








LABORATORY TEST REPORT

Name	: Mrs. THANUJA S		
Sample ID	: A1842048		
Age/Gender	: 26 Years 11 Months 26 Days/Female	Reg. No	: 0312503220011
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Mar-2025 10:26 AM
Primary Sample	: Whole Blood	Received On	: 22-Mar-2025 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Mar-2025 06:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
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[PDF Attached](#)
HAEMOGLOBIN ELECTROPHORESIS (HPLC)

 Haemoglobin (Hb) <small>(Method: Cymmeth Method)</small>	9.3	g/dL	12-15
 RBC Count <small>(Method: Cell Impedance)</small>	3.29	10 ¹² /L	3.8-4.8
 Haematocrit (HCT) <small>(Method: Calculated)</small>	29.0	%	40-50
 MCV <small>(Method: Calculated)</small>	88	fl	81-101
 MCH <small>(Method: Calculated)</small>	28.4	pg	27-32
 MCHC <small>(Method: Calculated)</small>	32.2	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	15.1	%	11.6-14.0
HbA Level <small>(Method: HPLC)</small>	97.90	%	94.3-98.5
HbA2 Level <small>(Method: HPLC)</small>	2.10	%	2.2-3.5
HbF - Foetal Hb Level <small>(Method: HPLC)</small>	<0.03	%	<2.0
Hb S - Window <small>(Method: HPLC)</small>	0.00	%	0-0
Hb D - Window <small>(Method: HPLC)</small>	0.00	%	0-0
Hb E -Window	0.00	%	0-0
Other Peaks	0		
Impression	Normal chromatographic pattern seen with well defined peaks. There is no evidence of abnormal Hemoglobin peaks / flags in the given sample.		



Page 1 of 2

 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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LABORATORY TEST REPORT

Name	: Mrs. THANUJA S		
Sample ID	: A1842046		
Age/Gender	: 26 Years 11 Months 26 Days/Female	Reg. No	: 0312503220011
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Mar-2025 10:26 AM
Primary Sample	: Whole Blood	Received On	: 22-Mar-2025 12:56 PM
Sample Tested In	: Serum	Reported On	: 22-Mar-2025 05:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Iron Profile-II			
Ferritin (Method: CLIA)	25.1	ng/mL	10-291
Iron(Fe) (Method: Ferrozine)	65	µg/dL	50-170
Total Iron Binding Capacity (TIBC) (Method: Ferrozine)	456	µg/dL	250-450
Transferrin (Method: Calculated)	318.88	mg/dL	250-380
Iron Saturation((% Transferrin Saturation) (Method: Calculated)	14.25	%	15-50
Unsaturated Iron Binding Capacity (UIBC) (Method: Colorimetric)	391	ug/dL	110-370

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

*** End Of Report ***



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DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

Page 2 of 2

Chromatogram Report

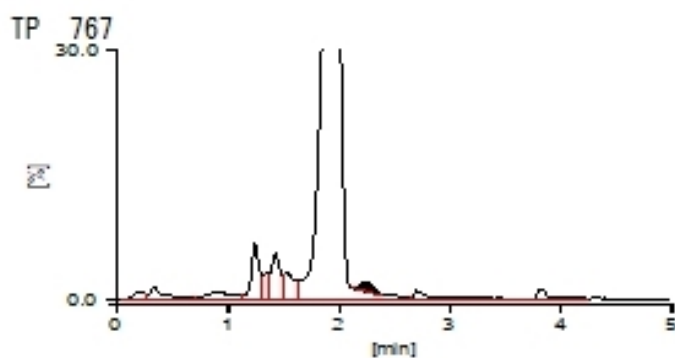
HLC-723 G11 V03.10 2025-03-22 16:53:25
ID A1842048
Sample No. 2025032216440009 SL 0001 - 09
Patient ID
Name
Comment

CALIB F Y =1.2686X + 0.3232
A2 Y =1.3734X + 0.3376

Name	%	Time	Area
F			
A0	83.0	1.94	2097.03
A2	2.1	2.25	29.58
E+			
D+			
S+			
G+			

Total Area 2527.60

HbF 0.0 % HbA2 2.1 %



[Unknown Peak]

Name	%	Time	Area
P00	0.6	0.19	14.17
P01	1.3	0.34	33.43
P02	1.3	0.91	33.53
P03	3.8	1.25	95.91
P04	1.3	1.35	31.82
P05	3.5	1.43	89.70
P06	2.5	1.53	62.77