



Tests you can trust

Name : XXX XXXX
Date : 26 Feb, 2026
Test Asked : Men Fitness 360 Complete
Report Status : Complete Report



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Accredited by



NABL From 2005[#]



ISO 9001: 2015 - From 2015



CAP From 2011[~]

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No.1789, PP compound, Main
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Patient Name : **xxx xx**
Referred By : **SELF**

Tests Done : **MEN FITNESS 360 COMPLETE**

Home Collection : **xxx xxx**

Report Availability Summary

Note: Please refer to the table below for status of your tests.

✅ **23** Ready ⚠ **0** Ready with Cancellation 🔄 **0** Processing ❌ **0** Cancelled in Lab

TEST DETAILS

REPORT STATUS

TEST DETAILS	REPORT STATUS
MEN FITNESS 360 COMPLETE	Ready ✅
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready ✅
FASTING BLOOD SUGAR(GLUCOSE)	Ready ✅
FOLATE	Ready ✅
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready ✅
LIPASE	Ready ✅
Lipoprotein (a) [Lp(a)]	Ready ✅
PROSTATE SPECIFIC ANTIGEN (PSA)	Ready ✅
TESTOSTERONE	Ready ✅
HBA PROFILE	Ready ✅
HEMOGRAM - 6 PART (DIFF)	Ready ✅
LIVER FUNCTION TESTS	Ready ✅
SERUM ELECTROLYTES	Ready ✅
ELEMENTS 22 (TOXIC AND NUTRIENTS)	Ready ✅
IRON DEFICIENCY PROFILE	Ready ✅
KIDPRO	Ready ✅
LIPID PROFILE	Ready ✅
T3-T4-USTSH	Ready ✅
VITAMIN D TOTAL AND B12 COMBO	Ready ✅
APOLIPROTEIN RATIO	Ready ✅
AMYLASE	Ready ✅
COMPLETE URINE ANALYSIS	Ready ✅
PHOSPHOROUS	Ready ✅

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Patient Name : **xxx xxx**
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Tests Done : **MEN FITNESS 360 COMPLETE**

Home Collection : **xxx xxx**

Report Availability Summary

Note: Please refer to the table below for status of your tests.

🟢 **23** Ready

🟡 **0** Ready with Cancellation

🔄 **0** Processing

🔴 **0** Cancelled in Lab

TEST DETAILS

Creatine Phosphokinase Muscle/Brain (CPK MB), Serum

REPORT STATUS

Ready 🟢

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Patient Name : **xxx xxx**
Referred By : **SELF**

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Home Collection : xxx xxx

Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
PLATELET DISTRIBUTION WIDTH(PDW)	15.8	fL	9.6-15.2
LIPID			
LDL CHOLESTEROL - DIRECT	127	mg/dL	< 100
LIVER			
BILIRUBIN (INDIRECT)	1.37	mg/dL	0-0.9
BILIRUBIN - TOTAL	1.65	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	0.28	mg/dL	0 - 0.20
RENAL			
URIC ACID	9.25	mg/dL	4.2 - 7.3
THYROID			
TOTAL THYROXINE (T4)	3.74	µg/dL	4.8-12.7
TOTAL TRIIODOTHYRONINE (T3)	71	ng/dL	80-200

Disclaimer: The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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Patient Name : xxx xxx

Referred By : SELF

Home Collection : xxx xxx

Sample Collected on (SCT) : 26 Feb 2026 09:06

Sample Received on (SRT) : 27 Feb 2026 02:36

Report Released on (RRT) : 27 Feb 2026 05:45

Sample Type | Barcode : URINE | EZ773588

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
<u>Physical Examination</u>				
VOLUME	Visual Determination	4	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.015	-	1.003-1.030
PH	pH indicator	6.5	-	5-8
<u>Chemical Examination</u>				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
<u>Microscopic Examination</u>				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-2
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	ABSENT	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase)

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Patient Name : xxx xxx
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Home Collection : xxx xxx

Sample Collected on (SCT) : 26 Feb 2026 09:06
Sample Received on (SRT) : 27 Feb 2026 02:50
Report Released on (RRT) : 27 Feb 2026 04:39
Sample Type | Barcode : FLUORIDE PLASMA | FL402496

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	98.2	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :

The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.

Method:- GOD-POD METHOD

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Patient Name : xxx xxx
Referred By : SELF
Home Collection : xxx xxx

Sample Collected on (SCT) : 26 Feb 2026 09:06
Sample Received on (SRT) : 27 Feb 2026 15:31

Report Released on (RRT) : 28 Feb 2026 01:54
Sample Type | Barcode : EDTA Whole Blood | EQ482660

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
ARSENIC	ICP-MS	2.31	µg/L	< 5
CADMIUM	ICP-MS	1.15	µg/L	< 1.5
MERCURY	ICP-MS	0.14	µg/L	< 5
LEAD	ICP-MS	21.29	µg/L	< 150
CHROMIUM	ICP-MS	2.78	µg/L	< 30
BARIUM	ICP-MS	1.04	µg/L	< 30
COBALT	ICP-MS	0.86	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	2.01	µg/L	< 5
THALLIUM	ICP-MS	0.06	µg/L	< 1
URANIUM	ICP-MS	0.06	µg/L	< 1
STRONTIUM	ICP-MS	11.99	µg/L	8 - 38
ANTIMONY	ICP-MS	5.75	µg/L	0.10 - 18
TIN	ICP-MS	0.5	µg/L	< 2
MOLYBDENUM	ICP-MS	2.64	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.51	µg/L	< 4
VANADIUM	ICP-MS	0.47	µg/L	< 0.8
BERYLLIUM	ICP-MS	0.04	µg/L	<0.10
BISMUTH	ICP-MS	0.11	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	141.3	µg/L	60 - 340
ALUMINIUM	ICP-MS	11.2	µg/L	< 30
NICKEL	ICP-MS	3.21	µg/L	< 15
MANGANESE	ICP-MS	17.42	µg/L	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note:Reference range has been obtained after considering 95% population as cutoff.

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Sample Collected on (SCT) : 26 Feb 2026 09:06
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Home Collection : xxx xxx

Report Released on (RRT) : 28 Feb 2026 01:54
Sample Type | Barcode : EDTA Whole Blood | EQ482660

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.1	%
Bio. Ref. Interval. :			
As per ADA Guidelines		Guidance For Known Diabetics	
Below 5.7% : Normal		Below 6.5% : Good Control	
5.7% - 6.4% : Prediabetic		6.5% - 7% : Fair Control	
>=6.5% : Diabetic		7.0% - 8% : Unsatisfactory Control	
		>8% : Poor Control	

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG) CALCULATED 100 mg/dL

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

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Patient Name : xxx xxx

Referred By : SELF

Home Collection : xxx xxx

Sample Collected on (SCT) : 26 Feb 2026 09:06

Sample Received on (SRT) : 27 Feb 2026 15:31

Report Released on (RRT) : 28 Feb 2026 01:54

Sample Type | Barcode : EDTA Whole Blood | EQ482660

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR) Bio. Ref. Interval. :-	MODIFIED WESTERGREN	5	mm / hr

<50 yr : Male: 0-15 mm/hr Female: 0-20 mm/hr
>50 yr : Male: 0-20 mm/hr Female: 0-30 mm/hr
Children: <=10 mm/hr

Clinical Significance:

- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :

<https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/>

Please correlate with clinical conditions.

Method:- MODIFIED WESTERGREN

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Tests Done : MEN FITNESS 360 COMPLETE

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Patient Name : xxx xxx

Referred By : SELF

Home Collection : xxx xxx

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Sample Received on (SRT) : 27 Feb 2026 15:31

Report Released on (RRT) : 28 Feb 2026 01:54

Sample Type | Barcode : EDTA Whole Blood | EQ482660

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	15.2	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	47.5	%	40.0-50.0
Total RBC	HF & EI	5.16	X 10 ⁶ /μL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	92.1	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	29.5	pg	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	32	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	42.9	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	12.8	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	228.5	-	*Refer Note below
MENTZER INDEX	Calculated	17.8	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	6	X 10 ³ / μL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	58.5	%	40-80
Lymphocytes Percentage	Flow Cytometry	30.2	%	20-40
Monocytes Percentage	Flow Cytometry	6	%	2-10
Eosinophils Percentage	Flow Cytometry	4.7	%	1-6
Basophils Percentage	Flow Cytometry	0.3	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.51	X 10 ³ / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.81	X 10 ³ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.36	X 10 ³ / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.02	X 10 ³ / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.28	X 10 ³ / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10 ³ / μL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 ³ / μL	0.0-0.5
PLATELET COUNT	HF & EI	233	X 10 ³ / μL	150-410
Mean Platelet Volume (MPV)	Calculated	11.8	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	15.8	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	38.4	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.28	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

*Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedance, *Hb- hemoglobin, *CPH- Cumulative pulse height)

Sign of Dr A

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Tests Done : MEN FITNESS 360 COMPLETE

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Patient Name : xxx xxx
Referred By : SELF

Sample Collected on (SCT) : 26 Feb 2026 09:06
Sample Received on (SRT) : 27 Feb 2026 15:25

Home Collection : xxx xxx

Report Released on (RRT) : 27 Feb 2026 20:46
Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
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25-OH VITAMIN D (TOTAL)	E.C.L.I.A	43.6	ng/mL
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Bio. Ref. Interval. :
Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 ng/ml || Toxicity : >100 ng/ml

Clinical Significance:
Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health.
Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome.
Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vitamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

VITAMIN B-12	E.C.L.I.A	475	pg/mL
--------------	-----------	-----	-------

Bio. Ref. Interval. :
Normal: 197-771 pg/ml

Clinical significance :
Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

Please correlate with clinical conditions.

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Sign of Dr A

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) Bio. Ref. Interval. : Male : 86 - 152 Female : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	136	mg/dL
APOLIPOPROTEIN - B (APO-B) Bio. Ref. Interval. : Male : 56 - 145 Female : 53 - 138 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	98	mg/dL
APO B / APO A1 RATIO (APO B/A1) Bio. Ref. Interval. : Male : 0.40 - 1.26 Female : 0.38 - 1.14 Clinical Significance : <ul style="list-style-type: none">• Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.• Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.• The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.• An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.• All results have to be interpreted in Conjunction with clinical history and other findings. Method : Derived from serum Apo A1 and Apo B values	CALCULATED	0.7	Ratio

Please correlate with clinical conditions.

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE Bio. Ref. Interval. :-	C.L.I.A	11.3	ng/mL

> 5.38 ng/ml

Clinical Significance: Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency. Folate deficiency is also associated with chronic alcoholism. Serum folate measurement provides an early index of folate status.

Specifications: Precision: Intra assay (%CV): 7.93, Inter assay (%CV): 7.19, Sensitivity: 0.35 ng/mL.

Kit Validation References: Steinkamp RC. Vitamin B12 and folic acid: clinical and pathophysiological considerations. In: Brewster MA, Naito HK, eds. Nutritional Elements and Clinical Biochemistry. New York: Plenum Publishing Corp.; 1980:169-240

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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Tests Done : MEN FITNESS 360 COMPLETE

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Patient Name : xxx xxx
Referred By : SELF
Home Collection : xxx xxx

Sample Collected on (SCT) : 26 Feb 2026 09:06
Sample Received on (SRT) : 27 Feb 2026 15:25

Report Released on (RRT) Sample Type | Barcode : 27 Feb 2026 20:46
: SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)] Bio. Ref. Interval. :-	IMMUNOTURBIDIMETRY	12.6	mg/dL

Adults : < 30.0 mg/dl

Clinical Significance:

Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:

Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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Report Released on (RRT) Sample Type | Barcode : 27 Feb 2026 20:46
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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE Bio. Ref. Interval. :-	E.C.L.I.A	505	ng/dL

280 - 800

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Philadelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compitative Immunoassay

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP) Bio. Ref. Interval. :-	IMMUNOTURBIDIMETRY	0.72	mg/L

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:

High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:

1. Clinical management of laboratory data in medical practice 2003-3004, 207(2003).
2. Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA) Bio. Ref. Interval. :-	C.L.I.A	0.47	ng/mL

Normal : < 4.00 ng/ml
Border line : 4.01 to 10.00 ng/ml

Clinical Significance:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Specification:

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

Kit validation references:

Wang MC, Valenzuala LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

Please correlate with clinical conditions.

Method:- TWO SITE SANDWICH IMMUNOASSAY

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE Bio. Ref. Interval. :-	PHOTOMETRY	44.5	U/L

Adults : 28-100 U/L

Interpretation:

Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:

Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:

Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:

Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC TEST

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
Creatine Phosphokinase Muscle/Brain (CPK MB), Serum Bio. Ref. Interval. :-	PHOTOMETRY	18.38	U/L

< 25

Clinical significance:

Detecting the activity of creatinine kinase isoenzymes in serum is one of the most valuable enzymatic indicators for clinical diagnosis of acute myocardial infarction.

Secifications:

Precision: Intra assay (%CV): 0.93, Inter assay (%CV): 4.7, Sensitivity: >=0.010.

Kt validation references

Wurzburg, U, et al, Clin. Chem. 1976; 54: 357.

Please correlate with clinical conditions.

Method:- DGKC

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 Method : Ferrozine method without deproteinization	PHOTOMETRY	128.43	µg/dL
TOTAL IRON BINDING CAPACITY (TIBC) Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : Spectrophotometric Assay	PHOTOMETRY	410.38	µg/dL
% TRANSFERRIN SATURATION Bio. Ref. Interval. : 13 - 45 Method : Derived from IRON and TIBC values	CALCULATED	31.3	%
UNSAT.IRON-BINDING CAPACITY(UIBC) Bio. Ref. Interval. : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	281.95	µg/dL

Please correlate with clinical conditions.

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE Bio. Ref. Interval. :-	PHOTOMETRY	26.7	U/L

Adults : 5.0 - 60.0 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:

High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:

Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:

Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39: 746-756.

Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC ASSAY

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
TOTAL CHOLESTEROL	PHOTOMETRY	182	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	53	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	127	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	67	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.5	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.26	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.4	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.41	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	129.25	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	13.34	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

- CHOL - Cholesterol Oxidase, Esterase, Peroxidase
- HCHO - Direct Enzymatic Colorimetric
- LDL - Direct Measure
- TRIG - Enzymatic, End Point
- TC/H - Derived from serum Cholesterol and Hdl values
- TRI/H - Derived from TRIG and HDL Values
- LDL/ - Derived from serum HDL and LDL Values
- HD/LD - Derived from HDL and LDL values.
- NHDL - Derived from serum Cholesterol and HDL values
- VLDL - Derived from serum Triglyceride values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
ALKALINE PHOSPHATASE	PHOTOMETRY	67.16	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	1.65	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.28	mg/dL	0 - 0.20
BILIRUBIN (INDIRECT)	CALCULATED	1.37	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	40.72	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	28.98	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	42.49	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.68	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.23	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.23	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.41	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

- ALKP - Modified IFCC method
- BILT - Diazonium salt DPD method
- BILD - Diazonium salt DPD method
- BILI - Derived from serum Total and Direct Bilirubin values
- GGT - Modified IFCC method
- SGOT - IFCC* Without Pyridoxal Phosphate Activation
- SGPT - IFCC* Without Pyridoxal Phosphate Activation
- OT/PT - Derived from SGOT and SGPT values.
- PROT - Biuret Method
- SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
- SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
- A/GR - Derived from serum Albumin and Protein values

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
PHOSPHOROUS Bio. Ref. Interval. : Adults : 2.4 - 5.1 mg/dL Children : 4.0 - 7.0 mg/dL	PHOTOMETRY	3.18	mg/dL

Clinical Significance:

In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

Specifications:

Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

Kit Validation Reference:

Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

Method : UNREDUCED PHOSPHOMOLYBDATE METHOD

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM Bio. Ref. Interval. : ADULTS: 136-145 MMOL/L Method : ION SELECTIVE ELECTRODE - INDIRECT	I.S.E - INDIRECT	138	mmol/L
POTASSIUM Bio. Ref. Interval. : ADULTS: 3.5-5.1 MMOL/L Clinical Significance : An abnormal increase in potassium (hyperkalemia) can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. Method : ION SELECTIVE ELECTRODE - INDIRECT	I.S.E - INDIRECT	4.84	mmol/L
CHLORIDE Bio. Ref. Interval. : ADULTS: 98-107 MMOL/L Clinical Significance : An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis). Method : ION SELECTIVE ELECTRODE - INDIRECT	I.S.E - INDIRECT	103.7	mmol/L

Please correlate with clinical conditions.

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Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	13.72	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.85	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	16.14	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	29.36	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	34.54	Ratio	< 52
CALCIUM	PHOTOMETRY	9.6	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	9.25	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

BUN - Kinetic UV Assay.
SCRE - Creatinine Enzymatic Method
B/CR - Derived from serum Bun and Creatinine values
UREAC - Derived from BUN Value.
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method

Sign of Dr A

Sign of Dr B

QR Code to Verify Reports' Authenticity

Processed At :

Plot No.428,Phase-IV, Udyog

Vihar, Gurgaon,Haryana - 122 015

Tests Done : MEN FITNESS 360 COMPLETE

Sign of Dr A

Sign of Dr B

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Processed At :
Plot No.428,Phase-IV, Udyog
Vihar, Gurgaon,Haryana - 122 015



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First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation[#]

Patient Name : xxx xxx
Referred By : SELF
Home Collection : xxx xxx

Sample Collected on (SCT) : 26 Feb 2026 09:06
Sample Received on (SRT) : 27 Feb 2026 15:25
Report Released on (RRT) : 27 Feb 2026 20:46
Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	71	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	3.74	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	0.861	µIU/mL	0.54-5.30

Comments : ***

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3,T4 - Fully Automated Electrochemiluminescence Competitive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Disclaimer :Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

Sign of Dr A

Sign of Dr B

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Tests Done : MEN FITNESS 360 COMPLETE

Sign of Dr A

Sign of Dr B

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First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation[#]

Patient Name : xxx xxx: **SELF**

Referred By

Home Collection : xxx xxx

Sample Collected on (SCT) : 26 Feb 2026 09:06

Sample Received on (SRT) : 27 Feb 2026 15:25

Report Released on (RRT) : 27 Feb 2026 20:46

Sample Type | Barcode : SERUM | EU235754

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR) Bio. Ref. Interval. :-	CALCULATED	119	mL/min/1.73 m ²

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease
<15 : Kidney Failure

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- 2021 CKD EPI Creatinine Equation

~~ End of report ~~

Sign of Dr A

Sign of Dr B

QR Code to Verify Reports' Authenticity

MD(Path)

CONDITIONS OF REPORTING

- ✓ The reported results are for information and interpretation of the referring doctor only.
- ✓ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ✓ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ✓ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ✓ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ✓ This report is not valid for medico-legal purpose.
- ✓ Neither Thyrocare, nor its employees/representatives assume: (a) any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>

EXPLANATIONS

- ✓ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ✓ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ✓ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ✓ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ✓ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ✓ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ✓ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ✓ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ✓ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ✓ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ✓ Values out of reference range requires reconfirmation before starting any medical treatment.
- ✓ Retesting is needed if you suspect any quality shortcomings.
- ✓ Testing or retesting should be done in accredited laboratories.
- ✓ For suggestions, complaints, clinical support or feedback, write to us at customersupport@thyrocare.com or call us on **022-3090 0000**

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* As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited