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CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.JUNG BAHADUR

Age/Gender : 85 Y/M

Lab No : 10137698

Referred By : Dr.LUCKNOW HOSPITAL

Refer Lab/Hosp · CHARAK NA Doctor Advice : PSA-TOTAL

PR.

Visit No : CHA250040403

Registration ON : 06/Mar/2025 11:39AM

Sample Collected ON : 06/Mar/2025 11:43AM Sample Received ON : 06/Mar/2025 11:54AM

Report Generated ON : 06/Mar/2025 12:41PM

Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.50	ng/mL	0.2-4.0	CLIA

COMMENT: 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its equential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acis phosphatase(PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP. 2. Blood samples should be obtained before prostate biopsy or prostatecomy or prostatic massage or

digital pre rectal examination as it may result intrasient levation of PSA value for few days.

NOTE: - PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY:

Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***

CHARAK





13:15:20