	arak dha NOSTICS Pvt. Lto			Phone : 0522-4	062223, 9305 336154100, 1 1984@gmail. . RMEE 244 . MC-2491	5133
Patient Name Age/Gender Lab No Referred By Refer Lab/Hosp Doctor Advice	: Mr. RAM NARAIN SRIVAS : 67 Y/M : 10133157 : Dr. NIRUPAM PRAKASH : CGHS (BILLING) URIC ACID,ANTI CCP TITRE,F		Sample Sample Report	To ration ON e Collected ON e Received ON t Generated ON	: CHA250 : 28/Feb. : 28/Feb. : 28/Feb. : 28/Feb.	0035861 /2025 07:52AM /2025 07:54AM /2025 09:44AM /2025 11:07AM
	Test Name	Result	Unit	Bio. Ref. Ra		Method
CBC+ESR (C	OMPLETE BLOOD COUNT)	Result		Dior non na	ingo	, moniou ,



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 6

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DIAG	NOSTICS Pvt. Ltd.	NABLReg. N	o. RMEE 2445133 o. MC-2491 o. MIS-2023-0218		
Patient Name	: Mr.RAM NARAIN SRIVASTAVA	Visit No	: CHA250035861		
Age/Gender	: 67 Y/M	Registration ON	: 28/Feb/2025 07:52AM		
Lab No	: 10133157	Sample Collected ON	: 28/Feb/2025 07:54AM		
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 28/Feb/2025 08:32AM		
Refer Lab/Hosp Doctor Advice	: CGHS (BILLING) URIC ACID,ANTI CCP TITRE,RF FACTOR,CRP (Quantitative),	Report Generated ON LFT,HBA1C (EDTA),PP,FAST	: 28/Feb/2025 11:57AM ING,CBC+ESR		
L					

Test Name	Result	Unit	Bio. Ref. Range	Method	
HBA1C					
Glycosylated Hemoglobin (HbA1c)	6.8	%	4 - 5.7	HPLC (EDTA)	

NOTE:-

PR.

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE:

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
>6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 80%	Poor Control and needs treatment

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

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Patient Name	: Mr.RAM NARAIN SRIVA	STAVA	Vi	sit No	: CHA2500	035861
Age/Gender	: 67 Y/M		Re	egistration ON	: 28/Feb/2	2025 07:52AM
Lab No	: 10133157		Sa	mple Collected ON	: 28/Feb/2	2025 07:54AM
Referred By	: Dr.NIRUPAM PRAKASH		Sa	mple Received ON	: 28/Feb/2	2025 08:32AM
Refer Lab/Hosp	: CGHS (BILLING)		Re	eport Generated ON	: 28/Feb/2	2025 11:48AM
Doctor Advice	URIC ACID,ANTI CCP TITRE,	RF FACTOR,CRP (Qu	antitative),LFT,F	IBA1C (EDTA),PP,FAST	TING,CBC+ESR	
	Test Name	Result	Unit	Bio. Ref. R	ange	Method
		•	•	·		· · · · · · · · · · · · · · · · · · ·

	Test Name
RF FACTOR	
RHEUMAT	DID FACTOR

P.R.

SUMMARY : Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg .Diagnostic test for RF determination identify mainly RF of the IgM class which are

IU/ml

0 - 14

2.14

detectable in several rheumatic diseases, mainly of inflammatory origin. RF occur in approx 70-80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated

concentrations are also observed in various non rheumatic disease & in approx 10% of the elederly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease .However, a positive RF value has to be confirmed by clinical & other laboratory findings.

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

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atient Name	: Mr.RAM NARAIN SRI	VASTAVA	Visi	t No : C	CHA250035861	
ge/Gender	: 67 Y/M		Reg	istration ON : 2	28/Feb/2025 07:52AM	
ab No	: 10133157		Sam	ple Collected ON : 2	28/Feb/2025 07:54AM	
eferred By	: Dr.NIRUPAM PRAKASH		Sam	ple Received ON : 2	28/Feb/2025 08:32AM	
efer Lab/Hosp octor Advice	: CGHS (BILLING) URIC ACID,ANTI CCP TI	FRE,RF FACTOR,CRP (Q		ort Generated ON : 2 A1C (EDTA),PP,FASTING,C	28/Feb/2025 10:23AM BC+ESR	
	Test Name	Result	Unit	Bio. Ref. Range	e Method	
CRP-QUANTI						
CRP-OUAN	TITATIVE TEST	3.8	MG/L	0.1 - 6		
Method: Immund (Method: Im SUMMARY : 0 blood as a re elevated up after 6 hours as well as for apparrently h	munoturbidimetric on photom C - reactive protien (CRP) is the sponse to inflammatory disord to 500 mg/L in acute inflamm reaching a peak at 48 hour monitoring inflammtory proc healthy subjects there is a dire	he best known among t ders.CRP is normally pro atory processes associa sThe measurr ceses also in acute rheu	esent in low concen ated with bacterial ment of CRP represe imatic & gastrointes	tration in blood of healthy infections, post operative ents a useful aboratory test stinal disease. In recent stu	hose concentration increases in individuals (< 1mg/L). It is conditions tissue damage already t for detection of acute infection udies it has been shows that in	
Method: Immund (Method: Im SUMMARY : 0 blood as a re elevated up after 6 hours as well as for apparrently h developing o	munoturbidimetric on photom C - reactive protien (CRP) is the sponse to inflammatory disorce to 500 mg/L in acute inflamm reaching a peak at 48 hour monitoring inflammtory proc	he best known among t ders. CRP is normally pro- atory processes associa s The measurr ceses also in acute rheu ect orrelation between	esent in low concen ated with bacterial ment of CRP represe imatic & gastrointes	tration in blood of healthy infections, post operative ents a useful aboratory test stinal disease. In recent stu	individuals (< 1mg/L). It is conditions tissue damage already t for detection of acute infection	
Method: Immund (Method: Im SUMMARY : (blood as a re elevated up after 6 hours as well as for apparrently h developing o hsCRP cut of Level <1.0 1.0-3.0 >3.0	munoturbidimetric on photom C - reactive protien (CRP) is the sponse to inflammatory disord to 500 mg/L in acute inflamm reaching a peak at 48 hour monitoring inflammtory produce the subjects there is a direct ronary heart disease (CHD). f for risk assessment as per C Risk Low Average	he best known among t ders. CRP is normally pro- atory processes associa s The measurr ceses also in acute rheu ect orrelation between	esent in low concen ated with bacterial ment of CRP represe imatic & gastrointes	tration in blood of healthy infections, post operative ents a useful aboratory test stinal disease. In recent stu	individuals (< 1mg/L). It is conditions tissue damage already t for detection of acute infection	
Method: Immund (Method: Im SUMMARY : (blood as a re elevated up : after 6 hours as well as for apparrently h developing o hsCRP cut of Level <1.0 1.0-3.0 >3.0	munoturbidimetric on photom C - reactive protien (CRP) is the sponse to inflammatory disord to 500 mg/L in acute inflamm reaching a peak at 48 hour monitoring inflammtory proc healthy subjects there is a direct ronary heart disease (CHD). If for risk assessment as per C Risk Low Average High	he best known among t ders. CRP is normally pro- atory processes associa s The measurr ceses also in acute rheu ect orrelation between	esent in low concen ated with bacterial ment of CRP represe imatic & gastrointes	tration in blood of healthy infections, post operative ents a useful aboratory test stinal disease. In recent stu	individuals (< 1mg/L). It is conditions tissue damage already t for detection of acute infection	
Method: Immund (Method: Im SUMMARY : 0 blood as a re elevated up after 6 hours as well as for apparrently h developing o hsCRP cut of Level <1.0 1.0-3.0 >3.0	munoturbidimetric on photom C - reactive protien (CRP) is the sponse to inflammatory disord to 500 mg/L in acute inflamm reaching a peak at 48 hour monitoring inflammtory proc healthy subjects there is a direct ronary heart disease (CHD). If for risk assessment as per C Risk Low Average High	he best known among t ders. CRP is normally pro- atory processes associa s The measurr ceses also in acute rheu ect orrelation between	esent in low concen ated with bacterial ment of CRP represe imatic & gastrointes	tration in blood of healthy infections, post operative ents a useful aboratory test stinal disease. In recent stu	individuals (< 1mg/L). It is conditions tissue damage already t for detection of acute infection	
Method: Immund (Method: Im SUMMARY : 0 blood as a re elevated up after 6 hours as well as for apparrently h developing o hsCRP cut of Level <1.0 1.0-3.0 >3.0 All reports to be URIC ACID	munoturbidimetric on photom C - reactive protien (CRP) is the sponse to inflammatory disord to 500 mg/L in acute inflamm reaching a peak at 48 hour remonitoring inflammtory prod- tealthy subjects there is a direct ronary heart disease (CHD). f for risk assessment as per C Risk Low Average High clinically corelated SERUM	he best known among t ders. CRP is normally pro- atory processes associa s The measurr ceses also in acute rheu ect orrelation between	esent in low concen ated with bacterial ment of CRP represe imatic & gastrointes	tration in blood of healthy infections, post operative onts a useful aboratory test stinal disease. In recent stu- s & the risk of	individuals (< 1mg/L). It is conditions tissue damage already t for detection of acute infection	
Method: Immund (Method: Im SUMMARY : 0 blood as a re elevated up after 6 hours as well as for apparrently h developing o hsCRP cut of Level <1.0 1.0-3.0 >3.0 All reports to be URIC ACID Sample Type	munoturbidimetric on photom C - reactive protien (CRP) is the sponse to inflammatory disord to 500 mg/L in acute inflamm reaching a peak at 48 hour monitoring inflammtory prod tealthy subjects there is a dire monitor risk assessment as per C Risk Low Average High clinically corelated	he best known among t ders. CRP is normally pro- atory processes associa s The measurr ceses also in acute rheu ect orrelation between CDC/AHA	esent in low concent ated with bacterial nent of CRP represe imatic & gastrointes CRP concentrations	tration in blood of healthy infections, post operative onts a useful aboratory test stinal disease. In recent stu- s & the risk of	individuals (< 1mg/L). It is conditions tissue damage already it for detection of acute infection udies it has been shows that in	



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

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DIAGNOSTICS Pvt. Ltd.			
Patient Name : Mr.RAM NARAIN SRIVASTAVA	Visit No	: CHA250035861	
Age/Gender : 67 Y/M	Registration ON	: 28/Feb/2025 07:52AM	

Lab No Sample Collected ON : 10133157 : 28/Feb/2025 07:54AM Referred By : Dr.NIRUPAM PRAKASH Sample Received ON : 28/Feb/2025 09:44AM Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 28/Feb/2025 11:07AM URIC ACID, ANTI CCP TITRE, RF FACTOR, CRP (Quantitative), LFT, HBA1C (EDTA), PP, FASTING, CBC+ESR Doctor Advice :

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	37.8	%	36 - 45	Pulse hieght
				detection
MCV	91.7	fL	80 - 96	calculated
MCH	29.1	pg	27 - 33	Calculated
МСНС	31.7	g/dL	30 - 36	Calculated
RDW	14.6	%	11 - 15	RBC histogram
				derivation
RETIC	<mark>0.6 %</mark>	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7290	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 75	Flowcytrometry
LYMPHOCYTE	32	%	20-40	Flowcytrometry
EOSINOPHIL	7	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	89,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	90,000	/cmm	150000 - 450000	Microscopy.
Mentzer Index	22		A 17	
Peripheral Blood Picture	GH			

Red blood cells are normocytic normochromic. Platelets are reduced. No immature cells or parasite seen.



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

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Print.Date/Time: 28-02-2025 17:03:57 MC-2491 Print.Date/Time: 28-02-2025 17:03:57 *Patient Identity Has Not Been Verified. Not For Medicolegal

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DIAGNO	OSTICS Pvt. Ltd.	NABL Reg. No	. RMEE 2445133 5. MC-2491 . MIS-2023-0218		
Patient Name : N	Ir.RAM NARAIN SRIVASTAVA	Visit No	: CHA250035861		
Age/Gender : 6	57 Y/M	Registration ON	: 28/Feb/2025 07:52AM		
Lab No : 1	10133157	Sample Collected ON	: 28/Feb/2025 07:54AM		
Referred By : D	Dr.NIRUPAM PRAKASH	Sample Received ON	: 28/Feb/2025 08:32AM		
Refer Lab/Hosp : C	GHS (BILLING)	Report Generated ON	: 28/Feb/2025 12:06PM		
Doctor Advice :	URIC ACID, ANTI CCP TITRE, RF FACTOR, CRP (Quantitative), LF	FT,HBA1C (EDTA),PP,FASTI	NG,CBC+ESR		

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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	133.9	mg/dl	70 - 110	Hexokinase
РР				
Blood Sugar PP	135.0	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.64	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.46	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	103.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	18.0	U/L	5 - 40	UV without P5P
SGOT	29.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

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