Charak dhar DIAGNOSTICS Pvt. Ltd.			Phone : 0522-4063	MEE 2445133 IC-2491
Patient Name : Ms.JAYATUN NISHA Age/Gender : 59 Y/F Lab No : 10143004 Referred By : Dr.KRISHNA KUMAR MITRA (C Refer Lab/Hosp : CGHS (BILLING) Doctor Advice : 25 OH vit. D,ANTI CCP TITRE,C		Sample Sample Report	tion ON : Collected ON : Received ON : Generated ON :	CHA250045709 15/Mar/2025 11:33AM 15/Mar/2025 11:37AM 15/Mar/2025 12:01PM 15/Mar/2025 01:03PM
		i		
Test Name CBC+ESR (COMPLETE BLOOD COUNT)	Result	Unit	Bio. Ref. Ran	ge Method



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 5

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Charak dhar DIAGNOSTICS Pvt. Ltd.				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.JAYATUN NISHA		Visit	No	: CHA2500)45709	
Age/Gender	: 59 Y/F		Regi	stration ON	: 15/Mar/2	025 11:33AM	
Lab No	: 10143004		Sam	ple Collected ON	: 15/Mar/2	025 11:37AM	
Referred By	: Dr.KRISHNA KUMAR MITR	A (CGHS	Sam	ple Received ON	: 15/Mar/2	025 11:59AM	
Refer Lab/Hosp Doctor Advice				Report Generated ON : 15/Mar/2025 12:5 CID,RF FACTOR,CBC+ESR		025 12:54PM	
	Test Name	Result	Unit	Bio. Ref. R	ange	Method	
RF FACTOR							
RHEUMA	TOID FACTOR	6.90	IU/ml	0 -	14		

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 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 PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 2 of 5

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Patient Name :	Ms.JAYATUN NISH	A		Visit No	: CHA250045	5709
Age/Gender :	59 Y/F			Registration ON	: 15/Mar/202	25 11:33AM
Lab No :	b No : 10143004			Sample Collected ON : 15/Mar/2025 11:		25 11:37AM
Referred By :	ferred By : Dr.KRISHNA KUMAR MITRA (CGHS			Sample Received ON : 15/Mar/2025 11:59AM		
efer Lab/Hosp : Octor Advice :	CGHS (BILLING) 25 OH vit. D,ANTI CC	P TITRE,CRP (Quantita	tive),URIC ACID,F	Report Generated ON RF FACTOR,CBC+ESR	: 15/Mar/202	25 12:57PM
T	Fest Name	Result	Unit	Bio. Ref. I	Range	Method
CRP-QUANTITA	TIVE					
CRP-QUANTI	TATIVE TEST	7.4	MG	/L 0.1	- 6	
Method: Immunotu	rbidimetric					
blood as a resp elevated up to after 6 hours re as well as for n apparrently hea	onse to inflammatory dis 500 mg/L in acute inflar eaching a peak at 48 h nonitoring inflammtory p althy subjects there is a	is the best known amor sorders.CRP is normally mmatory processes ass ours The meas processes also in acute r direct orrelation betw	y present in low c ociated with bac surment of CRP r heumatic & gastr	e protiens, a group of pro oncentration in blood of h terial infections, post ope epresents a useful aborate rointestinal disease. In rec rations & the risk of	nealthy individuals (< erative conditions tiss ory test for detection	1mg/L). It is sue damage already n of acute infection
SUMMARY : C - blood as a resp elevated up to after 6 hours re as well as for n apparrently hea developing oron	onse to inflammatory dis 500 mg/L in acute inflar eaching a peak at 48 h nonitoring inflammtory p althy subjects there is a nary heart disease (CHD) for risk assessment as pe Risk Low Average High	is the best known amor sorders.CRP is normally mmatory processes ass ours The meas proceses also in acute r direct orrelation betw).	y present in low c ociated with bac surment of CRP r heumatic & gastr	oncentration in blood of h terial infections, post ope epresent <mark>s a useful aborate</mark> ointe <mark>stin</mark> al disease. In rec	nealthy individuals (< erative conditions tiss ory test for detection	1mg/L). It is sue damage already n of acute infection
SUMMARY : C - blood as a resp elevated up to after 6 hours re as well as for n apparrently hea developing oroi hsCRP cut off f Level <1.0 1.0-3.0 >3.0	onse to inflammatory dis 500 mg/L in acute inflar eaching a peak at 48 h nonitoring inflammtory p althy subjects there is a nary heart disease (CHD) for risk assessment as pe Risk Low Average High	is the best known amor sorders.CRP is normally mmatory processes ass ours The meas proceses also in acute r direct orrelation betw).	y present in low c ociated with bac surment of CRP r heumatic & gastr	oncentration in blood of h terial infections, post ope epresent <mark>s a useful aborate</mark> ointe <mark>stin</mark> al disease. In rec	nealthy individuals (< erative conditions tiss ory test for detection	1mg/L). It is sue damage already n of acute infection
SUMMARY : C - blood as a resp elevated up to after 6 hours re as well as for n apparrently hea developing oroi hsCRP cut off f Level <1.0 1.0-3.0 >3.0	onse to inflammatory dis 500 mg/L in acute inflar eaching a peak at 48 h nonitoring inflammtory p althy subjects there is a nary heart disease (CHD) for risk assessment as pe Risk Low Average High	is the best known amor sorders.CRP is normally mmatory processes ass ours The meas proceses also in acute r direct orrelation betw).	y present in low c ociated with bac surment of CRP r heumatic & gastr	oncentration in blood of h terial infections, post ope epresent <mark>s a useful aborate</mark> ointe <mark>stin</mark> al disease. In rec	nealthy individuals (< erative conditions tiss ory test for detection	1mg/L). It is sue damage already n of acute infection
SUMMARY : C - blood as a resp elevated up to after 6 hours re as well as for n apparrently hea developing oroi hsCRP cut off f Level <1.0 1.0-3.0 >3.0 All reports to be clin URIC ACID Sample Type : S	onse to inflammatory dis 500 mg/L in acute inflar eaching a peak at 48 hi nonitoring inflammtory p althy subjects there is a nary heart disease (CHD) for risk assessment as pe Risk Low Average High	is the best known amor sorders. CRP is normally mmatory processes ass ours The meas processes also in acute r direct orrelation betw). er CDC/AHA	r present in low c ociated with bac surment of CRP n heumatic & gastr een CRP concentr	oncentration in blood of h terial infections, post ope epresents a useful aborate rointestinal disease. In rec rations & the risk of	healthy individuals (< rative conditions tiss ory test for detection cent studies it has be	1mg/L). It is sue damage already of acute infection een shows that in
SUMMARY : C - blood as a resp elevated up to after 6 hours re as well as for n apparrently hea developing oroi hsCRP cut off f Level <1.0 1.0-3.0 >3.0	onse to inflammatory dis 500 mg/L in acute inflar eaching a peak at 48 hi nonitoring inflammtory p althy subjects there is a nary heart disease (CHD) for risk assessment as pe Risk Low Average High	is the best known amor sorders.CRP is normally mmatory processes ass ours The meas proceses also in acute r direct orrelation betw).	y present in low c ociated with bac surment of CRP r heumatic & gastr	oncentration in blood of h terial infections, post ope epresent <mark>s a useful aborate</mark> ointe <mark>stin</mark> al disease. In rec	nealthy individuals (< erative conditions tiss ory test for detection	1mg/L). It is sue damage already of acute infection een shows that in
SUMMARY : C - blood as a resp elevated up to after 6 hours re as well as for n apparrently hea developing oroi hsCRP cut off f Level <1.0 1.0-3.0 >3.0 All reports to be clin	onse to inflammatory dis 500 mg/L in acute inflar eaching a peak at 48 h nonitoring inflammtory p althy subjects there is a nary heart disease (CHD) for risk assessment as pe Risk Low Average High	is the best known amor sorders. CRP is normally mmatory processes ass ours The meas processes also in acute r direct orrelation betw). er CDC/AHA	r present in low c ociated with bac surment of CRP n heumatic & gastr een CRP concentr	oncentration in blood of h terial infections, post ope epresents a useful aborate rointestinal disease. In rec rations & the risk of	healthy individuals (< rative conditions tiss ory test for detection cent studies it has be	1mg/L). It is sue damage already of acute infection een shows that in



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 5

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				Certificate No	. MIS-2023-0	218	-
Patient Name	: Ms.JAYATUN NISHA		V	isit No	: CHA25	0045709	
Age/Gender	/Gender : 59 Y/F		R	egistration ON	: 15/Mar	/2025 11:33AM	
Lab No	: 10143004		Sa	Sample Collected ON : 15/Mar/2025 11:37AM			
Referred By	: Dr.KRISHNA KUMAR MITRA	(CGHS	Sa	Sample Received ON : 15/Mar/2025 11:59AM			
Refer Lab/Hosp : CGHS (BILLING)			R	Report Generated ON : 15/Mar/2025 12:57PM			
Doctor Advice	25 OH vit. D,ANTI CCP TITRE	C,CRP (Quantitative)	,URIC ACID,RF F.	ACTOR,CBC+ESR			
	Test Name	Result	Unit	Bio. Ref. R	ange	Method	

lest Maille	Result	Unit	DIU. KEI. Kaliye	wetho
25 OH vit. D				
25 Hydroxy Vitamin D	11.21	ng/ml	ECLIA	
Deficiency < 10				
Insufficiency 10 - 30				
Sufficiency 30 - 100				
Toxicity > 100				
5				
DONE BY: ELECTROCHEMILUMIN	ESCENCE IMMUN	OASSAY(Cobas e	411, Unicel DxI600, vitros ECI)	





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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 4 of 5

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Charak E-mail : charak1984@gmail.com DIAGNOSTICS Pvt. Ltd. CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218 Visit No Patient Name : Ms.JAYATUN NISHA : CHA250045709 Age/Gender Registration ON : 59 Y/F : 15/Mar/2025 11:33AM

Lab N	lo	: 10143004	Sample Collected ON	: 15/Mar/2025 11:37AM
Referre	ed By	: Dr.KRISHNA KUMAR MITRA (CGHS	Sample Received ON	: 15/Mar/2025 12:01PM
Refer L	ab/Hosp	: CGHS (BILLING)	Report Generated ON	: 15/Mar/2025 01:03PM
Doctor	Advice	25 OH vit. D,ANTI CCP TITRE,CRP (Quantitative),URIC ACID,R	F FACTOR,CBC+ESR	

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Test Name	Result	Unit	Bio. Ref. Range	Method			
CBC+ESR (COMPLETE BLOOD COUNT)							
Hb	10.9	g/dl	12 - 15	Non Cyanide			
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical			
				Impedence			
PCV	35.8	%	36 - 45	Pulse hieght			
				detection			
MCV	79.9	fL	80 - 96	calculated			
МСН	24.3	pg	27 - 33	Calculated			
МСНС	30.4	g/dL	30 - 36	Calculated			
RDW	13.6	%	11 - 15	RBC histogram			
				derivation			
RETIC	0 <mark>.6 %</mark>	%	0.5 - 2.5	Microscopy			
TOTAL LEUCOCYTES COUNT	<mark>9660</mark>	/cmm	4000 - 10000	Flocytrometry			
DIFFERENTIAL LEUCOCYTE COUNT							
NEUTROPHIL	53	%	40 - 75	Flowcytrometry			
LYMPHOCYTE	39	%	20-40	Flowcytrometry			
EOSINOPHIL	4	%	1 - 6	Flowcytrometry			
MONOCYTE	4	%	2 - 10	Flowcytrometry			
BASOPHIL	0	%	00 - 01	Flowcytrometry			
PLATELET COUNT	287,000	/cmm	150000 - 450000	Elect Imped			
PLATELET COUNT (MANUAL)	287000	/cmm	150000 - 450000	Microscopy.			
Mentzer Index	18						
Peripheral Blood Picture	GH/						
Red blood cells are microcytic hypochromic. Platelets are adequate. No immature cells or parasite seen.							

*** End Of Report ***





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