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

Patient Name : Mr.DOST MOHAMMAD

Age/Gender : 60 Y/M **Lab No** : 10143209

Referred By : Dr.E PATH
Refer Lab/Hosp : LAB RATE
Doctor Advice : PSA-TOTAL

PR.

Visit No : CHA250045914

Registration ON : 15/Mar/2025 02: 26PM Sample Collected ON : 15/Mar/2025 02: 27PM

Sample Collected ON : 15/Mar/2025 02: 27PM Sample Received ON : 15/Mar/2025 02: 46PM

Report Generated ON : 15/Mar/2025 03: 35PM



Test Name	Result	Unit	Bio. Ref. Range	Method	
PSA-TOTAL					
PROSTATE SPECIFIC ANTIGEN	3.5	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





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