Charak dhar			292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com			
DIAGN	OSTICS Pvt. Ltd.			IEE 2445133 2-2491 3-2023-0218		
Patient Name	: Mr.MOHD ZAFAR		Vi	sit No	: CHA2500)46438
Age/Gender	: 65 Y/M		Re	gistration ON	: 16/Mar/2	025 02:43PM
Lab No	: 10143733		Sa	mple Collected ON	: 16/Mar/2	025 02:44PM
Referred By	: Dr.SUBHASH CHANDRA		Sa	mple Received ON	: 16/Mar/2	025 03:17PM
Refer Lab/Hosp	: CHARAK NA		Re	port Generated ON	: 16/Mar/2	025 04: 32PM
Doctor Advice	PSA-TOTAL					
	Test Name	Result	Unit	Bio. Ref. Ra	inge	Method
PSA-TOTAL						
PROSTATE SPECIFIC ANTIGEN		0.90	ng/mL	0.2-4.0	CL	IA

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;

PR.

Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***

CHARAK





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 1