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

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mrs. ROMIKA JAIN			
AGE/ GENDER	: 46 YRS/FEMALE	PAT	IENT ID	: 1539125
COLLECTED BY	:	REG	. NO./LAB NO.	: 122502060008
REFERRED BY	:	REG	ISTRATION DATE	:06/Feb/2025 10:30 AM
BARCODE NO.	: 12506859	COL	LECTION DATE	:06/Feb/202512:04PM
LIENT CODE.	: P.K.R JAIN HEALTHCARE INST	ITUTE REP	ORTING DATE	:06/Feb/202504:26PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AM	BALA CITY - HARYAN	JA	
Test Name		Value	Unit	Biological Reference interv
Test Name	IMM			
Test Name			GY/SEROLOGY	
		UNOPATHOLO	GY/SEROLOGY	
C-REACTIVE PROTI SERUM by NEPHLOMETRY INTERPRETATION:	EIN (CRP) QUANTITATIVE:	UNOPATHOLO C-REACTIVE PRO 6.64 ^H	GY/SEROLOGY DTEIN (CRP) mg/L	Ϋ́
C-REACTIVE PROTI SERUM <i>by NEPHLOMETRY</i> INTERPRETATION: 1. C-reactive protein	EIN (CRP) QUANTITATIVE:	UNOPATHOLO C-REACTIVE PRO 6.64 ^H acute-phase reactant	GY/SEROLOGY DTEIN (CRP) mg/L s for inflammation.	Ϋ́

rejection, and to monitor these inflammatory processes. 4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.

2. Oral contraceptives may increase CRP levels.



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.)



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CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AM	BALA CITY - H	IARYANA	
Test Name		Value	Unit	Biological Reference interval
	RHEUMATOII) FACTOR	(RA): QUANTITATIVE	- SERUM
RHEUMATOID (RA) SERUM by NEPHLOMETRY) FACTOR QUANTITATIVE:	1.88	IU/mL	NEGATIVE: < 18.0 BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0
2. Over 75% of patier useful although it ma 3. Inflammatory Marl	nts with rheumatoid arthritis (RA) y not be etiologically related to RA kers such as ESR & C-Reactive prot	have ăn IgM a A. ein (CRP) are	normal in about 60 % of patie	ulin. This autoantibody (RF) is diagnostically ents with positive RA.
 Over 75% of patier useful although it ma Inflammatory Marl The titer of RF corr The test is useful f RHEUMATOID ARTHIR Rheumatoid Arthir membrane lining (syn The disease spreda The diagnosis of RA measurement of RA fa CAUTION (FALSE POS 1. RA factor is not spe Non rheumatoid an the RA patients have a no Patients with variou Jupus erythematosus, Anti-CCP have been 	nts with rheumatoid arthritis (RA) by not be etiologically related to RA kers such as ESR & C-Reactive prot relates poorly with disease activity, for diagnosis and prognosis of rheu ITIS: "itis is a systemic autoimmune dise novium) joints which ledas to prop as from small to large joints, with of A is primarily based on clinical, ra actor. TIVE): - wific for Rheumatoid arthiritis, as it for rheumatoid arthritis (RA) populat onreactive titer and 8% of nonrheum us nonrheumatoid diseases, characte polymyositis, tuberculosis, syphilis, a discovered in joints of patients wit	have an IgM a A. ein (CRP) are , but those pa umatoid arthr ease that is m greasive joint greatest dama diological & ir is often preser tions are not ci- hatoid patients erized by chror viral hepatitis	Intibody to IgG immunoglobut normal in about 60 % of patie tients with high titers tend to itis. ulti-functional in origin and i destruction and in most case ige in early phase. Inmunological features. The n the healthy individuals with o learly separate with regard to a have a positive titer). ic inflammation may have posi- i, infectious mononucleosis, an	ulin. This autoantibody (RF) is diagnostically ents with positive RA. have more severe disease course. s characterized by chronic inflammation of t is to disability and reduction of quality life. nost frequent serological test is the ther autoimmune diseases and chronic infectio the presence of rheumatoid factor (RF) (15% of sitive tests for RF. These diseases include system
 Over 75% of patier useful although it ma Inflammatory Marl The titer of RF corr The test is useful f RHEUMATOID ARTHIR Rheumatoid Arthir membrane lining (syr The disease spreda The diagnosis of R, measurement of RA fa CAUTION (FALSE POS RA factor is not spe Non rheumatoid an RA patients have a no Patients with variou lupus erythematosus, Anti-CCP have been specific (98%) than RA Upto 30 % of patier 	nts with rheumatoid arthritis (RA) by not be etiologically related to RA kers such as ESR & C-Reactive prot relates poorly with disease activity, for diagnosis and prognosis of rheu ITIS: "itis is a systemic autoimmune dise novium) joints which ledas to prop as from small to large joints, with of A is primarily based on clinical, ra actor. TIVE): - wific for Rheumatoid arthiritis, as it for rheumatoid arthritis (RA) populat onreactive titer and 8% of nonrheum us nonrheumatoid diseases, characte polymyositis, tuberculosis, syphilis, a discovered in joints of patients wit	have an IgM a A. ein (CRP) are but those pa umatoid arthr ease that is m greatest dama diological & ir is often preser tions are not co hatoid patients erized by chror viral hepatitis h RA, but not i arthiritis also s	Intibody to IgG immunoglobu normal in about 60 % of patie tients with high titers tend to itis. ulti-functional in origin and i destruction and in most case ige in early phase. nmunological features. The n the in healthy individuals with o learly separate with regard to the a positive titer). in infammation may have point in other form of joint disease. A how Anti-CCP antibodies.	ulin. This autoantibody (RF) is diagnostically ents with positive RA. have more severe disease course. s characterized by chronic inflammation of the sto 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 system of influenza. inti-CCP2 is HIGHLY SENSITIVE (71%) & more





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NOT VALID FOR MEDICO LEGAL PURPOSE

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