

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

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

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

Patient Name : Ms.RENU KASHYAP

Age/Gender : 61 Y 6 M 3 D/F **Lab No** : **10142945** 

PR.

Referred By : Dr.NIRUPAM PRAKASH
Refer Lab/Hosp : CGHS (BILLING)

**Test Name** 

Doctor Advice : STOOL R/M,FAECAL CALPROTECTIN

Visit No : CHA250045650

Bio. Ref. Range

Registration ON : 15/Mar/2025 10:18AM Sample Collected ON : 15/Mar/2025 10:20AM

Sample Received ON : 15/Mar/2025 10: 20AM

Report Generated ON : 15/Mar/2025 01:45PM



103t Huillo	Result   Offit	Dio. Roi. Runge	Method
STOOL R/M			
STOOL EXAMINATION			
Colour (Stool)	Brown	Brown	
FORM & CONSISTENCY	SEMI SOLID	Semi Solid	
pH-Stool	Acidic (6.5)		
MUCUS	Absent	Absent	
BLOOD	Absent	Absent	
Parasites	Absent	Absent	
CHEMICAL EXAMINATION			
Reducing Substance	Absent		
Occult blood (Stool)	Absent	Absent	
Microscopic	No o <mark>va or cyst</mark>		
·	seen.		
	*** F., J. Of D., **	٠ ا	

Unit

Result

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

CHARAK



