



क.रा.बी.नि चिकित्सा महाविद्यालय व अस्पताल  
E.S.I.C. MEDICAL COLLEGE HOSPITAL

सनतनगर, हैदराबाद - ३८. SANATHNAGAR, HYDERABAD - 38.

**CLINICAL BIO CHEMISTRY REQUISITION & REPORT**  
**SPECIAL INVESTIGATIONS**

Duplicate Copy



Name: Alexya Age: 27 Sex: F Date: 15.12.23  
Ins. No. 5210341312 Regn. No.: ADW6 Ward/Op IP - General

Diagnosis :

— FOR OFFICE USE —  
NOT FOR DISPATCH

Signature of Doctor

S.No.	TEST	RESULT	UNIT	REF. VALUE
1	CALCIUM	6.8	mg/dl	8.6 - 10.2
2	PHOSPHORUS	1.9	mg/dl	2.5 - 4.5
3	MAGNESIUM	3.7	mg/dl	1.6 - 2.6
4	AMYLASE		U/L	25 - 140
5	LIPASE		U/L	upto 60
6	Hb A1C		%	4-6 - Non Diabetic 6-8 - Controlled Diabetes >8 - Un Controlled Diabetes
7	S.ADA		IU/L	4 - 20
8	IRON		ug/dl	M : 59 - 158 F : 37 - 145
9	TIBC		ug/dl	224 - 428
10	TRANSFERRIN		mg/dl	200 - 380
11	TRANSFERRIN % SATURATION		%	20 - 50
12	FERRITIN		ng/ml	30 - 300
13	LDH		U/L	100 - 210

REMARKS :

Test Performed by

Suggested Clinical Correlation.  
if necessary please discuss.

Signature of the Biochemist



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ESIC  
Chinta Se Mukti

**CLINICAL BIO CHEMISTRY REQUISITION & REPORT**  
**SPECIAL INVESTIGATIONS**

Name: Rahul Rathod Age: 19 Sex: M Date: 26.12.25  
Ins. No. 529468497 Regn. No.: \_\_\_\_\_ Ward/Op OP

Diagnosis :

FOR OFFICE USE  
NOT FOR DISPATCH

Signature of Doctor

S.No.	TEST	RESULT	UNIT	REF. VALUE
1	CALCIUM	10.3	mg/dl	8.6 - 10.2
2	PHOSPHORUS		mg/dl	2.5 - 4.5
3	MAGNESIUM	2.2	mg/dl	1.6 - 2.6
4	AMYLASE		U/L	25 - 140
5	LIPASE		U/L	upto 60
6	Hb A1C	5.8	%	4-6 - Non Diabetic 6-8 - Controlled Diabetes >8 - Un Controlled Diabetes
7	S.ADA		IU/L	4 - 20
8	IRON	88.39	ug/dl	M : 59 -158 F : 37 - 145
9	TIBC	644	ug/dl	224 - 428
10	TRANSFERRIN	450	mg/dl	200 - 380
11	TRANSFERRIN % SATURATION	13.74	%	20 - 50
12	FERRITIN	5.0	ng/ml	30 - 300
13	LDH	247	U/L	100 - 210

REMARKS :

Test Performed by :

Suggested Clinical Correlation.  
if necessary please discuss.

Signature of the Biochemist





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सनतनगर, हैदराबाद-५०० ०३८. SANATHNAGAR, HYDERABAD-500 038.

CLINICAL BIO CHEMISTRY REQUISITION & REPORT BLOOD ROUTINE

Name: Sudhasani Age: 24 Sex: F Date: 14/12/23  
Ins. No.: 524022010 Regn. No.: \_\_\_\_\_ Ward/Op: Op

FOR OFFICE USE  
NOT FOR DISPATCH

Diagnosis:

Signature of Doctor

S.No.	TEST	RESULT	UNIT	REF. VALUE
1.	Glucose	(F)	mg/dl	70-10
		(PP) 2 Hrs.	mg/dl.	90-130
		(R)	mg/dl	70-130
2.	Urea	15	mg/dl	10-50
3.	Creatinine	0.6	mg/dl	0.6 - 1.1 (F)
			mg/dl	0.7 - 13 (M)
4.	Uric Acid		mg/dl.	1.5 - 7.0
5.	Bilirubin	Total	0.44	mg/dl
		Direct	0.44	mg/dl
		Indirect	0.33	mg/dl
6.	SGPT / Alt	36	U/L	3-35
7.	SGOT / AST	55	U/L	8-33
8.	Alkaline Phosphatase	220	U/L	Children 50-449 Adults M: 40 - 129 F : 35 - 104
9.	Protein		g/gl	6.2 - 8.0
10.	Albumin		g/dl	3.5 - 5.5
11.	Globulin		g/dl	2.0 - 3.5
12.	Total Cholesterol		mg/dl	< 200
13.	Triglycerides		mg/dl	< 150
14.	HDL - Direct		mg/dl	35 - 80
15.	LDL - Direct		mg/dl	< 100
16.	VLDL		mg/dl	< 30
17.	Electrolytes	Sodium	135	mEq/L
		Potassium	4.6	mEq/L
		Chloride	102	mEq/L

ANY OTHER TESTS:

\*

GGT : 177 U/L (5 - 36)

REMARKS:

Test performed by:

Suggested Clinical Correlation.  
If necessary please discuss.

Signature of the Biochemist

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**ESIC**  
 Chinta Se Mukti

**CLINICAL BIO CHEMISTRY REQUISITION & REPORT BLOOD ROUTINE**

Name: M. Ramanganigubli Age: 43 Sex: M Date: 15.12.23  
 Ins. No.: 115083 Regn. No.: \_\_\_\_\_ Ward/Op: Op

FOR OFFICE USE  
 NOT FOR DISPATCH

Diagnosis:

S.No.	TEST	RESULT	UNIT	Signature of Doctor	REF. VALUE	
1.	Glucose (F)	282	mg/dl		70-100	
	(PP) 2 Hrs.	412	mg/dl.		90-130	
	(R)		mg/dl		70-130	
2.	Urea	29	mg/dl		10-50	
3.	Creatinine	0.6	mg/dl		0.6 - 1.1 (F)	
			mg/dl		0.7 - 1.3 (M)	
4.	Uric Acid	4.9	mg/dl.		1.5 - 7.0	
5.	Bilirubin	Total	0.66	mg/dl		0.3 - 1.2
		Direct	0.22	mg/dl		0.0 - 0.2
		Indirect	0.44	mg/dl		0.1 - 1.0
6.	S G P T / Alt	56	U/L		3-35	
7.	S G O T / AST	29	U/L		8-33	
8.	Alkaline Phosphatase	88	U/L		Children 50-449 Adults M: 40 - 129 F : 35 - 104	
9.	Protein	7.5	g/gl		6.2 - 8.0	
10.	Albumin	3.5	g/dl		3.5 - 5.5	
11.	Globulin	4.0	g/dl		2.0 - 3.5	
12.	Total Cholesterol	179	mg/dl		< 200	
13.	Triglycerides	705	mg/dl		< 150	
14.	HDL - Direct	32	mg/dl		35 - 80	
15.	LDL - Direct ✓	89	mg/dl		< 100	
16.	VLDL	-	mg/dl		< 30	
17.	Electrolytes	Sodium	138	mEq/L		135 - 145
		Potassium	4.8	mEq/L		3.5 - 5.5
		Chloride	103	mEq/L		96 - 106

ANY OTHER TESTS:

REMARKS:

Test performed by:

Suggested Clinical Correlation.  
 If necessary please discuss.

Signature of the Biochemist



**Name** : MRS.ALEKYA  
**Age / Gender** : 27 Y(s) 0M(s) / Female  
**Ref By** : ESIC SANATHNAGAR  
**Reference** : tricorder family  
**Bill No** : TCD0041013

**UHID** : TD0044032  
**Registered On** : 18-12-2023 14:55  
**Collected On** : 18-12-2023 14:56  
**Reported On** : 18-12-2023 15:31  
**Sample Type** : Serum

**DEPARTMENT OF BIOCHEMISTRY 1**

**Calcium**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Calcium <i>Method : Arsenazo III</i>	: 7.0	mg/dL	8.8-10.6


**Comments / Interpretation :**

- Useful in diagnosis and prognosis of a wide range of disorders including disorders of proteins and Vitamin D, diseases of bone, Kidney, Parathyroid gland and GI tract.

\*\*\* End Of Report \*\*\*



**K RAJASHEKHAR**  
**Checked By**

  
**Dr.S A Mahammad**  
**Consultant Biochemist**

**Name** : MRS.ALEKYA **UHID** : TD0044032  
**Age / Gender** : 27 Y(s) 0M(s) / Female **Registered On** : 18-12-2023 14:55  
**Ref By** : ESIC SANATHNAGAR **Collected On** : 18-12-2023 14:56  
**Reference** : tricorder family **Reported On** : 18-12-2023 15:31  
**Bill No** : TCD0041013 **Sample Type** : Serum

**DEPARTMENT OF BIOCHEMISTRY 1**

**Magnesium**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Magnesium <i>Method : Xylidyl Blue</i>	: 3.8	mg/dL	1.9-2.5

Comments / Interpretation :

- Useful in diagnosis and monitoring of hypo and hyper magnesemia, especially in renal failure or GI disorders.
- Useful in monitoring of patients with pre-eclampsia under magnesium sulphate therapy.

\*\*\* End Of Report \*\*\*



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Consultant Biochemist



**Name** : MRS.ALEKYA **UHID** : TD0044032  
**Age / Gender** : 27 Y(s) 0M(s) / Female **Registered On** : 18-12-2023 14:55  
**Ref By** : ESIC SANATHNAGAR **Collected On** : 18-12-2023 14:56  
**Reference** : tricorder family **Reported On** : 18-12-2023 15:31  
**Bill No** : TCD0041013 **Sample Type** : Serum

**DEPARTMENT OF BIOCHEMISTRY 1**

**Phosphorus**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Phosphorous <i>Method : Phosphomolybdate</i>	: 1.8	mg/dL	2.5-4.5

Comments / Interpretation :

- Serum Phosphorus levels are useful in monitoring renal, endocrine and GI disorders.
- Levels are influenced by the dietary intake, meals, exercise and biphasic circadian rhythm.

\*\*\* End Of Report \*\*\*



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Consultant Biochemist



<b>Name</b>	: MR.RAMA ANJANEYLU	<b>UHID</b>	: TD0044021
<b>Age / Gender</b>	: 43 Y(s) 00M(s) / Male	<b>Registered On</b>	: 18-12-2023 14:10
<b>Ref By</b>	: ESIC SANATHNAGAR	<b>Collected On</b>	: 18-12-2023 14:09
<b>Reference</b>	: tricorder family	<b>Reported On</b>	: 18-12-2023 15:36
<b>Bill No</b>	: TCD0041003	<b>Sample Type</b>	: Serum

**DEPARTMENT OF BIOCHEMISTRY 1**

**Blood Urea Nitrogen (BUN)**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Blood Urea Nitrogen <i>Method : Calculation</i>	: 12.6	mg/dL	8-20

Testing :-

Comments / Interpretation :

- In conjunction with S.creatinine, Blood Urea Nitrogen, Urea levels aid in differential diagnosis of pre renal, renal and post renal hyperuremia.

**BUN/Creatinine Ratio, Serum**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REFERAL RANGES
Blood Urea Nitrogen <i>Method : Calculation</i>	: 12.6	mg/dL	8-20
Creatinine <i>Method : Jaffe Kinetic</i>	: 0.7	mg/dL	0.67-1.17
Ratio <i>Method : Calculation</i>	: 18	Ratio	0-30

**Creatinine**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Creatinine <i>Method : Jaffe Kinetic</i>	: 0.7	mg/dL	0.67-1.17

Comments / Interpretation :

- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than of BUN .  
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency .

**Urea**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Urea <i>Method : Glutamate-dehydrogenase(GLDH)Kinetic Assay</i>	: 27	mg/dL	17-43

Comments / Interpretation :

- In conjunction with serum creatinine, urea level aids in differential diagnosis of Pre-Renal, Renal and Post-Renal hyperuremia.

\*\*\* End Of Report \*\*\*



**Name** : MR.RAMA ANJANEYLU  
**Age / Gender** : 43 Y(s) 00M(s) / Male  
**Ref By** : ESIC SANATHNAGAR  
**Reference** : tricorder family  
**Bill No** : TCD0041003

**UHID** : TD0044021  
**Registered On** : 18-12-2023 14:10  
**Collected On** :  
**Reported On** :  
**Sample Type** :



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**Name** : MR.RAMA ANJANEYLU  
**Age / Gender** : 43 Y(s) 00M(s) / Male  
**Ref By** : ESIC SANATHNAGAR  
**Reference** : tricorder family  
**Bill No** : TCD0041003

**UHID** : TD0044021  
**Registered On** : 18-12-2023 14:10  
**Collected On** : 18-12-2023 14:09  
**Reported On** : 18-12-2023 15:36  
**Sample Type** : Serum

**DEPARTMENT OF BIOCHEMISTRY 1**

**Electrolytes, Serum**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Sodium <i>Method : Indirect ISE</i>	: 140	mmol/L	136-146
Potassium <i>Method : Indirect ISE</i>	: 4.9	mmol/L	3.5-5.1
Chlorides <i>Method : Indirect ISE</i>	: 104	mmol/L	101-109

**Comments / Interpretation :**

Sodium :-

- Levels of sodium when evaluated with electrolytes aid in assessing acid base balance, water balance and water intoxication.

Potassium :-

- Useful in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure.

Chloride :-

- Useful, when assayed along with Sodium, Potassium and Bicarbonate in assessment of electrolyte, acid base and water balance.

**Uric Acid**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Uric Acid <i>Method : Uricase-Peroxidase</i>	: 5.0	mg/dL	3.5-7.2

**Comments / Interpretation :**

- Useful for monitoring therapeutic management of gout and chemotherapeutic treatment of neoplasms.

\*\*\* End Of Report \*\*\*



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**Name** : MR.RAMA ANJANEYLU **UHID** : TD0044021  
**Age / Gender** : 43 Y(s) 00M(s) / Male **Registered On** : 18-12-2023 14:10  
**Ref By** : ESIC SANATHNAGAR **Collected On** : 18-12-2023 14:09  
**Reference** : tricorder family **Reported On** : 18-12-2023 15:36  
**Bill No** : TCD0041003 **Sample Type** : Serum

**DEPARTMENT OF BIOCHEMISTRY 1**

**LIPID PROFILE**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total Cholesterol <i>Method : CHOD-POD</i>	: 175.00	mg/dL	Desirable : < 200 Borderline High : 200 - 239 High : > 239
Triglycerides <i>Method : Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)</i>	: 699	mg/dL	Desirable Level : < 150 Borderline : 150 – 199 High : 200 - 499 Very High : > 500
HDL Cholesterol <i>Method : Enzymatic Inhibition</i>	: 35.00	mg/dL	Desirable Level : > 60 Optimal : 40 – 59 Undesirable : < 40
LDL Cholesterol <i>Method : Calculation</i>	: NA	mg/dL	Optimal : < 100 Near Optimal : 100–129 Borderline High : 130-159 High : 160–189 Very High : > 190
VLDL <i>Method : Calculation</i>	: NA	mg/dL	<30
Total Cholesterol/HDL Cholesterol Ratio <i>Method : Calculation</i>	: NA		Low Risk : 3.3 – 4.4 Average Risk : 4.5 – 7.1 Moderate Risk : 7.2 – 11.0

**Comments / Interpretation :**

- Lipid profile is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

\*\*\* End Of Report \*\*\*



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**Name** : MR.RAMA ANJANEYLU  
**Age / Gender** : 43 Y(s) 00M(s) / Male  
**Ref By** : ESIC SANATHNAGAR  
**Reference** : tricorder family  
**Bill No** : TCD0041003

**UHID** : TD0044021  
**Registered On** : 18-12-2023 14:10  
**Collected On** : 18-12-2023 14:09  
**Reported On** : 18-12-2023 15:36  
**Sample Type** : Serum

**DEPARTMENT OF BIOCHEMISTRY 1**

**Liver Function Test (LFT),Serum**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.640	mg/dL	0.3-1.2
Conjugated Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.18	mg/dL	<0.2
Unconjugated Bilirubin <i>Method : Calculation</i>	: 0.5	mg/dL	0.3-1.0
SGPT / ALT <i>Method : IFCC without P-5-P</i>	: <b>52</b>	U/L	0-50
AST/SGOT <i>Method : IFCC without P-5-P</i>	: 31	U/L	0-50
Alkaline Phosphatase <i>Method : Kinetic PNPP-AMP</i>	: 90	U/L	30-120
Total Protein (TP) <i>Method : Biuret</i>	: 7.2	g/dL	6.00-8.00
Albumin <i>Method : Bromocresol Green(BCG)</i>	: 3.6	g/dL	3.5-5.2
Globulin <i>Method : Calculation</i>	: 3.6	g/dL	1.8-3.6
Albumin / Globulin (A/G) Ratio <i>Method : Calculation</i>	: 1.0		0.8-2.0

**Comments / Interpretation :**

- Liver function test aids in the diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemias, viral and alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

\*\*\* End Of Report \*\*\*



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**Dr.S A Mahammad**  
Consultant Biochemist





**Name** : MR.RAMA ANJANEYLU  
**Age / Gender** : 43 Y(s) 00M(s) / Male  
**Ref By** : ESIC SANATHNAGAR  
**Reference** : tricorder family  
**Bill No** : TCD0041003

**UHID** : TD0044021  
**Registered On** : 18-12-2023 14:10  
**Collected On** : 18-12-2023 14:57  
**Reported On** : 18-12-2023 15:36  
**Sample Type** : Fluoride Plasma

**DEPARTMENT OF BIOCHEMISTRY 1**

**Fasting Glucose**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose <i>Method : Hexokinase</i>	<b>: 279</b>	mg/dL	Normal : 70-100 Impaired Fasting Glucose : 101-125 Diabetes : $\geq$ 126


Comments / Interpretation :

- ADA Guidelines (2019) are adopted for the evaluation of Diabetic Status.

\*\*\* End Of Report \*\*\*



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