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

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mrs. GURMIT KAUR			
AGE/ GENDER	: 40 YRS/FEMALE	PATIENT ID		: 1701211
COLLECTED BY	:	REG. NO./LAB	NO.	: 122412170006
REFERRED BY	:	REGISTRATIO	N DATE	: 17/Dec/2024 09:07 AM
BARCODE NO.	: 12506182	COLLECTION I	DATE	: 17/Dec/2024 09:13AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUT	TE <b>REPORTING D</b>	ATE	: 17/Dec/2024 09:44AM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA	A CITY - HARYANA		
Test Name		Value	Unit	<b>Biological Reference interval</b>
		HAEMATOLOGY		
	I	HAEMOGLOBIN (HB)		
HAEMOGLOBIN (H	B)	7 <sup>L</sup>	gm/dL	12.0 - 16.0
by CALORIMETRIC INTERPRETATION:-				
Hemoglobin is the pr		arries oxygen from the lung	gs to the bo	odys tissues and returns carbon dioxide from t
tissues back to the lu	ings. vel is referred to as ANEMIA or low red l	blood count		
ANEMIA (DECRESED	HAEMOGLOBIN):			
1) Loss of blood (trau	umatic injury, surgery, bleeding, colon ( ncy (iron, vitamin B12, folate)	cancer or stomach ulcer)		
3) Bone marrow prob	plems (replacement of bone marrow by	cancer)		
<ul><li>a) Bone marrow prob</li><li>b) Suppression by red</li></ul>	d blood cell synthesis by chemotherapy	cancer) y drugs		
3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle	d blood cell synthesis by chemotherapy obin structure (sickle cell anemia or th	y drugs		
3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogl POLYCYTHEMIA (INCF	d blood cell synthesis by chemotherapy obin structure (sickle cell anemia or th REASED HAEMOGLOBIN):	y drugs		
3) Bone marrow prob 4) Suppression by red 5) Kidney failure 6) Abnormal hemogla <b>POLYCYTHEMIA (INCF</b> 1) People in higher a	d blood cell synthesis by chemotherapy obin structure (sickle cell anemia or th <b>REASED HAEMOGLOBIN):</b> Iltitudes (Physiological)	y drugs		
<ol> <li>Bone marrow prob</li> <li>Suppression by red</li> <li>Sudney failure</li> <li>Abnormal hemogle</li> <li>Abnormal hemogle</li> <li>POLYCYTHEMIA (INCF</li> <li>People in higher a</li> <li>Smoking (Seconda</li> <li>Dehydration produ</li> </ol>	d blood cell synthesis by chemotherapy obin structure (sickle cell anemia or th <b>REASED HAEMOGLOBIN):</b> Iltitudes (Physiological) ry Polycythemia) uces a falsely rise in hemoglobin due to	y drugs alassemia).	ration	
<ol> <li>Bone marrow prob</li> <li>Suppression by red</li> <li>Suppression by red</li> <li>Kidney failure</li> <li>Abnormal hemogle</li> <li>POLYCYTHEMIA (INCF</li> <li>People in higher a</li> <li>Smoking (Seconda</li> <li>Dehydration produ</li> <li>Advanced lung dise</li> </ol>	d blood cell synthesis by chemotherapy obin structure (sickle cell anemia or th <b>REASED HAEMOGLOBIN):</b> Ititudes (Physiological) ry Polycythemia)	y drugs alassemia).	ation	
<ol> <li>Bone marrow prob</li> <li>Suppression by red</li> <li>Suppression by red</li> <li>Kidney failure</li> <li>Abnormal hemogle</li> <li>POLYCYTHEMIA (INCF</li> <li>People in higher a</li> <li>Smoking (Seconda</li> <li>Dehydration produ</li> <li>Advanced lung disd</li> <li>Certain tumors</li> <li>A disorder of the b</li> </ol>	d blood cell synthesis by chemotherapy obin structure (sickle cell anemia or th <b>REASED HAEMOGLOBIN):</b> Iltitudes (Physiological) ry Polycythemia) uces a falsely rise in hemoglobin due to ease (for example, emphysema) pone marrow known as polycythemia ru	y drugs alassemia). 9 increased haemoconcentr 1bra vera,		amount of oxygen available to the body by

## NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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





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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

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