

Registered Office:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg.No. SAPALAPVLHT (Covid -19) Ph:- 040-40125441, Email:- info@sagepathlabs.com Website:- www.sagepathlabs.com

REPORT -

	REPU	RI - medshe. mm.sugept	1111db3.com
Name	: Mrs. B SHRAVANTHI	Sample ID	: 24753437
Age/Gender	: 34 Years/Female	Reg. No	: 0312311010036
Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Nov-2023 01:06 PM
Primary Sample	: Whole Blood	Received On	: 01-Nov-2023 04:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Nov-2023 04:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY SURGICAL PROFILE-II

Units

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

Sample Tested In : Whole Blood ED Client Address : Kimtee colony

> Blood Grouping (A B O) Rh Typing

O Positive

Results

Tube Agglutination Tube Agglutination

Method

Laboratory is NABL Accredited

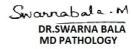
Excellence In Health Care

Ref. Range









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\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Nov-2023 01:06 PM
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Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Nov-2023 04:35 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY					
SURGICAL PROFILE-II					
Test Name	Results	Units	Ref. Range	Method	
Complete Blood Picture(CBP)					
Haemoglobin (Hb)	11.5	g/dL	12-15	Cynmeth Method	
Haematocrit (HCT)	36.4	%	40-50	Calculated	
RBC Count	4.76	10^12/L	4.5-5.5	Cell Impedence	
MCV	76	fl	81-101	Calculated	
MCH	24.1	pg	27-32	Calculated	
МСНС	31.6	g/dL	32.5-34.5	Calculated	
RDW-CV	14.5	%	11.6-14.0	Calculated	
Platelet Count (PLT)	523	10^9/L	150-410	Cell Impedance	
Total WBC Count	8.0	10^9/L	4.0-10.0	Impedance	
Differential Leucocyte Count (DC)					
Neutrophils	70	%	40-70	Cell Impedence	
Lymphocytes	23	%	20-40	Cell Impedence	
Monocytes	04	%	2-10	Microscopy	
Eosinophils	03	%	1-6	Microscopy	
Basophils	0	%	1-2	Microscopy	
Absolute Neutrophils Count	5.6	10^9/L	2.0-7.0	Impedence	
Absolute Lymphocyte Count	1.84	10^9/L	1.0-3.0	Impedence	
Absolute Monocyte Count	0.32	10^9/L	0.2-1.0	Calculated	
Absolute Eosinophils Count	0.24	10^9/L	0.02-0.5	Calculated	
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated	
Morphology	Normocytic	normochromic	with Thrombocytosis	PAPs Staining	







Swarnabala.M DR.SWARNA BALA MD PATHOLOGY

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REPORT

	: Mrs. B SHRA	VANTHI		Sai	mple ID	: 24753439, 24753440
e/Gender	: 34 Years/Fe	emale		Re	g. No	: 0312311010036
ferred by	: Dr. RADHIK	A REDDY		SP	P Code	: SPL-CV-172
-	stomer : V CARE ME	DICAL DIAGNOSTICS		Со	llected On	: 01-Nov-2023 01:06 PM
imary Sam				Re	ceived On	: 01-Nov-2023 04:00 PM
mple Test		(R). Serum		Re	ported On	: 01-Nov-2023 06:30 PM
ent Addre		ny ,Gokul Nagar,Tarr	naka		port Status	Final Report
		CLINICA	AL BIOC	HEMIST	RY	
		SURG		ROFILE-I	I	
est Name		Results	Units	Re	ef. Range	Method
ilucose Ra	ndom (RBS)	89	mg/dL	70	0-140	Hexokinase (HK)
	of Plasma Glucose based on A					
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)		HbA1c(%)	RBS(mg/dL)	
Prediabetes	100-125	140-199	)	5.7-6.4	NA	
Diabetes	> = 126	> = 200		> = 6.5	>=200(with symptoms)	
• As a rul	dom blood glucose if it is abovele, two-hour glucose samples v		has increase	the normal ra		a, suggests diabetes mellitus. Glutamate dehydrogenase+Calculatior
As a rul     Irea     Interpretation:     Cataboli:     Increase     proteins     An incre	dom blood glucose if it is above le, two-hour glucose samples v sm of proteins and amino acids resu	te 200 mg/dL and the patient trill reach the fasting level or in 14.8 ts in the formation of urea, which trations indicates a pre-renal increa treatment, dehydration or decrea entrations may indicate an obstruc	has increase it will be in t mg/dL t is predominar ease in urea wh used perfusion tive post-renal	the normal ra 12 ntly cleared fro ich may be due of the kidneys.	ange. 2.8-42.8 om the body by the kidne e to a high protein diet, i h as malignancy, nephro	Glutamate dehydrogenase+Calculation
As a rul     Irea     Interpretation:     Cataboli:     Increase     proteins     An incre	dom blood glucose if it is above le, two-hour glucose samples we sm of proteins and amino acids resu d urea with normal creatinine concer after GI haemorrhage, glucocorticoi ase in both urea and creatinine concer ea and increased creatinine may ind	te 200 mg/dL and the patient trill reach the fasting level or in 14.8 ts in the formation of urea, which trations indicates a pre-renal increa treatment, dehydration or decrea entrations may indicate an obstruc	has increase it will be in t mg/dL t is predominar ease in urea wh used perfusion tive post-renal	12 12 12 12 12 12 12 12 12 12 12 12 12 1	ange. 2.8-42.8 om the body by the kidne e to a high protein diet, i h as malignancy, nephro	Glutamate dehydrogenase+Calculation eys. ncreased protein catabolism, reabsorption of blood
<ul> <li>As a rul</li> <li>Irea</li> <li>Increased proteins</li> <li>An incre</li> <li>Al low ur</li> <li>A low ur</li> <li>Creatinine -</li> <li>Interpretation:</li> <li>This test muscles.</li> <li>A higher</li> <li>Renal dis can cause</li> <li>A lower</li> <li>Small sta</li> </ul>	Idom blood glucose if it is above le, two-hour glucose samples ve sum of proteins and amino acids resurd d urea with normal creatinine concer- after GI haemorrhage, glucocorticoi ase in both urea and creatinine concer- a and increased creatinine may ind Serum is done to see how well your kidney r than normal level may be due to eases and insufficiency with decrease e elevated serum creatinine. than normal level may be due to	te 200 mg/dL and the patient trill reach the fasting level or i 14.8 ts in the formation of urea, which trations indicates a pre-renal incre d treatment, dehydration or decrea entrations may indicate an obstruct cate acute tubular necrosis, low pr 0.69 ts are working.Creatinine is a chen t glomerular filtration, urinary tract nass; some complex cases of sever	has increase it will be in t mg/dL mg/dL tis predominar ease in urea wh used perfusion tive post-renal rotein intake, st mg/dL nical waste pro obstruction, rec	the normal ra	ange. 2.8-42.8 Im the body by the kidne e to a high protein diet, i h as malignancy, nephro vere liver disease. .60-1.10 e. Creatine is a chemical n od flow including congest ow serum creatinine leve	Glutamate dehydrogenase+Calculation eys. ncreased protein catabolism, reabsorption of blood lithiasis or prostatism.





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	REPURI	51	
Name	: Mrs. B SHRAVANTHI	Sample ID	: 24753440
Age/Gender	: 34 Years/Female	Reg. No	: 0312311010036
Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Nov-2023 01:06 PM
Primary Sample	: Whole Blood	Received On	: 01-Nov-2023 04:00 PM
Sample Tested In	: Serum	Reported On	: 01-Nov-2023 06:35 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	98.33	ng/dL	70-204	CLIA	
T4 (Thyroxine)	8.5	µg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	1.83	µIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

**Interpretation:** 

• Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.

• Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.

• Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.

• TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.

• The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.











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REPORT -

	KEPUK		
Name	: Mrs. B SHRAVANTHI	Sample ID	: 23802438
Age/Gender	: 34 Years/Female	Reg. No	: 0312311010036
Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Nov-2023 01:06 PM
Primary Sample	:	Received On	: 01-Nov-2023 04:00 PM
Sample Tested In	: Urine	Reported On	: 01-Nov-2023 04:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

DOSE INFOSYSTEMS PVT. LTD.

CLINICAL PATHOLOGY					
	SURGI	CAL PROFIL	.E-II		
Test Name	Results	Units	Ref. Range	Method	
Complete Urine Analysis (CUE)					
Physical Examination					
Colour	Pale Yellow		Straw to light amber		
Appearance	Clear		Clear		
Chemical Examination					
Glucose	Negative		Negative	Strip Reflectance	
Protein	Absent		Negative	Strip Reflectance	
Bilirubin (Bile)	Negative		Negative	Strip Reflectance	
Urobilinogen	Negative		Negative	Ehrlichs reagent	
Ketone Bodies	Negative		Negative	Strip Reflectance	
Specific Gravity	1.025		1.000 - 1.030	Strip Reflectance	
Blood	Negative		Negative	Strip Reflectance	
Reaction (pH)	6.0 XCel		5.0 - 8.5	Reagent strip Reflectance - Double indicator Principle	
Nitrites	Negative		Negative	Strip Reflectance	
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance	
Microscopic Examination (Microscopy)					
PUS(WBC) Cells	02-03	/hpf	00-05	Microscopy	
R.B.C.	Nil	/hpf	Nil	Microscopic	
Epithelial Cells	01-02	/hpf	00-05	Microscopic	
Casts	Absent		Absent	Microscopic	
Crystals	Absent		Absent	Microscopic	
Bacteria	Nil		Nil		
Budding Yeast Cells	Nil		Absent	Microscopy	
Others	-			Microscopic	

Others Comments :

Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections, diabetes, hypertension and drug toxicity.

\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD





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DEDODT -

-	REPORT	website www.sagepatr	liabs.com
Name	: Mrs. B SHRAVANTHI	Sample ID	: 24753440
Age/Gender	: 34 Years/Female	Reg. No	: 0312311010036
Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Nov-2023 01:06 PM
Primary Sample	: Whole Blood	Received On	: 01-Nov-2023 04:00 PM
Sample Tested In	: Serum	Reported On	: 01-Nov-2023 07:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

 IMMUNOLOGY & SEROLOGY

 SURGICAL PROFILE-II

 Test Name
 Results
 Units
 Ref. Range
 Method

 VDRL- Syphilis Antibodies
 Non Reactive
 Non Reactive
 Slide Flocculation

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

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Primary Sample	: Whole Blood	Received On	: 01-Nov-2023 04:00 PM
Sample Tested In	: Serum	Reported On	: 01-Nov-2023 07:18 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

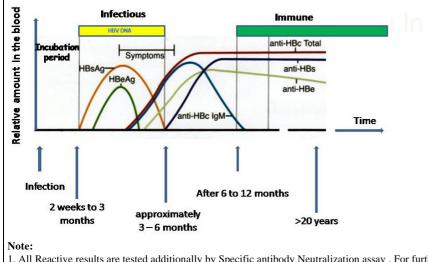
IMMUNOLOGY & SEROLOGY					
SURGICAL PROFILE-II					
Test Name	Results	Units	Ref. Range	Method	
Hepatitis B Surface Antigen (HBsAg)	0.40	S/Co	<1.00 :Negative >1.00 :Positive	ELISA	

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection
  or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not
  exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

HBV antigens and antibodies in the blood

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.



1. All Reactive results are tested additionally by Specific antibody Neutralization assay. For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST

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Sample Tested In	: Serum	Reported On	: 01-Nov-2023 07:21 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

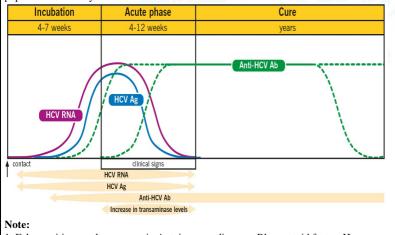
IMMUNOLOGY & SEROLOGY					
SURGICAL PROFILE-II					
Test Name	Results	Units	Ref. Range	Method	
Hepatitis C Virus Antibody	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA	

Interpretation:

- 1. Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- 2. Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti-idiotypes & Anti superoxide dismutase

2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence

3. HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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









DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST

INFOSYSTEMS PVT. LTD.



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DODT

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Nov-2023 01:06 PM
Primary Sample	: Whole Blood	Received On	: 01-Nov-2023 04:00 PM
Sample Tested In	: Serum	Reported On	: 01-Nov-2023 07:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY						
SURGICAL PROFILE-II						
Test Name	Results	Units	Ref. Range	Method		
HIV (1& 2) Antibody	0.36	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA		
Correlate Clinically.						
Laboratory is NABL Accredited	district TD 1		t-b			
	*** End	Of Report **	**			









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