Charak dhar DIAGNOSTICS Pvt. Ltd.			292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 00 <b>Phone</b> : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, <b>Tollfree No.:</b> 8688360360 <b>E-mail</b> : charak1984@gmail.com			
			CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218			
Patient Name : MasterSHRIYA	ANK	Visit No	)	: CHA25004	42987	
Age/Gender : 1 M 25 D/M		Registra	ation ON	: 10/Mar/20	D25 12:47PM	
Lab No : 10140282		Sample	Collected ON	: 10/Mar/20	D25 12:47PM	
Referred By : Dr.AJANTA HOSF	PITAL	Sample	Received ON	: 10/Mar/20	025 12:50PM	
Refer Lab/Hosp : CHARAK NA Doctor Advice : CRP (Quantitative)	)	Report	Generated ON	: 10/Mar/20	025 01:37PM	
Test Name	Result	Unit	Bio. Ref. Ra	ange	Method	
CRP-QUANTITATIVE						
CRP-QUANTITATIVE TEST	4.3	MG/L	0.10 - 2.8	0		
Method: Immunoturbidimetric						
	disorders.CRP is normally prese	ent in low concentration	in blood of healt	<mark>hy in</mark> dividuals (< <sup>-</sup>		
blood as a response to inflammatory elevated up to 500 mg/L in acute inf after 6 hours reaching a peak at 48 as well as for monitoring inflammtor apparrently healthy subjects there is developing oronary heart disease (CI hsCRP cut off for risk assessment as Level Risk <1.0 Low 1.0-3.0 Average >3.0 High	disorders.CRP is normally prese flammatory processes associate bours The measurmen y proceses also in acute rheuma a direct orrelation between CF HD).	ent in low concentration of with bacterial infection of CRP represents a c atic & gastrointestinal c	in blood of healt ons, post operativ useful aboratory to lisease. In recent	hy individuals (< <sup>-</sup> re conditions tissu est for detection	1mg/L). It is ue damage already of acute infection	



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

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

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