



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

<b>BLOOD CENTRE</b>	 SIN No:RC0027207
<b>Max-Antenatal Profile (Basic 2)</b>	

**Blood Grouping and RH Factor\*, EDTA**

<b>Date</b>	<b>31/Jan/2023</b>	<b>Unit</b>	<b>Bio Ref Interval</b>
	<b>11:29AM</b>		
<b>Blood Group</b>	<b>A POSITIVE</b>		
Haemagglutination			

Kindly correlate with clinical findings

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

**Dr. Renu Aggarwal (MBBS,MD)**  
Consultant Pathologist

Test Performed at :3954 - MM Healthcare Ltd., A-15 Pushpanjali, Vikas Marg Extn, Delhi  
Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595  
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095,  
Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | [www.maxlab.co.in](http://www.maxlab.co.in) | [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

Clinical Biochemistry  
Max-Antenatal Profile (Basic 2)



Fasting Blood Sugar (Glucose) , (FBS)\*, Fluoride Plasma

Date	31/Jan/2023 11:29AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	83.99	mg/dl	74 - 99

Kindly correlate with clinical findings

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

Dr. Renu Aggarwal (MBBS,MD)  
Consultant Pathologist

Test Performed at :3954 - MM Healthcare Ltd., A-15 Pushpanjali, Vikas Marg Extn, Delhi  
Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595  
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095,  
Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



RED CROSS HOSPITAL

## Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting
	Date/Time

## Hematology

## Max-antenatal Profile (Basic 2)



SIN No:RC0027207

## Complete Haemogram, Peripheral Smear and ESR,EDTA\*

Date	31/Jan/2023 11:29AM	Unit	Bio Ref Interval
Haemoglobin	10.19	g/dl	12.0 - 15.0
Modified cyanmethemoglobin			
Packed Cell, Volume	31.1	%	40-50
Calculated			
Total Leucocyte Count (TLC)	4.76	10 <sup>9</sup> /L	4.0-10.0
Electrical Impedance			
RBC Count	4.28	10 <sup>12</sup> /L	3.8-4.8
Electrical Impedance			
MCV	72.7	fL	83-101
Electrical Impedance			
MCH	23.8	pg	27-32
Calculated			
MCHC	32.8	g/dl	31.5-34.5
Calculated			
Platelet Count	236	10 <sup>9</sup> /L	150-410
Electrical Impedance			
MPV	7.95	fl	7.8-11.2
Calculated			
RDW	17.4	%	11.5-14.5
Calculated			

**Differential Cell Count**

VCS / Light Microscopy

Neutrophils	60	%	40-80
Lymphocytes	30	%	20-40
Monocytes	07	%	2-10
Eosinophils	03	%	1-6

**Absolute Leukocyte Count**

Calculated from TLC &amp; DLC

Absolute Neutrophil Count	2.86	10 <sup>9</sup> /L	2.0-7.0
Absolute Lymphocyte Count	1.4	10 <sup>9</sup> /L	1.0-3.0
Absolute Monocyte Count	0.33	10 <sup>9</sup> /L	0.2-1.0
Absolute Eosinophil Count	0.14	10 <sup>9</sup> /L	0.02-0.5
<b>ESR (Westergren)</b>	<b>30</b>	mm/hr	<=12

**Peripheral Smear**

Test Performed at :3954 - MM Healthcare Ltd., A-15 Pushpanjali, Vikas Marg Extn, Delhi

Booking Centre :1379 - Red Cross General Maternity &amp; Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Page 3 of 13

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095,  
Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



RED CROSS HOSPITAL



Laboratory Investigation Report



Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting
	Date/Time

Hematology

Max-Antenatal Profile (Basic 2)



SIN No:RC0027207

Examination

**RBC:** - Normocytic Normochromic

**WBC:** - Counts within normal limits

**Platelet:** - Adequate

Kindly correlate with clinical findings

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

**Dr. Renu Aggarwal (MBBS,MD)**  
Consultant Pathologist

Test Performed at :3954 - MM Healthcare Ltd., A-15 Pushpanjali, Vikas Marg Extn, Delhi

Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095,  
Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | [www.maxlab.co.in](http://www.maxlab.co.in) | [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

Serology

Max-Antenatal Profile (Basic 2)



SIN No:RC0027207

Test Name	Result	Unit	Ref Interval
<b>HCV IgG Antibody (Hepatitis C Virus)</b>			
CLIA			
HCV, IgG	Negative		
CLIA			
HCV,IgG Test Value	0.07		

Ref. Range

Negative	< 0.90
Borderline	0.90 - 8.0
Positive	> 8.0

Interpretation

This test is a screening test performed on VITROS immunodiagnostic system using immunometric technique.

- 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.
- This test is indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection .HCV RNA PCR recommended in all reactive results to differentiate between past and present infection
- A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095, Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



MC-2004



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

Serology

Max-Antenatal Profile (Basic 2)



SIN No:RC0027207

Test Name	Result	Unit	Ref Interval
<b>Hepatitis B Surface Antigen, Serum*</b>			
CLIA			
HBsAg	Negative		
CLIA			

Ref. Range

Negative	< 0.90
Borderline	0.90 - 5.0
Positive	> 5.0

Interpretation

- This test is used to detect hepatitis B surface antigen (HBsAg) in serum sample based on VITROS immunometric immunoassay technique and aid in the laboratory diagnosis of HBV infection.
- Viral hepatitis is a major public health problem with an estimated 257 million persistent carriers of hepatitis B virus (HBV) worldwide. Infection with HBV results in a wide spectrum of acute and chronic liver diseases that may lead to cirrhosis and hepatocellular carcinoma.
- Transmission of HBV occurs by percutaneous exposure to blood products, needle stick injury, sexual contact and perinatally from HBV-infected mothers to baby.
- Hepatitis B surface antigen (HBsAg), derived from the viral envelope, is the first antigen to appear following infection.
- Positive results should be correlated with other potential laboratory abnormalities and clinical picture.
- A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus.
- Levels of HBsAg may be undetectable both in early infection and late after infection.
- In rare cases HBsAg tests do not detect certain HBV mutant strains.
- HBs Ag disappears with recovery from clinical disease in most patients, however, it persists for years in carriers.

Test Performed at :3954 - MM Healthcare Ltd., A-15 Pushpanjali, Vikas Marg Extn, Delhi

Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095, Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

Serology

Max-Antenatal Profile (Basic 2)



SIN No:RC0027207

Test Name	Result	Unit	Ref Interval
<b>HIV I &amp; II, Serum</b> CLIA			
HIV (I and II) CLIA	Negative		

Interpretation

1) A Negative result implies that no Anti HIV-1 or HIV-2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been taken during the "WINDOW PERIOD" (before the development of detectable levels of antibodies, 2 - 12 weeks after exposure).

2) Positive result suggests the possibility of HIV-1 or HIV-2 infection.

Advise:

To rule out false positivity, false negativity and window period, kindly perform "Confirmatory Tests" like HIV I RNA (Qualitative) Real Time PCR.

Kindly correlate with clinical findings

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

Dr. Dimple Juneja, M.D.  
Consultant Pathologist

Dr. Renu Aggarwal (MBBS,MD)  
Consultant Pathologist

Dr. Saloni Sehgal (MBBS, MD)  
Principal Consultant &  
Head Microbiology & Infection Control

Dr. Neera Kaushik (M Phil)  
Senior Consultant Microbiology

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page





RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting
	Date/Time

Clinical Pathology  
Max-antenatal Profile (Basic 2)



Urine Routine And Microscopy\*

Date **31/Jan/2023** **11:29AM** Unit **Bio Ref Interval**

**Macroscopy**

Colour <small>Visual Observation/ Automated</small>	Deep Yellow		Pale Yellow
PH <small>Double Indicator</small>	<b>6.5</b>	..	5-6
Specific Gravity <small>pKa change</small>	1.025		1.015 - 1.025
Protein <small>Protein-error of indicators</small>	Trace		Nil
Glucose. <small>Enzyme Reaction</small>	Nil		Nil
Ketones <small>Acetoacetic Reaction</small>	Nil		Nil
Blood <small>Benzidine Reaction</small>	ABSENT		Nil
Bilirubin <small>Diazo Reaction</small>	Nil		Nil
Urobilinogen <small>Ehrlichs Reaction</small>	Normal		Normal
Nitrite <small>Conversion of Nitrate</small>	Negative		

**Microscopy**

Red Blood Cells (RBC) <small>Light Microscopy/Image capture microscopy</small>	Nil	/HPF	Nil
White Blood Cells <small>Light Microscopy/Image capture microscopy</small>	3-4	/HPF	0.0-5.0
Squamous Epithelial Cells <small>Light Microscopy/Image capture microscopy</small>	6-8	/HPF	
Cast <small>Light Microscopy/Image capture microscopy</small>	Nil	/LPF	Nil
Crystals	Nil	..	Nil

Test Performed at :3954 - MM Healthcare Ltd., A-15 Pushpanjali, Vikas Marg Extn, Delhi

Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095, Tel.: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.





RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting
	Date/Time

Clinical Pathology  
Max-Antenatal Profile (Basic 2)



Light Microscopy/Image capture  
microscopy

Bacteria Nil /HPF Nil

Light Microscopy/Image capture  
microscopy

Kindly correlate with clinical findings

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

Dr. Renu Aggarwal (MBBS,MD)  
Consultant Pathologist

Test Performed at :3954 - MM Healthcare Ltd., A-15 Pushpanjali, Vikas Marg Extn, Delhi  
Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595  
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095,  
Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 [www.maxlab.co.in](http://www.maxlab.co.in) [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

Serology

Max-Antenatal Profile (Basic 2)



SIN No:RC0027207

Test Name	Result	Unit	Ref Interval
<b>VDRL/RPR*, Serum</b>			
RPR(Syphilis) Slide Flocculation	Non Reactive		

Comment

Interpretation

1. It is a screening test for syphilis which is useful for following the progression of disease and response to therapy. Rising titers are of immense value in confirming the diagnosis.
2. Biological false positive reactions exhibit low titers and are seen in conditions like Viral fevers, Mycoplasma infection, Chlamydia infection, Malaria, Immunizations, Pregnancy, Autoimmune disorders & past history of Treponemal infection.
3. It is advisable to confirm the diagnosis by tests such as TPHA & FTA-ABS.
4. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Kindly correlate with clinical findings

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

Dr. Dimple Juneja, M.D.  
Consultant Pathologist

Dr. Renu Aggarwal (MBBS,MD)  
Consultant Pathologist

Dr. Saloni Sehgal (MBBS, MD)  
Principal Consultant &  
Head Microbiology & Infection Control

Dr. Neera Kaushik (M Phil)  
Senior Consultant Microbiology

Test Performed at :688 - Shanti Mukand Hospital, 2, Institutional Area, Vikas Marg Ext,Delhi  
Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595  
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Indian Red Cross Society: Aradhak Marg, Seemapuri, New Delhi-110095,  
Tel: +91-011-2257 8357, 2211 8752 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in


Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

<b>Immunoassay</b>	 SIN No:RC0027207
<b>Max-Antenatal Profile (Basic 2)</b>	

Thyroid Profile\*,Serum\*

Date	31/Jan/2023 11:29AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.96	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	1.21	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	<b>0.203</b>	µIU/mL	0.34 - 5.6

Comment

Parameter	Unit	Premature (28 - 36 weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.6 - 4.2	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

Kindly correlate with clinical findings

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

Dr. Dimple Juneja, M.D.  
Consultant Pathologist

Test Performed at :688 - Shanti Mukand Hospital, 2, Institutional Area, Vikas Marg Ext,Delhi  
Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595  
The authenticity of the report can be verified by scanning the Q R Code on top of the page



RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting
	Date/Time

Hematology Special  
Max-Antenatal Profile (Basic 2)



SIN No:RC0027207

Test Name	Result	Unit	Ref Interval
<b>Haemoglobin HPLC,EDTA</b>			
Lab Number	1326/2023		
Hb F	0.4	%	0.0-1.0
P2	3.9		
P3	4.6	%	<6.0
HbA0 (non-glycated)	87.2	%	80-90
Hb A2	2.7	%	2.0 - 3.5

**RBC Indices**

Haemoglobin. Non- Haemoglobincyanide	<b>10.1</b>	gm/dl	12-15
RBC Count. Electrical Impedance	<b>4.45</b>	10~12/L	4.5-5.5
MCV. Electrical Impedance	<b>73.5</b>	fL	83-101
MCH. Calculated	<b>22.7</b>	pg	27-32
RDW. Calculated	<b>15.9</b>	%	11.5-14.5

**Interpretation (HPLC)**

**Normal Chromatogram**

Recommend repeat Hemogram and HPLC after replenishing iron stores.  
Please refer to comment.

**Comment**

( Syn: - High Performance Liquid Chromatography, Hb HPLC )

Hb HPLC is used for screening of Beta Thalassemia and detection of many other haemoglobin variants (Hemoglobin E, D Punjab, Sickle cell anaemia etc.) along with their concentration to establish zygosity.

Normal HbA2 values can be seen in Alpha Thalassemia trait, silent/ atypical Beta Thalassemia and Beta Thalassemia with iron deficiency.

A repeat Hb HPLC should be performed after replenishing iron stores in cases with microcytic hypochromic indices.

**Advise: -**

If there is absence of iron deficiency & persistence of microcytic hypochromic indices, then the possibility of Alpha Thalassemia trait or silent/ atypical Beta Thalassemia trait cannot be ruled out. Hb HPLC of parents and molecular sequencing of globin genes are recommended in these cases.

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page





RED CROSS HOSPITAL

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection
Ref Doctor	Date/Time
	Reporting Date/Time

Hematology Special

Max-Antenatal Profile (Basic 2)



SIN No:RC0027207

Test Name Result Unit Bio Ref Interval  
In individuals with beta thalassemia trait and carriers of haemoglobin variants –

1. Familial study is recommended.
2. In cases of young/ pregnant females - Hb HPLC testing of spouse is strongly recommended.
3. Genetic counselling

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.  
Principal Director-  
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.  
Associate Director &  
Manager Quality

Dr. Nitin Dayal, M.D.  
Principal Consultant & Head,  
Haematopathology

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1379 - Red Cross General Maternity & Child Care Hospital, New Seema Puri Up Border Delhi, 8860061595

The authenticity of the report can be verified by scanning the Q R Code on top of the page



MC-2714