ADVANCE DIAGNOSTICS CENTRE
C1-C2/17A, NEAR NIHARIKA TALKIES
KORBA- 495677
PH-09228333 MOBILE-9300888178

NAME	: MR UTTAM CHAUHAN	31	Years / Male	Reg No.	: 6903
Ref. By	: . SELF			Reg. Date	: 27/03/2022 04:32PM
Address	:			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Glucose - Random				
Sample Type	: PLASMA - NaF			
Blood Glucose - Random (Methodology : GOD / POD)	: 114	mg/dl	70 - 150	
IgE Total				
Sample Type	: SERUM			
IgE Total	: 29.0	IU/mL	0 - 3 Years : 0 - 46 4 - 16 Years : 0 - 280 Adults : 0 - 200	E CLIA

Immunoglobulin E (IgE) plays an important role in immunological protection against parasitic infections and in allergy (type 1 hypersensitivity). Type 1 hypersensitivity is characterized by the occurrence of allergic reactions immediately following contact with an allergy-initiating antigen (allergen). The binding of the allergen to sensitized mast cells or basophilic cells leads to crosslinking of the IgE on the cell membrane. This in turn causes cell degranulation and the release of factors (e.g. histamine), which produce the typical symptoms of type 1 hypersensitivity. The IgE concentration in serum is normally very low (< 0.001% of the total serum immunoglobulins). The IgE concentration is age-dependent, with the lowest values being measured at birth. Its concentration gradually increases and becomes stabilized between the 5th and 7th years of life, although the IgE values vary greatly within particular age groups. In infants and small children with recurrent respiratory tract diseases, the determination of IgE is of prognostic relevance. As IgE is of importance in allergies, elevated IgE concentrations can be found in patients with allergic diseases such as hay fever, atopic bronchitis and dermatitis. Normal IgE values do not, however, mean that an allergic disease can be ruled out. For this reason the quantitative determination of serum IgE concentrations for clinical differentiation between atopic and non-atopic diseases is only useful in combination with other clinical findings. Elevated serum IgE concentrations can also occur in non-allergic diseases, e.g. bronchopulmonary aspergillosis, Wiskott-Aldrich syndrome, hyper-IgE syndrome, IgE myeloma and parasitic infections. Roche Cobas IgE uses monoclonal antibodies directed specifically against human IgE.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN

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Sample Registered On : 27/03/2022 04:32PM
Sample Received On : 28/03/2022 12:31PM
Report Released On : 28/03/2022 03:57PM
Sample Barcode :

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Dr. VANDANA CHANDANI

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: **11.9**	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 4.96	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 38.7	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: **78.0**	fL	80 - 100	
Mean Corpuscular Hemoglobin	: **24.0**	PG	26 - 34	
MCHC	: **30.7**	g/L	31 - 35	
RDW	: **15.2**	%	11.5 - 14.5	
Total Leucocyte Count.	: 7970	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 52	%	40 - 75	
Lymphocytes.	: **42**	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 01	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 281000	/cmm	150000 - 450000	
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 21	mm/hr	0 - 15 :1st Hour	Sedimentation me

--- End Of Report ---

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