



Orange Health Labs



Blood reports in **6 hours**

Highest Rated Lab
4.9/5 ★★★★★

Recommended by
1000+ doctors

Trusted by
1 Million+ customers

Name	: Manikandan Ramanathan	Age/Sex	: 29 Year(s)/Male	Collected On:	10/12/2024 07:04 AM
Patient ID	: OHPOXNSS1118577	Ref. Doctor	: -	Received On:	10/12/2024 07:29 AM
Visit ID	: BL113882601	Partner	: -	Reported On:	10/12/2024 08:38 AM











Test	Results	Units	Biological Reference
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BIOCHEMISTRY











 C-Reactive Protein (CRP) Serum,Non-Competitive Immunorate Assay	5.5	mg/L	<10
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Clinical Significance:
CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

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Test	Results	Units	Biological Reference
HAEMATOLOGY			
<u>Complete Blood Count (CBC) with ESR</u>			
Whole Blood			
 Red Blood Cells (RBC) Count DC Impedance Method	5.79	mill/mm ³	4.5 - 5.5
 Hemoglobin (Hb) Cyanide-free SLS method	15.1	g/dL	13 - 17
 Hematocrit (HCT) Packed Cell Volume (PCV) Calculated	47.4	%	40 - 50
 Mean Corpuscular Volume (MCV) Calculated	81.8	fL	83 - 101
 Mean Corpuscular Hemoglobin (MCH) Calculated	26.2	pg	27 - 32
 Mean Corpuscular Hemoglobin Concentration (MCHC) Calculated	31.9	g/dL	31.5 - 34.5
Red Cell Distribution Width (RDW) CV Calculated	13.9	%	11.6 - 14
Mentzer Index Calculated	14.1		Beta Thalassemia trait: < 14 Iron deficiency anaemia: >= 14
Sehgal Index Calculated	1155.7		Beta Thalassemia trait: < 972 Iron deficiency anaemia: => 972
 Total White Blood Cell Count (TC) Flow Cytometry	6150	cells/mm ³	4000 - 10000
<u>Differential Count</u>			
 Neutrophils Flow Cytometry	70.7	%	40 - 80
 Lymphocytes Flow Cytometry	21.6	%	20 - 40
 Monocytes Flow Cytometry	4.6	%	2 - 10

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Test	Results	Units	Biological Reference
 Eosinophils Flow Cytometry	2.8	%	1 - 6
 Basophils Flow Cytometry	0.3	%	0 - 2
 Absolute Neutrophil Count (ANC) Calculated	4348	/mm ³	2000 - 7000
 Absolute Lymphocyte Count (ALC) Calculated	1328	/mm ³	1000 - 3000
 Absolute Monocyte Count (AMC) Calculated	283	/mm ³	200 - 1000
 Absolute Eosinophil Count (AEC) Calculated	172	/mm ³	20 - 500
 Absolute Basophil Count (ABC) Calculated	18	/mm ³	0 - 100
Neutrophil Lymphocyte Ratio (NLR) Calculated	3.3		1 - 3
 Platelet Count DC Impedance Method	401	10 ³ /μL	150 - 450
 Platelet Hematocrit Calculated	0.283	%	0.2 - 0.5
Mean Platelet Volume (MPV) Calculated	7.1	fL	7 - 13
 Erythrocyte Sedimentation Rate (ESR) Quantitative Capillary Photometry	3	mm/h	0 - 10

- Reference Ranges are in accordance with Dacie & Lewis Practical Hematology International Edition (12th)
- As per International Council for Standardization in Hematology's recommendations Differential Leucocyte counts are additionally reported in Absolute numbers in each cell per unit volume of blood.

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Test	Results	Units	Biological Reference
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SEROLOGY



Hepatitis B Surface Antigen (HbsAg)

Serum,Chemiluminescent Immunoassay

0.09

S/C Units

Non-reactive: < 0.90
Reactive: => 1.00
Borderline: 0.90-1.00

Clinical Significance:

The results from this or any other diagnostic test should be used and interpreted only in the context of the overall clinical picture. A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus. Levels of HBsAg may be undetectable both in early infection and late after infection.



VDRL

Serum,Immunochromatography with Flocculation

Non-reactive

Non-reactive

Clinical Significance:

VDRL is a non-treponemal serological test.

Biological false positive reaction can occur in:

- Viral infections
- Malaria
- Following vaccination
- Autoimmune disease such as SLE and RA
- Leprosy

When Biological false positives do occur, they may be of low titer (<1:8 dilution)

Syphilis can be excluded in patients with biological false positive reactions by doing a treponemal(specific) serological test such as TPHA or FTA-Abs.



Hepatitis C Virus (HCV) Antibody

Serum,Chemiluminescent Immunoassay

0.01

S/C Units

Non-reactive: < 0.90
Reactive: => 1.00
Borderline: 0.90-1.00

Clinical Significance:

The results from this or any other diagnostic test should be used and interpreted only in the context of the overall clinical picture. A negative test result does not exclude the possibility of exposure to or infection with HCV. HCV antibodies may be undetectable in some stages of the infection and in some clinical conditions.

Human Immunodeficiency Virus (HIV) 1 & 2

Serum,Chemiluminescent Immunoassay

0.20

S/C Units

Non-reactive: < 0.90
Reactive: => 1.00

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Test	Results	Units	Biological Reference
<p>Clinical Significance:</p> <p>The VITROS HIV Combo test uses 3 recombinant antigens derived from HIV-1 envelope (env 13), HIV-1 group O envelope (env 70-3) and HIV-2 envelope (env 31). These antigens detect antibodies to HIV-1 and antibodies to HIV-2 in the same test. The VITROS HIV Combo test also uses antibodies to HIV p24 antigen to enable detection of HIV p24 antigen that may be present in early seroconversion before the onset of antibody response enabling earlier diagnosis of HIV infection. The results from this or any other diagnostic test should be used and interpreted only in the context of the overall clinical picture. Repeat testing after 3 to 6 months later is advised if clinically indicated.</p>			



Dr. Jushmita Pathak
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Pathologist



Dr. Sanchit Singhal
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Pathologist

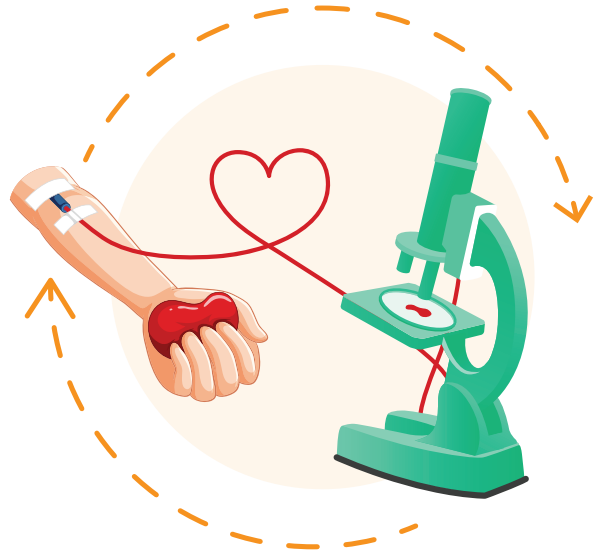
CONDITIONS OF LABORATORY TESTING & REPORTING

- Tests marked with NABL symbol are accredited by NABL vide certificate no MC-6367
- It is presumed that the test sample belongs to the patient named or identified in the test requisition form. Test results released pertain to the specimen submitted.
- Laboratory investigations are only a tool to facilitate arriving at a diagnosis and should be clinically correlated by the Referring Physician.
- All tests are performed and reported as per the turnaround time stated in the Orange Health Labs Directory of Services (DOS).
- Orange Health Labs confirms that all tests have been performed or assayed with the highest quality standards, clinical safety & technical integrity.
- All test results are dependent on the quality of the sample received by the Laboratory and the assay technology.
- Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.
- A requested test might not be performed if:
 - The specimen received is insufficient or inappropriate, or the specimen quality is unsatisfactory
 - Incorrect specimen type
 - Request for testing is withdrawn by the ordering doctor or patient
 - There is a discrepancy between the label on the specimen container and the name on the test requisition form
- Test results may show interlaboratory variations.
- Test results are not valid for medico-legal purposes.
- This is a computer-generated medical diagnostic report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need a physical signature.

IN MATTERS RELATED TO HEALTH, FASTER IS BETTER.

We equate showing care to showing urgency.

Blood starts deteriorating the minute it leaves the human vein, unless stored right. We have built our logistics to achieve the **fastest vein-to-machine testing time** in the industry, and in our journey ahead will strive to reduce it further as much as possible.



HOW ARE WE FASTER THAN OTHERS?

We identified two gaps in diagnostics: **sample transportation time** and **processing delays**.

We have solved for these problems by our approach of:

NO COLLECTION CENTRES

Your samples are sent straight to our labs at the right temperature.

NO BATCH TESTING

We don't batch your samples to save costs. They are tested the moment they come in.

NO TIME WASTED

Since we test your blood the fastest, you get the most accurate reports in the industry.