Charak dhar DIAGNOSTICS PVt. Ltd.			292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 0 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail: charak1984@gmail.com CMO Reg. No. RMEE 2445133		
	t. Ltd.		NABL Reg. No. MC-24 Certificate No. MIS-20		
Patient Name : MS.RAKHI		V	isit No : C	HA250043521	
Age/Gender : 26 Y/F		R	egistration ON : 1	1/Mar/2025 08:48AM	
Lab No : 10140816		Sa	ample Collected ON : 1	1/Mar/2025 08:50AM	
Referred By : SELF		Sa	ample Received ON : 1	1/Mar/2025 09:24AM	
Refer Lab/Hosp : CHARAK NA				1/Mar/2025 11:59AM	
Doctor Advice : CRP (Quantitative),CBC (WHOLE BLOOD), MP, MP B	Y CARD,CHIKUN	GUNYA IgM,TYPHOID IGG& IG	M,DENGUE PROFILE	
Test Name	Result	Unit	Bio. Ref. Range	Method	
MALARIAL PARASITE (MP)					
MALARIAL PARASITE (MP)	Negative		NEGATIVE		
MP BY CARD					
Plasmodium vivax	Negative				
Plasmodium falciparum antigen	Negative		Negative		
CRP-QUANTITATIVE					
CRP-QUANTITATIVE TEST	22.4	MG/L	0.1 - 6		
Method: Immunoturbidimetric					

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammatory processes also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

P.R.

CHARAK

All reports to be clinically corelated



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harak			292/05, Tulsidas Marg, Base Phone : 0522-4062223, 930 9415577933, 9336154100, E-mail : charak1984@gmail	5548277, 84008888844 Tollfree No.: 8688360360 .com
IAGNOSTICS Pvt. Ltd			CMO Reg. No. RMEE 24 NABL Reg. No. MC-2491 Certificate No. MIS-2023-	
Patient Name : Ms.RAKHI Age/Gender : 26 Y/F		Visit Regi		.250043521 Mar/2025 08:48AM
Lab No : 10140816			•	Mar/2025 08:50AM
Referred By : SELF Refer Lab/Hosp : CHARAK NA Doctor Advice : CRP (Quantitative),CBC (WHO	LE BLOOD),MP,MP BY	Repo	ort Generated ON : 11/N	Mar/2025 09: 24AM Mar/2025 11: 59AM JENGUE PROFILE
Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHOID IGG& IGM TYPHOID IgG	POSITIVE		NEGATIVE	
TYPHOID IGM	POSITIVE		NEGATIVE	
6				



1'h

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Patient Name	: Ms.RAKHI	Visit No	: CHA250043521		
Age/Gender	: 26 Y/F	Registration ON	: 11/Mar/2025 08:48AM		
Lab No	: 10140816	Sample Collected ON	: 11/Mar/2025 08:50AM		
Referred By	: SELF	Sample Received ON	: 11/Mar/2025 09:24AM		
Refer Lab/Hosp Doctor Advice	: CHARAK NA : CRP (Quantitative),CBC (WHOLE BLOOD)	Report Generated ON MP,MP BY CARD,CHIKUNGUNYA IgM,TYPHOID IG	: 11/Mar/2025 11:59AM GG& IGM,DENGUE PROFILE		

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Test Name	Result	Unit	Bio. Ref. Range	Method
DENGUE PROFILE				
Dengue (NS1) Antigen	NON REACTIVE		Non Reactive	(Rapid Card Test)
DENGUE IgG	NON REACTIVE		Non Reactive	(Rapid Card Test)
DENGUE IgM	NON REACTIVE		Non Reactive	(Rapid Card Test)

COMMENTS:

PR.

-Primary dengue virus infection is characterized by elevation of specific IgM levels 3 to 5 days after the onset of symptoms and persists for 30 to 60 days. IgG levels become elevated 10 to 14 days and remain detectable for many years.

-During secondary infection, IgM levels generally rise more slowly than in primary infection while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.

-The test detects all four subtypes, DEN1, DEN2, DEN3 & DEN4 of dengue virus.

LIMITATIONS:

-This is only a screening test and will only indicate the presence or absence of dengue antibodies in the specimen. All reactive samples should be confirmed by confirmatory tests.

-The patient clinical history, symptomatology as well as serological data should be considered.

-False positive results can be obtained due to cross-reaction with EBV, RA, Leptospira, malaria, Hepatitis A, Influenza A & B, Salmonella typhi etc.

-Immuno-depressive treatments presumably after the immune response to infection, inducing negative results in dengue patients.

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

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		NABL Reg. No. I				
Patient Name	: Ms.RAKHI	Visit No	: CHA250043521			
Age/Gender	: 26 Y/F	Registration ON	: 11/Mar/2025 08:48AM			
Lab No	: 10140816	Sample Collected ON	: 11/Mar/2025 08:50AM			
Referred By	: SELF	Sample Received ON	: 11/Mar/2025 09:24AM			
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 11:59AM			
Doctor Advice	CRP (Quantitative),CBC (WHOLE I	BLOOD),MP,MP BY CARD,CHIKUNGUNYA IgM,TYPHOID I	GG& IGM,DENGUE PROFILE			

Test Name	Result	Unit	Bio. Ref. Range	Method
RAPID CHIKUNGUNYA SCREENING TEST				
RAPID CHIKUNGUNYA SCREENING	Negative		NEGATIVE	

TEST

Method: _____

Chromatographic immunoassay for the qualitative detection of IgM anti-chikungunya virus CHIK in human serum or plasma.

Interpretation:

1) Any reactive specimen with the OnSite Chikungunya IgM Rapid Test must be confirmed with alternative testing method(s) and clinical findings.

2) The OnSite Chikungunya Rapid Test is limited to the qualitative detection of IgM anti-CHIK in human serum or plasma.

3) A negative test result does not preclude the possibility of exposure to or infection with CHIK.

4) A negative result can occur if the quantity of IgM anti-CHIK present in the specimen is below the detection limits of the assay, or the antibodies that are detected are not present during the stage of disease in which a sample is collected.

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

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

Patient Name	: Ms.RAKHI	Visit No	: CHA250043521
Age/Gender	: 26 Y/F	Registration ON	: 11/Mar/2025 08:48AM
Lab No	: 10140816	Sample Collected ON	: 11/Mar/2025 08:50AM
Referred By	: SELF	Sample Received ON	: 11/Mar/2025 09:30AM
Refer Lab/Hosp	CHARAK NA	Report Generated ON	: 11/Mar/2025 11:03AM
Doctor Advic	ce : CRP (Quantitative),CBC (WHOLE BLOOD),MP,MP I	BY CARD,CHIKUNGUNYA IgM,TYPHOID IC	GG& IGM,DENGUE PROFILE

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	39.1	%	36 - 45	Pulse hieght
				detection
MCV	88.1	fL	80 - 96	calculated
МСН	28.6	pg	27 - 33	Calculated
МСНС	32.5	g/dL	30 - 36	Calculated
RDW	14.2	%	11 - 15	RBC histogram
				derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<mark>5100</mark>	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	76	%	40 - 75	Flowcytrometry
LYMPHOCYTES	16	%	25 - 45	Flowcytrometry
EOSINOPHIL	0	%	1 - 6	Flowcytrometry
MONOCYTE	8	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	177,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	177000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	3,876	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	816	/cmm	1000-3000	Calculated
Absolute Monocytes Count	408	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

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

*** End Of Report ***





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