PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

🔽 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

	: Mrs. SUMAN GUPTA				
AGE/ GENDER	: 36 YRS/FEMALE : : : 12503949 : P.K.R JAIN HEALTHCARE INSTITUTE : NASIRPUR, HISSAR ROAD, AMBALA CITY - HA		PATIENT ID	: 1207419	
COLLECTED BY			REG. NO./LAB NO.	: 122408020008 : 02/Aug/2024 10:52 AM : 02/Aug/2024 10:56AM : 02/Aug/2024 01:11PM	
REFERRED BY			REGISTRATION DATE COLLECTION DATE		
BARCODE NO.					
CLIENT CODE.			REPORTING DATE		
CLIENT ADDRESS					
LIENI ADDRESS	: NASIRPUR, HISSAR ROAD, AMB	ALA UITT - H	ARIANA		
Test Name		Value	Unit	Biological Ret	erence interval
		ENDO	CRINOLOGY		
	THYRO		CRINOLOGY ATING HORMONE (TSH))	
	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA	ID STIMUL 0.541		0.35 - 5.50	
by CMIA (CHEMILUMIN	NG HORMONE (TSH): SERUM escent microparticle immunoassa rasensittive	ID STIMUL 0.541	ATING HORMONE (TSH) µIU/mL	0.35 - 5.50	
by CMIA (CHEMILUMIN Brd GENERATION, ULT	NG HORMONE (TSH): SERUM escent microparticle immunoassa rasensitive AGE	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.35 - 5.50 (μlU/mL)	
by CMIA (CHEMILUMIN Brd GENERATION, ULT INTERPRETATION:	NG HORMONE (TSH): SERUM escent microparticle immunoassa rasensitive AGE 0 – 5 days	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.70 – 15.20	0.35 - 5.50 (µlU/mL)	
by CMIA (CHEMILUMIN Brd GENERATION, ULT INTERPRETATION:	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL <u>REFFERENCE RANGE (</u> 0.70 – 15.20 0.70 – 11.00	0.35 - 5.50 (µlU/mL)	
by CMIA (CHEMILUMIN Brd GENERATION, ULT INTERPRETATION:	NG HORMONE (TSH): SERUM escent microparticle immunoassa rasensitive AGE 0 – 5 days	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.70 – 15.20 0.70 – 11.00 0.70 – 8.40	0.35 - 5.50 (µlU/mL)	
by CMIA (CHEMILUMIN Brd GENERATION, ULT INTERPRETATION:	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL <u>REFFERENCE RANGE (</u> 0.70 – 15.20 0.70 – 11.00	0.35 - 5.50 (µlU/mL)	
by CMIA (CHEMILUMIN Brd GENERATION, ULT INTERPRETATION:	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00	0.35 - 5.50	
by CMIA (CHEMILUMIN Brd GENERATION, ULT) INTERPRETATION:	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50	0.35 - 5.50	
by CMIA (CHEMILUMIN Brd GENERATION, ULT) INTERPRETATION:	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	ID STIMUL 0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50	
by CMIA (CHEMILUMIN Brd GENERATION, ULT) INTERPRETATION:	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults) F 1st Trimester	0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.70 – 15.20 0.70 – 11.00 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50 0.10 - 3.00	0.35 - 5.50	
by CMIA (CHEMILUMIN Brd GENERATION, ULT) INTERPRETATION:	NG HORMONE (TSH): SERUM ESCENT MICROPARTICLE IMMUNOASSA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	0.541	ATING HORMONE (TSH) μIU/mL REFFERENCE RANGE (0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50	

1. Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.

2. Hypothyroid patients receiving insufficient thyroid replacement therapy.

3. Hashimotos thyroiditis.

4.DRUGS: Amphetamines, lodine containing agents and dopamine antagonist.

5. Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

1. Toxic multi-nodular goitre & Thyroiditis.

2. Over replacement of thyroid harmone in treatment of hypothyroidism.

3.Autonomously functioning Thyroid adenoma

4.Secondary pituatary or hypothalmic hypothyroidism

5. Acute psychiatric illness

6.Severe dehydration.



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

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

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600, REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)



: Mrs. SUMAN GUPTA			
: 36 YRS/FEMALE	PATIENT ID	: 1207419	
:	REG. NO./LAB NO.	: 122408020008	
:	REGISTRATION DATE	: 02/Aug/2024 10:52 AM	
: 12503949	COLLECTION DATE	: 02/Aug/2024 10:56AM	
: P.K.R JAIN HEALTHCARE INSTITUTE	REPORTING DATE	:02/Aug/202401:11PM	
	: 36 YRS/FEMALE : : : 12503949	: 36 YRS/FEMALEPATIENT ID:REG. NO./LAB NO.:REGISTRATION DATE: 12503949COLLECTION DATE	: 36 YRS/FEMALE PATIENT ID : 1207419 : REG. NO./LAB NO. : 122408020008 : REGISTRATION DATE : 02/Aug/2024 10:52 AM : 12503949 COLLECTION DATE : 02/Aug/2024 10:56AM

PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE © 0171-2532620, 8222896961 ⊠ pkrjainhealthcare@gmail.com

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

 Test Name
 Value
 Unit
 Biological Reference interval

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis. 8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. 2.Autoimmune disorders may produce spurious results.



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

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

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600, REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)



PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

AGE' GENDER :: St YRS/TEMALE : PATIENT ID :: 127419 COLLECTED BY :: REG. NO./LAB NO. :: 12240802000 REFEREND BY :: L2503949 . COLLECTION DATE :: 02/Aug/2024 10.56AM CALENT ODE :: P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE :: 02/Aug/2024 04.21PM CALENT ODE :: P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE :: 02/Aug/2024 04.21PM CALENT ODE :: NASIRPUR. HISSAR ROAD. AMBALA CITY - HARYANE Test Name Value Unit Biological Reference interva IMMUNOPATHOLOGY/SEROLOGY RHEUMATOID FACTOR (RA): CUANTITATIVE - SERUM RHEUMATOID (RA) FACTOR OUANTITATIVE :: 13.53 IU/mL NEGATIVE :: 18.0 SCRUM DENTROPHENDER TESTER OF THE OUT OF THE OU	NAME	: Mrs. SUMAN GUPTA				
REFEREND BY :: REGISTRATION DATE ::02/Aug/2024 10:52 AM BARCODE NO. ::12503949 COLLECTION DATE ::02/Aug/2024 10:56AM CLIENT CODE ::P.K.R.IAIN HEALTHCARE INSTITUTE REPORTING DATE ::02/Aug/2024 04:21PM CLIENT ADDRESS :NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Biological Reference interva IMMUNOPATHOLOGY/SEROLOGY RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM Biological Reference interva SERUM ::::::::::::::::::::::::::::::::::::	AGE/ GENDER	: 36 YRS/FEMALE	РАТ	TENT ID	: 1207419	
BARCODE NO. 12503949 COLLECTION DATE 122/Aug/2024 10:56AM CLIENT CODE. 1. P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE 102/Aug/2024 04:21PM CLIENT ADDRESS 1. NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Biological Reference interva INMUNOPATHOLOGY/SEROLOGY RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM Biological Reference interva RHEUMATOID FACTOR QUANTITATIVE: 13.53 IU/mL NEGATIVE: < 18.0 SERUM BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 POSITIVE: > 25.0 INTERPERTATION: RHEUMATOID FACTOR (RA): BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 INTERPERTATION: RHEUMATOID FACTOR (RA): DORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 INTERPERTATION: RHEUMATOID FACTOR (RA): DORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 INTERPERTATION: RHEUMATOID FACTOR (RA): DORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 INTERPERTATION: RHEUMATOID FACTOR (RA): RECENT AND	COLLECTED BY	:	REG	. NO./LAB NO.	: 122408020008	
CLIENT CODE : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 02/Aug/2024 04:21PM CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Test Name Value Unit Biological Reference interva IMMUNOPATHOLOGY/SEROLOGY RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM Biological Reference interva BORDERLINE: 13.53 IU/mL NEGATIVE: < 18.0 BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 SERUM BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 POSITIVE: > 25.0 INTERPERTATION: NEEMLOMETRY DOSITIVE: > 25.0 NEEMLOMETRY DOSITIVE: > 25.0 POSITIVE: > 25.0 .0.Ver 75% of patients with rheumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. 1. Rheumatoid factoring Markers support Markers support Markers support Markers support and prognosis of rheumatoid arthritis.	REFERRED BY	:	REG	ISTRATION DATE	: 02/Aug/2024 10:52 AM	
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Test Name Value Unit Biological Reference interva IMMUNOPATHOLOGY/SEROLOGY RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM SetUM BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0 by NEPHLOMETRY DOSITIVE: > 25.0 POSITIVE: > 25.0 NITERPRETATION:: NHEUMATOID FACTOR (RA): . Negative and games and the sease active protein (CRP) are normal in about 60 % of patients with neumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. . 3. Inflammatory Markers such as ESR & C-Reactive protein (CRP) are normal in about 60 % of patients with positive RA. . 4. The titer of RF correlates poorly with disease activity, but those patients with high titers tend to have more severe disease course. . 5. The test is useful for diagnosis and prognosis of rheumatoid arthritis. . RHEUMATOD ARTHRITIS: . . 1. Rowardoid Arthritis Is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation on membrane lining (synovium) Joints which ledas to progressive joint destruction and in mosit cases to disability and reduction of quality liffe 2.	BARCODE NO.	: 12503949	COL	LECTION DATE	: 02/Aug/2024 10:56AM	
Test Name Value Unit Biological Reference interva IMMUNOPATHOLOGY/SEROLOGY REPLIVATOID FACTOR (RA): QUANTITATIVE - SERUM REPLIVATOID FACTOR (RA): QUANTITATIVE - SERUM SERUM NEGATIVE: < 18.0 BORDBELINE: 18.0 - 25.0 POSITIVE: > 25.0	CLIENT CODE.	: P.K.R JAIN HEALTHCARE IN	ISTITUTE Rep	ORTING DATE	:02/Aug/202404:21PM	
IMMUNOPATHOLOGY/SEROLOGY IMMUNOPATHOLOGY/SEROLOGY RELUMATOID FACTOR (RA): QUANTITATIVE - SERUM RELUMATOID FACTOR QUANTITATIVE: 13.53 SERUM by REPHLOMETRY NOTERPETATION: NOTERPETATION: A methodies that are directed against the Fc fragment of IgG altered in its tertiary structure. 2. Over 75% of patients with rhematoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. A. The titler of RF correlates poorly with disease activity, but those patients with high titlers tend to have more severe disease course. 5. The test is useful for diagnosis and prognosis of rheumatoid arthritis. RHEUMATOID ARTHIRITIS 1. Rheumatoid Arthritis: A mediagnosis of RA is primarily based on clinical, radiological & limmunological features. The most frequent serological test is the measurement of RA factor. 2. No networking of RA is primarily based on clinical, radiological & limmunological features. The most frequent serological test is the measurement of RA factor. Anticutor (RA): 1. Rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic inflammation on measurement of	CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, A	AMBALA CITY - HARYAI	NA		
RHEUMATOID FACTOR (RA): QUANTIATIVE - SERUM RHEUMATOID (RA) FACTOR QUANTITATIVE: 13.53 IU/mL NEGATIVE: < 18.0 SERUM BORDERLINE: 18.0 - 25.0 by NEPHLOMETRY DOSITIVE: > 25.0 INTERPETATION:- RHEUMATOID FACTOR (RA): 1. Rheumatoid factors (RF) are antibodies that are directed against the Fc fragment of IgG altered in its tertiary structure. 2. Over 75% of patients with rheumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. 3. Inflammatory Markers such as ESR & C-Reactive protein (CRP) are normal in about 60 % of patients with positive RA. A. The titer of RF correlates poorly with disease activity, but those patients with high titers tend to have more severe disease course. 5. The test is useful for diagnosts and prognosis of rheumatoid arthritis. RHEUMATOD ARTINETS: A redisease spredas from small to large joints, with greatest damage in early phase. 2. The diagnostis of RA) populations are not clearly gararte with regard to the presence of rheumatoid factor (RP) (15) A redisease spredas from small to large joints, with greatest damage in early phase. CAUTION (ALSE POSTIVE): <td colsp<="" th=""><th>Test Name</th><th></th><th>Value</th><th>Unit</th><th>Biological Reference interval</th></td>	<th>Test Name</th> <th></th> <th>Value</th> <th>Unit</th> <th>Biological Reference interval</th>	Test Name		Value	Unit	Biological Reference interval
RHEUMATOID (RA) FACTOR QUANTITATIVE: 13.53 IU/mL NEGATIVE: < 18.0		И	/IMUNOPATHOLC	GY/SEROLOGY		
SERUM BORDERLINE: 18.0 - 25.0 by NEPHLOMETRY POSITIVE: > 25.0 INTERPETATION:- Relumatoid factors (RF) are antibodies that are directed against the Fc fragment of IgG altered in its tertiary structure. 2. Over 75% of patients with rheumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical useful although it may not be etiologically related to RA. 3. Inflammatory Markers such as ESR & C-Reactive protein (CRP) are normal in about 60 % of patients with positive RA. 4. The titer of RF correlates poorly with disease activity, but those patients with high titers tend to have more severe disease course. 5. The test is useful for diagnosis and prognosis of rheumatoid arthritis. RHEUMATOID ARTHIRTIS: 1. Rhe disease spredas from small to large joints, with greatest damage in early phase. 3. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor. CAUTON (FALSE POSTIVE): 1. RA factor is not specific for Rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic infeator. 2. Non rheumatoid arthritis, therculosis, syphilis, viral hepatitis, infectious mononucleosis, and influenza. 3. Patients have a nonreactive titer and 8% of nonrheumatoid patients have a positive titer). 3. Patients have a nonreactive titer and 8% of nonrheumatoid patients have a positive titer).		RHEUMA	TOID FACTOR (RA):	QUANTITATIVE - S	SERUM	
 NTERPRETATION:- RHEUMATOID FACTOR (RA): I. Rheumatoid factors (RF) are antibodies that are directed against the Fc fragment of IgG altered in its tertiary structure. 2. Over 75% of patients with rheumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostical seful although it may not be etiologically related to RA. I. The titter of RF correlates poorly with disease activity, but those patients with high titers tend to have more severe disease course. The test is useful for diagnosis and prognosis of rheumatoid arthritis. RHEUMATOID ARTHIRTIS: I. Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of membrane lining (synovium) joints which ledas to progressive joint destruction and in most cases to disability and reduction of quality life The disease spredas from small to large joints, with greatest damage in early phase. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor. CAUTION (FALSE POSITUP): A A factor. CAUTION (FALSE POSITUP): A Patients have a norreactive titer and 8% of nonrheumatoid patients have a positive titer. A Patients have a norreactive titer and 8% of northeumatoid patients infectious mononucleosis, and influenza. A Patients have a norreactive titer and 8% of northeumatoid patients infectious mononucleosis, and influenza. A Patients have a norreactive titer and 8% of northeumatoid patients infectious mononucleosis, and influenza. A Patients	SERUM	ACTOR QUANTITATIVE:	13.53	IU/mL	BORDERLINE: 18.0 - 25.0	
	membrane lining (sy 2. The disease spreda 3. The diagnosis of R measurement of RA fa CAUTION (FALSE POS 1. RA factor is not spe 2. Non rheumatoid ar RA patients have a no 3. Patients have a no 3. Patients with variou lupus erythematosus, 4. Anti-CCP have beer specific (98%) than RA 5. Upto 30 % of patiel	novium) joints which ledas to p as from small to large joints, wi A is primarily based on clinical, actor. TIVE: - cific for Rheumatoid arthiritis, as d rheumatoid arthiritis (RA) popu preactive titer and 8% of nonrhe us nonrheumatoid diseases, chara polymyositis, tuberculosis, syphi discovered in joints of patients A factor. hts with Seronegative Rheumato tive value of Anti-CCP antibodies	progressive joint destruct th greatest damage in e radiological & immuno s it is often present in he ulations are not clearly so eumatoid patients have a acterized by chronic infla ilis, viral hepatitis, infect with RA, but not in other id arthiritis also show Ar for Rheumatoid Arthiriti	ction and in most case arly phase. alogical features. The n althy individuals with o eparate with regard to a positive titer). mmation may have pos ious mononucleosis, an form of joint disease. A nti-CCP antibodies. is is far greater than Rh	es to disability and reduction of quality life. nost frequent serological test is the ther autoimmune diseases and chronic infection the presence of rheumatoid factor (RF) (15% of sitive tests for RF. These diseases include systen anti-CCP2 is HIGHLY SENSITIVE (71%) & more	



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT



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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

NOT VALID FOR MEDICO LEGAL PURPOSE

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. **REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)**

