone ma blood cell synthesis by chem bin structure (sickle cell aner EASED HAEMOGLOBIN): titudes (Physiological)	g, colon cancer or stomach arrow by cancer) notherapy drugs mia or thalassemia). pin due to increased haemo		
7) Abuse of the drug e chemically raising the	one marrow known as polycyt rythropoetin (Epogen) by ath production of red blood cell ED ON EDTA WHOLE BLOOD	letes for blood doping purp	ooses (increasing the	e amount of oxygen available to the body by

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD





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

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



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



NAME :: Mrs. MONICA GARG AGE/ GENDER :: 32 YBS/FEMALE PATIENT ID :: 1595045 COLLECTED BY :: REG. NO./LAB NO. :: 042408290001 REFERERED BY :: REG. NO./LAB NO. :: 04240829001 BARCODE NO. COLLECTION DATE :: 29/Aug/2024 10:53 AM CLIENT CODE COLLECTION DATE :: 29/Aug/2024 04:33 PM CLIENT ADDRESS :: 29/Aug/2024 04:33 PM CLIENT ADDRESS EDIODE :: 80349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY FERRITIN FERRITIN FERRITIN PERPENTIONE Setum ferritin ange pass to be in equilibrium with tissue ferritin and is a good indicator of storage into no hepatocollular diseases, malignancies and inflammatory diseases, serum ferritin is an acute phase reactant. In such disorder is inder diseases, serum ferritin is an acute phase reactant. In such disorder is inder diseases are more phase reactant. In such disorder is inder diseases are more main serum ferritin are likely to respond to iron therapy. <td colsp<="" th=""><th colspan="8">Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist</th></td>	<th colspan="8">Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist</th>	Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist									
COLLECTED BY :: REG. NO./LAB NO. : 0.42408290001 REFERRED BY :: REGISTRATION DATE :: 29/Aug/2024 10:53 AM BARCODE NO. :: A04653357 COLLECTION DATE :: 29/Aug/2024 03:15PM CLIENT CODE :: KOS DIAGNOSTIC SHAHBAD REPORTING DATE :: 29/Aug/2024 04:33PM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT :: :: Test Name Value Unit Biological Reference interval CLIENT ADDRESS ::: : :: :: :: ::	NAME	: Mrs. MONICA GARG									
REFEREED BY I::::::::::::::::::::::::::::::::::::	AGE/ GENDER	: 32 YRS/FEMALE		PATIENT ID	: 1595045						
BARCODE NO. : A0465357 COLLECTION DATE : 29/Aug/2024 03:15PM CLIENT CODE. : K0S DIAGNOSTIC SHAHBAD REPORTING DATE : 29/Aug/2024 04:33PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Image: State of the state	COLLECTED BY	:		REG. NO./LAB NO.	: 042408290001						
BARCODE NO. : 0.0465357 COLLECTION DATE : 29/Aug/2024 03:15PM CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD REPORTING DATE : 29/Aug/2024 04:33PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Image: State of the stat	REFERRED BY	:		REGISTRATION DATE	: 29/Aug/2024 10:53 AM						
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference Interval CLINICAL CHEMISTRY/BIOCHEMISTRY CLINICAL CHEMISTRY/BIOCHEMISTRY FERRITIN FERRITIN Biological Reference Interval Micro Colspan="2">Biological Reference Interval CLINICAL CHEMISTRY/BIOCHEMISTRY FERRITIN Biological Reference Interval Micro Colspan="2">Biological Reference Interval Biological Reference Interval Biological Reference Interval Clinical Chemistry/BioChEMISTRY Biological Reference Interval Biological Reference Interval Biological Reference Interval Clinical Chemistry/BioChEMISTRY Biological Reference Interval Biological Reference Interval Biological Reference Interval Distribution Colspan="2">Biological Reference Interval Biological Reference Interval Distribution Colspan="2">Biological Biological Biological Reference Interval <th>BARCODE NO.</th> <th>: A0465357</th> <th></th> <th>COLLECTION DATE</th> <th><u> </u></th> <th></th>	BARCODE NO.	: A0465357		COLLECTION DATE	<u> </u>						
Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY FERRITIN FERRITIN FERRITIN: SERUM by CLA (CHEMILUMINESCENCE IMMUNOASSAY) MITERPRETATION: Serum Ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders from deficiency anemin may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin concentrations. 1. Iron depletion appears to be the only condition associated with reduced serum ferritin concentrations. . 2. Hypothyproidism. . 3. Vitamin-C deficiency. INCREASED FERRITIN DUE TO IRON OVERLOAD (PRIMARY): 1. Hemochromatosis or hemosiderosis. 3. Witson Overload 2. Excess dietary Iron 3. Porphyrio Cutanea tada 4. Ineffective erythropoiesis. INCREASED FERRITIN UDU TO IRON OVERLOAD (SECONDARY): 1. Liver disorders (INASH) or viral hepatitis (B/C). 1. Liver disorders (INASH) or viral hepatitis (B/C). 1. Liver disorders (INASH) or viral hepatitis (B/C). 1. Liver disorders in which increases probably reflect the escape of ferritin from damaged liver cells, impaired clearance from the plasma, synthesis of territin by tumour cells. 6. Accord excess. 6. Other malignancies in which increases probably reflect the escape of ferritin from damaged liver cells, impaired clearance from the plasma, synthesis of territin by	CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		REPORTING DATE	<u> </u>						
CLINICAL CHEMISTRY/BIOCHEMISTRY FERRITIN FERRIT	CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBA	LA CANTT	•							
CLINICAL CHEMISTRY/BIOCHEMISTRY FERRITIN FERRIT	Test Name		Value	Unit	Biological Reference interval						
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FERRITIN: SERUM 91.13 ng/mL 4.63 - 204.0 by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) DETUREMENTITION Berum Ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders in on deficiency anemia may exist with a normal serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia. 0.1 nd epiletion appears to be the only condition associated with reduced serum ferritin concentrations. 1. hypothyroidism. 3. Vitamin- C deficiency. INCREASED FERRITIN DUE TO IRON OVERLOAD (PRIMARY): 1. hemochyroidism. 3. Vitamin-C deficiency. INCREASED FERRITIN DUE TO IRON OVERLOAD (SECONDARY): 1. hemochyroidism. 3. Nergin Control (Refinance) 3. Norgin Control (Refinance) 3. Norgin Control (Refinance) 4. heffective erythropoiesis. 3. Norgin Control (Refinance) 3. Norgin Control (Refinance) 4. heffective erythropoiesis in which increases probably reflect the escape of ferritin for damaged liver cells, impaired clearance from the plasma, synthesis of ferritin is a acute phase reactant) bot		OLINIOAL									
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INTERPRETATION: Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders in patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy. DECREASED: 1. Iron depletion appears to be the only condition associated with reduced serum ferritin concentrations. 2. Hypothyroidism. 3. Vitamin-C deficiency. INCREASED FERRITIN DUE TO IRON OVERLOAD (PRIMARY): 1. Hemochromatosis or hemosiderosis. 2. Wilson Disease. INCREASED FERRITIN DUE TO IRON OVERLOAD (SECONDARY): 1. Transfusion overload 2. Excess dietary iron 3. Porphyria Cutanea tada 4. Ineffective erythropolesis. INCREASED FERRITIN WITHOUT IRON OVERLOAD: 1. Liver disorders (NASH) or viral hepatitis (B/C). 2. Inflammatory conditions (Ferritin is a acute phase reactant) both acute and chronic. 3. Leukaemia, hodgkin's disease. 4. Alcohol excess. 5. Other malignancies in which increases probably reflect the escape of ferritin from damaged liver cells, impaired clearance from the plasma, synthesis of ferritin is an acute pha			91.13	ng/mL	4.63 - 204.0						

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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

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 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

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