जिला महिला चिकित्सालय

जनपद – सीतापुर

[redacted]

(वाह्य रोगी टिकट)

(केवल पन्द्रह दिन के लिए मान्य)

पंजीकरण संख्या 18078 दिनांक 22/6/23

रोगी का नाम सुषमा कुमारी आयु 42 लिंग

पिता/पति का नाम

पता

रोग निदान P0+1 डाक्टर का नाम

उपचार

BP - G LMP - 22nd Jun - C/o - wants Issue
Weight Primary. H/O DM.
Inj TD ESR / CBC.
TD -
Hb%
Urine R / MIE 22/6/23
ABO Rh Follicular Study D9, 11, 13.
VDRL
HIV I & II - NR
Hbs Ag - NR
HCV - NR.
6TT —
TSH - (N) 3.43.
Preg. Test
12/4/22 HbA1c - 5.4

Tab. Clomene OD. 2nd - 50mg - 7th
Tab Folic Acid 5mg 1 month

Semen Analysis After 3 days Abstinence.

referred to Higher centre for IVF

मुख्य चिकित्सा अधिकारी सीतापुर

गर्भ में लड़का लड़की का पता करना – गैर कानूनी है

आबादी का बढ़ता बोझ, साधन घटते जाते रोज

1. आपका अपना शौचालय है या नहीं।
2. अपने निजी व्यक्तिगत शौचालय का निर्माण कराकर उसका उपयोग करें।

संयम से रहें, एड्स से बचें। Toll Free No. : 1800-180-5145

3. चिकित्सालय में धूम्रपान करना एवं पान व मसाला खाकर प्रवेश करना वर्जित है। पकड़े जाने पर 200/– जुर्माना देना होगा। 4. सार्वजनिक / राजकीय अवकाश एवं हर माह के द्वितीय शनिवार को ओ०पी०डी० का पर्चा 11 बजे तक ही बनाया जायेगा। 5. 24 घंटे आकस्मिक एम्बुलेंस सेवा उपलब्ध है। 6. चिकित्सालय आपका है इसे स्वच्छ रखने में सहयोग प्रदान करें। छोटा परिवार सुखी परिवार। 7. जननी सुरक्षा योजना का पूर्ण लाभ प्राप्त करने हेतु MCTS एवं खाता संख्या प्रस्तुत करना अनिवार्य है। 8. प्रसव के पश्चात एवं नसबन्दी की सुविधा भी चिकित्सालय में उपलब्ध है। 9. टीकाकरण की सुविधा चिकित्सालय में उपलब्ध है। 10. प्रसव के पश्चात 1/2 घण्टे में स्तनपान अवश्य करायें।

USG SHEET

INDIRA IVF
FERTILITY & IVF CENTRE

Patient Name Sudesh Amit UHID No. IKO0009201

Mode of Scan ☑ Vaginal ☐ Abdominal ☐ Both Vaginal & Abdominal LMP Date 17/Sep/23 Day of cycle 7

1 UTERUS

- **ANOMALLY** ☑ NO ☐ YES
  ☐ ARCUATE ☐ BICORNUATE ☐ DIDELPHYS ☐ HYPOPLASTIC ☐ COMPLETE SEPTATE ☐ PARTIAL SEPTATE / UNICORNUATE ☐ UTERINE AGENESIS ☐ UNICORNUATE WITH FUNCTIONAL AND COMMUNICATING RUDIMENTARY HORN ☐ UNICORNUATE WITH FUNCTIONAL AND NON COMMUNICATING RUDIMENTARY HORN ☐ UNICORNUATE WITH NON FUNCTIONAL RUDIMENTARY HORN ☐ ABSENT UTERUS .
- **UTERUS SIZE** ☑ NORMAL ☐ SMALL ☐ BULKY.
- **MEASUREMENT** - ☐ LENGTH .....cm ☐ WIDTH .....cm ☐ HEIGHT .....cm
- **UTERUS POSITION** – ☑ ANTEVERTED ☐ RETROVERTED ☐ MIDPOSED.
- **UTERUS AXIS** – ☑ ANTEFLEXED ☐ RETROFLEXED

2 MYOMETRIUM

RIGHT SIDE HORN	LEFT SIDE HORN
A) TEXTURE- ☑ HOMOGENEOUS ☐ HETEROGENEOUS	**A) TEXTURE-** ☐ HOMOGENEOUS ☐ HETEROGENEOUS
B) HETEROGENICITY NATURE- ☐ FOCAL ☐ DIFFUSE	**B) HETEROGENICITY NATURE-** ☐ FOCAL ☐ DIFFUSE
C) HETEROGENICITY LOCATION – ☐ ANTERIOR ☐ POSTERIOR ☐ FUNDAL ☐ LATERAL	**C) HETEROGENICITY LOCATION –** ☐ ANTERIOR ☐ POSTERIOR ☐ FUNDAL ☐ LATERAL
D) FIBROID COUNT ☐ NO ☐ SINGLE ☐ MULTIPLE	**D) FIBROID COUNT** ☐ NO ☐ SINGLE ☐ MULTIPLE

FIRST FIBROID- (If Applicable ☐ HORN LEFT ☐ HORN RIGHT)

LOCATION	☐ ANTERIOR ☐ ANTERIOR CERVICAL ☐ CORNUAL RIGHT ☐ CORNUAL LEFT ☐ FUNDAL ☐ LATERAL LEFT ☐ LATERAL RIGHT ☐ LEFT ADNEXA ☐ RIGHT ADNEXA ☐ POSTERIOR ☐ POSTERIOR CERVICAL
KIND OF MYOMA	☐ SUBSEROUS ☐ INTRAMURAL ☐ SUBMUCOSAL
TYPE OF MYOMA	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
MEASUREMENT	☐ HEIGHT _____ cm ☐ WIDTH _____cm ☐ LENGTH _____cm
INDENTATION	☐ ABUTTING ☐ INDENTING ☐ NOT INDENTING

SECOND FIBROID- (If Applicable ☐ HORN LEFT ☐ HORN RIGHT)

LOCATION	☐ ANTERIOR ☐ ANTERIOR CERVICAL ☐ CORNUAL RIGHT ☐ CORNUAL LEFT ☐ FUNDAL ☐ LATERAL LEFT ☐ LATERAL RIGHT ☐ LEFT ADNEXA ☐ RIGHT ADNEXA ☐ POSTERIOR ☐ POSTERIOR CERVICAL
KIND OF MYOMA	☐ SUBSEROUS ☐ INTRAMURAL ☐ SUBMUCOSAL
TYPE OF MYOMA	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
MEASUREMENT	☐ HEIGHT _____ cm ☐ WIDTH _____cm ☐ LENGTH _____cm
INDENTATION	☐ ABUTTING ☐ INDENTING ☐ NOT INDENTING

E) ADENOMYOMA- (If Applicable ☐ HORN LEFT ☐ HORN RIGHT) ☐ No ☐ Single ☐ Multiple Total Count. _____

FIRST FIBROID	**LOCATION**	☐ ANTERIOR ☐ ANTERIOR CERVICAL ☐ CORNUAL RIGHT ☐ CORNUAL LEFT ☐ FUNDAL ☐ LATERAL LEFT ☐ LATERAL RIGHT ☐ LEFT ADNEXA ☐ RIGHT ADNEXA ☐ POSTERIOR ☐ POSTERIOR CERVICAL
	MEASUREMENT	☐ HEIGHT _____ cm ☐ WIDTH _____cm ☐ LENGTH _____cm
	ENDOMETRIAL DEVIATION	☐ No ☐ Yes
SECOND FIBROID	**LOCATION**	☐ ANTERIOR ☐ ANTERIOR CERVICAL ☐ CORNUAL RIGHT ☐ CORNUAL LEFT ☐ FUNDAL ☐ LATERAL LEFT ☐ LATERAL RIGHT ☐ LEFT ADNEXA ☐ RIGHT ADNEXA ☐ POSTERIOR ☐ POSTERIOR CERVICAL
	MEASUREMENT	☐ HEIGHT _____ cm ☐ WIDTH _____cm ☐ LENGTH _____cm
	ENDOMETRIAL DEVIATION	☐ No ☐ Yes

डॉ. विकास अग्रवाल
Radiologist

Cross Road Plaza

SET ☑ DET ☐

UHID No. LKO000920 / Reg. No. —

ALLERGY : ☐ Yes / ☐ No

Patients Name Sudesh Age 43 Yrs. Duration of Infertility .... Yrs.

Husband Name Amit Kanaj Age 44 Yrs. Married Life 3 yrs Yrs.

CYCLE PLAN - Oocyte Source : OPU ☐ OD ☐ Sperm Source : Self Ejaculatory ☐ TESA ☐ DS ☐

Counselling for POR & Donation OD

C/o Dr Pawan Yadav 9521538238

PT-13.8

WIFE	DATE	DATE
Blood Group B+ve	Hb 13.6	
HIV NR	TSH 1.86	
HBsAg NR	RBS 99.3	
HCV NR	PRL 9.39	
VDRL NR	SGOT 13.6	
DTAH	SGPT 15.5	
BUH 10.51	Sr. CREATINNE 0.74	

VR-1.06

Rubella IgG 35.20 IgM 0.07 AMH 0.19 Avidity Test ....

Thalassemia Screen

Pap Test

Karyotype

HSG : Year .... Finding

Echocardiography

HUSBAND

HIV NR HBsAg NR

VDRL NR HCV NR

Blood Group O+ve TSH ____ RBS ____

Thalassemia screen

Karyotype

SEMEN ANALYSIS N/V

Count .... mil/ml Morphology .... mil/ml

Motility .... % Vitality .... mil/ml

Remark

DFI .... %

Sr. FSH .... Sr. Testosterone ....

E2 ____ LH ____

Karyotype ____ Y-Micro Deletion ____

TRUS / Scrotal USG

TESTICULAR BIOPSY

MEDICAL HISTORY- FEMALE

Problem	Current medications

MEDICAL HISTORY-MALE

Problem	Current medications

SURGICAL HISTORY-FEMALE

Surgery	year	Details / Finding

SURGICAL HISTORY-MALE

Surgery	year	Details / Finding

OBSTETRICS HISTORY

G ____ P ____ L ____ A ____ ND ____ IUFD ____

P. No.	Mode of conception	Outcome	Surgical Intervention	Remark
P_1	A1 - [illegible]	[illegible]	=	[illegible]
P_2				
P_3				

PRE ART TREATMENT

S.No.	Treatment	Attempts	Result	Clinic / Hospital	Cooments
1					
2					
3					
4					

Patient Profile : Height .... Weight .... BMI .... Pulse Rate .... BP .... Galactorrhea ....

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P / S ____ P / V ____

Allergy : ....

INDIRA IVF
FERTILITY & IVF CENTRE

Prescription No.: LKO202309230101024
Print date: 23-09-2023 03:15 PM
Prescription Generated On: 23-09-2023

INDIRA IVF HOSPITAL PRIVATE LIMITED - LUCKNOW
1 - Tilak Marg, Opposite National PG College
Play Ground, Hazratganj,
Lucknow, UTTAR PRADESH 226001
Phone No: 8795334436/7081000380

Patient Name: SUDESH KUMARI . **Husband Name:** AMIT KUMAR . **UHID:** P230923LKO0009201/1

Registration No.: 20230923LKO0012830 **OPD:** 20230923LKO0020823

Address: A-120 WZ-283 A BLOCK HARI NAGAR , West Delhi, DELHI, India **Age:** 43 **Gender:** Female

Stage: **Cycle Plan:** **Doctor:** DR. PAWAN YADAV

℞

LMP: 24/10/23

Sr. No.	Medicine	Dosage	Frequency	Timings	Route	Days	Notes
1	Tablet Myo-Inositol, Co-Enzyme Q10, Astaxanthin L-Methylfolate Calcium And Melatonin **(BOOSTIL F 10'S TAB)**		दिन में दो बार रोज		Oral	30	एक गोली सुबह एक गोली शाम को रोज भोजन के बाद दूध या पानी के साथ
2	Capsule L-Leucine **(M TORR 800)**	800 mg	रोज दिन में दो बार		Oral	30	एक गोली सुबह एक गोली शाम को पानी के साथ
3	Tablet Dehydro epianandrosterone micronized **(DHEAPREG-SR)**	75 mg	दिन में एक बार रोज		Oral	30	हर सुबह नाश्ते के बाद पानी या दूध के साथ एक गोली
4	Tablet L Methylfolate Methylcobalamin pyridoxal 5 phosphate **(FOLPHATE B12 10'S TAB)**		दिन में एक बार रोज		Oral	30	हर सुबह नाश्ते के बाद पानी या दूध के साथ एक गोली
	शुरू करे माहवारी के 8 वे दिन से अगली महावरी शुरू होने तक						
5	Testosterone **(ANDROTAS GEL PUMP 75G)**	1%	दो बार रोज लें		Applied Locally on non hairy part	30	रोज
	माहवारी के दूसरे दिन से : DURING STIMULATION						
6	Tablet Rabeprazole **(REPEPSIA 20MG TAB)**	40mg	रोज दिन में एक बार		Oral	15	एक गोली रोज सुबह खाली पेट पानी के साथ
7	Tablet Multi Vitamin **(COLAVITAL 30'S TAB)**		रोज दिन में एक बार		Oral	15	हर सुबह नाश्ते के बाद पानी या दूध के साथ एक गोली
8	Powder Protein powder **(ADOREMOM VANILLA)**	200 gm	दो चम्मच सुबह और दो चम्मच शाम को		Oral	20	पाउडर दो चम्मच सुबह और दो चम्मच शाम को रोज दूध के साथ
	माहवारी के दूसरे दिन आना है स्टिमुलेशन के लिए ओर 15 दिनों तक यहां रहना है						

Remark:

Dr. Pawan Kumar Yadav
MBBS, MD (OBG)
Consultant Gynecologist
Reg. No.-UPMC 74914/7362(A)(S)

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DR. PAWAN YADAV
Doctor's Signature
(Stamp)

Disclaimer: Kindly collect all your investigation reports in the next 2-3 days.

INDIRA IVF
FERTILITY & IVF CENTRE

Clinic Name - INDIRA IVF HOSPITAL PRIVATI LUCKNOW
UHID - P230923LKO0009201
Patient Name - SUDESH KUMARI .
Lmp Date - 17-09-2023 **Day Of Cycle** - 7

Uterus
- Uterus is NORMAL in size
- Uterus measures 5.98 x 3.81 x 3.37 cm,
- Uterus is ANTEVERTED and ANTEFLEXION

Myometrium
- Myometrium is homogeneous in texture.

Endometrium - Endometrium is homogene
- Endometrium measures 4.42 mm
- Endometrium is centrally placed.

Ovary

Left :-
- Ovary is normal in appearance.
- Ovary is free.
- Ovary measures 2.58 x 0.99 x 0.81cm.
- Ovary having few small follicles(1-2).

Right :-
- Ovary is normal in appearance.
- Ovary is free.
- Ovary measures 1.96 x 0.74 x 0.82cm.
- Ovary having single follicle.

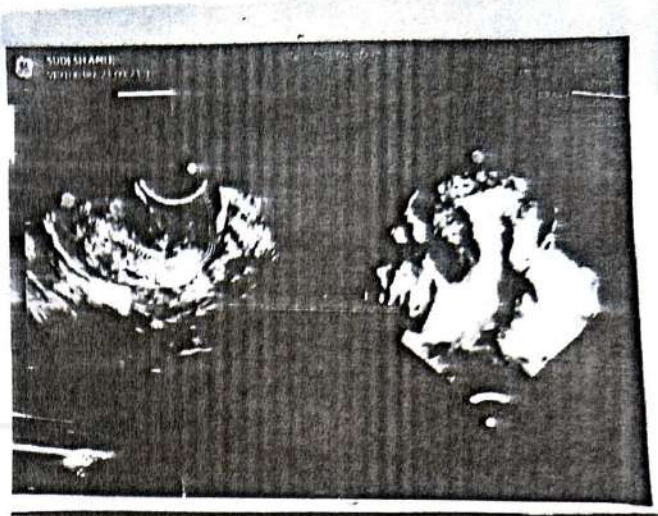
Adnexa

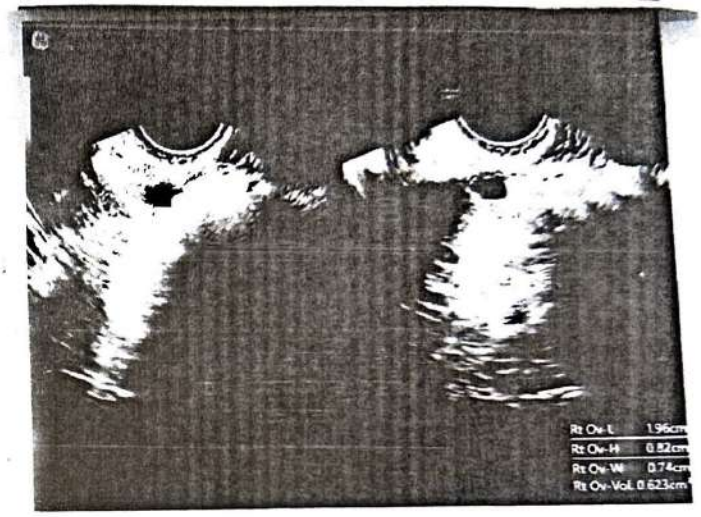
Left : -
- Adnexa shows tubular cystic structure adjacer

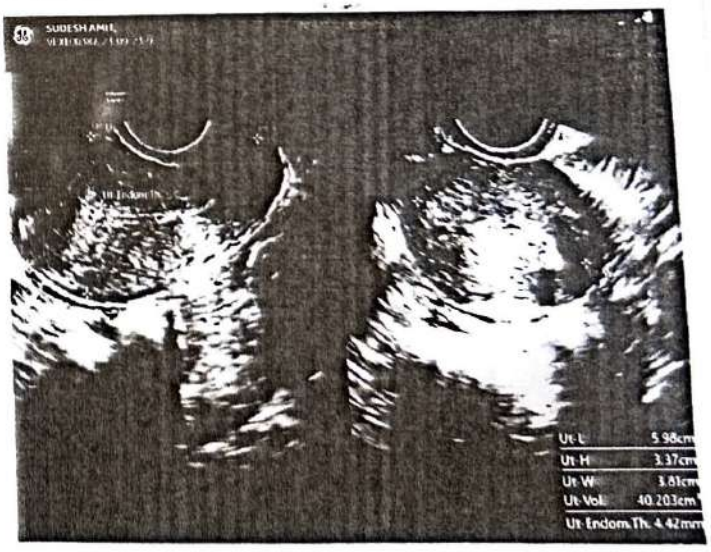
Right : -
- Adnexa shows tubular cystic structure adjacer

POD
- No free fluid seen in POD.

Interpretation
- **LEFT HYDROSALPINX ?**
- **RIGHT HYDROSALPINX ?**
- **DIMINISHED OVARIAN RESERVE**







मुख्य चिकित्सा अधिकारी
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Scan Done By - DR MANISH GUPTA

Report Generated By - DR. DEEPA SEN

INDIRAPATHLABS
YOUR HEALTH PARTNER

Patient Name	: SUDESH KUMARI AMIT KUMAR	Sample Registration	: 23/09/2023 13:59:52
Age/Gender	: 43 Yrs. / F	Sample Collected	: 23/09/2023 13:59:52
Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:07
Patient ID	: 15428 230923	Sample Reported	: 23/09/2023 15:22:07
Center Name	: Indira IVF, Lucknow	Report Status	: Partial
UHID	: P230923LKO00009201/1		

Department of Haematology

Complete Blood Count *(EDTA WHOLE BLOOD)*

Test		Result	Unit	Reference Range	Method
RBC INDICES					
Haemoglobin (Hb)	:	13.6	gm/dL	12.0 - 15.0	Cyanmeth Photometric
Erythrocyte Count (RBC)	:	4.73	mill/cmm	3.8-4.8	Electrical Impedance
Packed Cell Volume (PCV)	:	44.0	%	36-46	Calculated
Mean Corpuscular Volume (MCV)	:	93.0	%	83-101	Electrical Impedance
Mean Corpuscular Haemoglobin (MCH)	:	28.8	pg	27-32	Calculated
Mean Corpuscular Hb Concn. (MCHC)	:	30.9	gm/dl	31.5-34.5	Calculated
Red Cell Distribution Width (RDW-CV)	:	13.3*	%	11.0-14.0	Electrical Impedance
WBC INDICES					
Total Leucocytes Count (WBC)	:	7250	10^3/l	4000-10000	Electrical Impedance
Differential Counts					
Neutrophils	:	40	%	40-80	VCSn Technology
Lymphocytes	:	46	%	20-40	VCSn Technology
Monocytes	:	3	%	2-10	VCSn Technology
Eosinophils	:	10	%	1-6	VCSn Technology
Basophils	:	1	%	1-2	VCSn Technology
Absolute Differential Counts					
ABS Neutrophil Count	:	2.90	* 10^9/L	2.0-7.0	Calculated
ABS Lymphocyte Count	:	3.34	* 10^9/L	1-3	Calculated
ABS Eosinophil Count	:	0.72	* 10^9/L	0.0-5.0	Calculated
ABS Monocyte Count	:	0.22	* 10^9/L	0.2-1.0	Calculated
ABS Basophils Count	:	0.07	* 10^9/L	1-2	Calculated
PLATELET PARAMETERS					
Platelet Count	:	258	10^3/l	150-450	Electrical Impedance
Mean Platelet Volume (MPV)	:	11.2	fL	7.2-11.7	Electrical Impedance
PCT	:	0.29	%	0.20-0.36	Calculated
PDW	:	14.9	%	9.0-17.0	Calculated
P-LCR	:	35.5	%	18-50	Calculated
Mentzer Index	:	19.66		<13	Calculated

Tests done on Automated Haematology Cell Counter (WBC, RBC, Platelet count by Electric impedence method, Spectrophotometric method for Haemoglobin, WBC differential by DHSS, Absorbance and Electric impedence method and other parameters are calculated)

मुख्य चिकित्सा अधिकारी
सीतापुर

Patient Name	: SUDESH KUMARI AMIT KUMAR .	**Sample Registration**	: 23/09/2023 13:59:52
Age/Gender	: 43 Yrs. / F	**Sample Collected**	: 23/09/2023 13:59:52
Referred By	: DR. PAWAN YADAV	**Sample Received**	: 23/09/2023 14:14:07
Patient ID	: 15428 230923	**Sample Reported**	: 23/09/2023 15:26:47
Center Name	: Indira IVF, Lucknow	**Report Status**	: Partial
UHID	: P230923LKO0009201/1		

Department of Coagulation

PTT (APTT, PTTK) *(Citrate Plasma Sample)*

Test		Result	Unit	Reference Range	Method
APTT (Test)	:	29.8	secs	27.1-32.72	CLOT BASED
Control(MNAPTT)	:	28.0	secs	24-38	CLOT BASED

PT/INR *(Citrate Plasma Sample)*

Test		Result	Unit	Reference Range	Method
PROTHROMBIN TIME (PT)	:	13.8	sec.	12.29-13.9	CLOT BASED
Control(MNPT)	:	13.2	sec.		CLOT BASED
Ratio	:	1.05	secs		Calculated
Index	:	95.65			Calculated
PT(INR) Value	:	1.06		0.80-1.10	Calculated
ISI of Reagent	:	1.1			

Interpretation:
1- The Prothrombin Time (PT) and International Normalized Ratio (INR) are measures of the extrinsic pathway of coagulation.
2- The INR is used only for patients on stable oral anticoagulant therapy. It makes no significant contribution to the diagnosis or treatment of patients whose PT is prolonged for other reasons.

Increased PT times may be due to:
Factor deficiencies(X , II , V , I), Coumadin (warfarin) therapy, Liver Diseases (Bile duct obstruction, Cirrhosis , Hepatitis), Hemmorhagic Disease of the newborn, DIC, Malabsorption, Fibrinolysis, Vitamin K deficiency.

Interference in PT/INR:
Alcohol, antibiotics, aspirin, cimetidine, thrombin Inhibitors(Increase PT) Barbiturates, oral contraceptives, hormone-replacement therapy (HRT), and vitamin K (Decrease PT).

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INDIRA PATHLABS, 1, Tilak Marg, H.No. 21/268, 21/27, Hazratganj, Lucknow-226001
Contact : 9587958123 | Email :lab.lucknow@indirapathlabs.in | Website : www.indirapathlabs.in
Reg. Off. : INDIRA IVF Hospital Pvt Ltd, : 4th Floor, C Tower, Times Square Building, Marol, Gamdevi, Andhe Kurla Road, Andheri East, Marol Naka, Mumbai- 400059, (Mah.), India (CIN NO: U85110MH2015PTC40605

Patient Name	: SUDESH KUMARI AMIT KUMAR .	**Sample Registration**	: 23/09/2023 13:59:52
Age/Gender	: 43 Yrs. / F	**Sample Collected**	: 23/09/2023 13:59:52
Referred By	: DR. PAWAN YADAV	**Sample Received**	: 23/09/2023 14:14:07
Patient ID	: 15428 230923	**Sample Reported**	: 23/09/2023 16:04:02
Center Name	: Indira IVF, Lucknow	**Report Status**	: Partial
UHID	: P230923LKO0009201/1		

Department of Serology

VDRL *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
VDRL Test for Syphilis	:	Non Reactive		Non Reactive	RPR Flocculation

COMMENTS

- False positive results may be seen during a variety of acute and chronic conditions
- Reactive results must be correlated with supportive clinical, historical and epidemiological evidence to arrive at a final diagnosis
- TPHA/FTA-Abs is a confirmatory test for Treponema Pallidum with very high specificity and sensitivity

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INDIRA PATHLABS, 1, Tilak Marg, H.No. 21/268, 21/27, Hazratganj, Lucknow-226001 | Reg. Off. : INDIRA IVF Hospital Pvt Ltd, : 4th Floor, C Tower, Times Square Building, Marol, Gamdevi, Andheri

Patient Name	: SUDESH KUMARI AMIT KUMAR .	Sample Registration	: 23/09/2023 13:59:52
Age/Gender	: 43 Yrs. / F	Sample Collected	: 23/09/2023 13:59:52
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Patient ID	: 15428 230923	Sample Reported	: 23/09/2023 16:04:02
Center Name	: Indira IVF, Lucknow	Report Status	: Partial
UHID	: P230923LKO0009201/1		

Department of Immunology

Serum Prolactin *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
Prolactin Serum	:	9.39	ng/ml	Females: 5.18 - 26.53 Post Menaupausal 2.74 - 19.64	CMIA

Interpretation:
Useful for Aiding in evaluation of pituitary tumors, amenorrhea, galactorrhea, infertility, and hypogonadism and monitoring therapy of prolactin-producing tumors.
In normal individuals, prolactin concentrations increase in response to physiologic stimuli such as sleep, stress, exercise and hypoglycemia, and are also elevated during pregnancy, lactation, postpartum, and in the newborn infant.
In patients with asymptomatic hyperprolactinemia, assessment for Macroprolactin (prolactin bound to immunoglobulin) is suggested.
Prolactin levels will vary over a 24-hour period, rising during sleep and peaking in the early morning.
Limitations: Moderately increased concentrations of serum prolactin are not a reliable guide for determining whether a prolactin-producing pituitary adenoma is present.
Certain medications can cause increased Prolactin level.

VITAMIN D (25-HYDROXY) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
Vitamin D3 [25-Hydroxy]	:	48.10	ng/mL	Deficiency: < 20 Insufficiency: 20 - 30 Sufficiency: 30 - 100	CMIA

Interpretation:
Useful for :
Diagnosis of Vitamin D deficiency .
Differential diagnosis of causes of rickets and Osteomalacia . Monitoring Vitamin D replacement therapy . Diagnosis of hypervitaminosis D .
Vitamin D levels may vary according to factors such as geography, season, or the patient's health, diet, age, ethnic origin, use of Vitamin D supplementation or environment.
Some potential interfering substances like rheumatoid factor, endogenous alkaline phosphatase, fibrin, and proteins capable of binding to alkaline phosphatase in the patient sample may cause erroneous results in immunoassays. Carefully evaluate the results of patients suspected of having these types of interferences.

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Patient Name	: SUDESH KUMARI AMIT KUMAR .	Sample Registration	: 23/09/2023 13:59:52
Age/Gender	: 43 Yrs. / F	Sample Collected	: 23/09/2023 13:59:52
Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:07
Patient ID	: 15428 230923	Sample Reported	: 23/09/2023 16:04:02
Center Name	: Indira IVF, Lucknow	Report Status	: Partial
UHID	: P230923LKO0009201/1		

Department of Immunology

HCV (CMIA) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
HCV Antibody	:	Non Reactive		Non Reactive	CMIA
Patient Value	:	0.11	s/co	Non Reactive - < 1.0 Reactive - >=1.0	CMIA

Note
HCV antibodies are usually not detectable during the early months following infection, but they are almost always detectable by the late convalescent stage (>6 months after onset of acute infection)Specimens that are repeatedly reactive by screening tests should be confirmed with HCV tests with higher specificity, such as direct detection of HCV RNA by reverse transcription-PCR (RT-PCR) or HCV-specific antibody confirmatory tests.
A negative screening test result does not exclude the possibility of exposure to or infection with HCV. Negative screening test results in individuals with prior exposure to HCV may be due to antibody levels below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay.
Limitations:
False-reactive screening test results can occur.
A reactive screening test result does not distinguish between past (resolved) and present HCV infection. Serologic tests cannot provide information on clinical response to antiviral therapy.
HCV antibody testing is not recommended until at least 18 months of age in these infants

Rubella IgM *(Serum Sample)*

Test	Result	Unit	Reference Range	Method
Rubella (German Measles)-IgM Serum:	0.070	S/CO	Non-reactive : 0 - 0.75 Equivocal : 0.75 - 1.0 Reactive: >= 1.0	CMIA

Rubella IgG *(Serum Sample)*

Test	Result	Unit	Reference Range	Method
Rubella (German Measles)-IgG Serum:	35.20	IU/mL	Non-reactive : 0 - 4.9 Equivocal : 5.0 - 9.9 Reactive: >= 10.0	CMIA

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Patient Name	: SUDESH KUMARI AMIT KUMAR .	Sample Registration	: 23/09/2023 13:59:52
Age/Gender	: 43 Yrs. / F	Sample Collected	: 23/09/2023 13:59:52
Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:07
Patient ID	: 15428 230923	Sample Reported	: 23/09/2023 16:04:02
Center Name	: Indira IVF, Lucknow	Report Status	: Partial
UHID	: P230923LKO0009201/1		

Department of Immunology

AMH (Anti Mullerian Hormone) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
AMH	:	0.190	ng/mL	0.059-4.44	

Interpretation :
AMH is a dimeric glycoprotein hormone belonging to the TGF-g family, produced by Sertoli cells of testis in males and by ovarian follicular granulosa cells upto antral stage in females.

IN MALES- it is used to evaluate testicular presence and function in infants with intersex conditions or ambiguous genitalia, and to distinguish between cryptorchidism and anorchia.

IN FEMALES- During reproductive age, follicular AMH production begins during the primary stage, peaks in preantral stage & has influence on follicular sensitivity to FSH which is important in selection for follicular dominance. AMH levels thus represent the pool or number of primordial follicles but not the quality of oocytes.AMH doesnot vary significantly during menstrual cycle & hence can be measured independently of day of cycle.

- Polycystic ovarian syndrome can elevate AMH 2 to 5 fold higher than age-specific reference ranges & predict anovulatory, irregular cycles.Ovarian tumours like Granulosa cell tumour are often associated with higher AMH.
- Obese women are often associated with diminished ovarian reserve & can have 65% lower mean AMH levels than non-obese women.
- A combination of Age, Ultrasound markers -ovarian volume and Antral follicle count, AMH level & FSH level are useful for optimal assessment of ovarian reserve.Studies in various fertility clinics are ongoing to establish optimal AMH concentrations for predicting response to invitro fertilization, however, given below is suggested interpretative reference-

Optimal Fertility : Above 4.0 ng/ml
Satisfactory Fertility : 2.19 - 4.0 ng/ml
Low Fertility :0.3 - 2.19 ng/ml
Very low/Undetectable : Below 0.3 ng/ml

Reference
1. AMH- ovarian reserve marker. Fertil steril.2005; 83(4): 979-87. Human Reprod. 2007 Mar; 22(3).
2. Grinspon & Ray: AMH & Sertoli cell function in paediatrics. Horm Res Paediatr 73: 81-92, 2010.

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Department of Immunology

HIV (CMIA) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
HIV	:	Non Reactive		Non Reactive	CMIA
Patient Value	:	0.17	S/CO	Ref Range for Chemiluminescent Microparticle Immunoassay < 0.90 (Non Reactive) > or = 1.00 (Reactive)	CMIA

NOTES

1. This is only a Screening test, all reactive sample should be confirmed by WESTERN BLOT.
2. Presence of anti HIV I and anti HIV II does not necessarily imply co-infection from HIV I and HIV II.
3. No reactive result does not exclude the possibility of exposue to or infection with HIV I and HIV II.

TSH *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
TSH	:	1.86	µIU/mL	0.35-4.94	CMIA

Interpretation

1. TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample .
2. TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease .
3. TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc .
4. Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.

Note: Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

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UHID	: P230923LKO0009201/1		

Department of Immunology

HBsAg (CMIA)(Australia Antigen) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
Hepatitis B Surface Antigen	:	Non Reactive		Non Reactive	CMIA
Patient Value	:	0.20	S/CO	Ref Range for Chemiluminescent Microparticle Immunoassay < 0.90 (Non Reactive) > or = 1.00 (Reactive)	CMIA

Note:

1. Hepatitis B surface antigen (HBsAg) is an important viral envelope protein,which appears shortly after infection and is a key serological marker for detection and diagnosis of HBV.Clearance during treatment shows recovery and development of neutralizing antibodies (anti-HBs) occurs in 90% of the patients.due to the introduction of hepatitis B vaccination programs,the serological detection of anti-HBs has become important method for monitoring of recipients upon vaccination with synthetic and natural HbsAg.
2. The absence of anti-HBs indicates susceptibility to HBv infection.For this screening for anti-HBs in high risk populations is recommended for identifying individuals who may benefit from vaccination.
3. Hepatitis B Surface Antigen test is a screening test. A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR.
4. Type B viral hepatitis is usually accompanied by the appearance of hepatitis B surface antigen in the serum. HBsAg can be detected in the serum as early as 2 to 3 weeks before the onset of the illness and reaches a peak titre at the time when the characteristic symptoms like jaundice and changes in the liver-specific enzymes appear. This is normally followed by a gradual elimination of the antigen. In some cases and in an unknown percentage of subclinical hepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. Despite the high sensitivity of HBsAg assays, a risk of the transmission of hepatitis B by an HBsAg -negative sample cannot be ruled out.
5. The presence of HBsAg antibodies should not be used as the sole marker in determining a prior hepatitis b infection. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, vaccination history, clinical examination and other findings.

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Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:07
Patient ID	: 15428 230923	Sample Reported	: 23/09/2023 15:26:47
Center Name	: Indira IVF, Lucknow	Report Status	: Partial
UHID	: P230923LKO0009201/1		

Department of Biochemistry

BLOOD GROUP *(EDTA WHOLE BLOOD)*

Test		Result
Blood Group	:	"B"
Rh Factor	:	Positive

Methodology
This is done by forward and reverse grouping by tube Agglutination method.
Interpretation
Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

SGPT/ALT *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
SGPT	:	15.50	U/L	< 34	IFCC

Interpretation
Alanine transaminase (ALT) also known as Serum Glutamic Pyruvic Transaminase (SGPT) is released from hepatocytes as a result of injury to the cell membrane that directly causes extrusion of the cytosolic contents. Thus it is fairly specific to hepatocytes. Elevated levels of ALT are seen in cirrhosis and fibrosis however they may be low in end stage cirrhosis. AST/ALT quotient, also called the DeRitis ratio is usually 3–4 : 1 in alcohol-induced liver disease and elevated in cirrhosis and acute fulminant hepatic failure. If the AST/ALT ratio is <1, it indicates mild liver damage.

SGOT / AST *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
SGOT	:	13.60	U/L	< 31	IFCC

Interpretation:
Aspartate transaminase (AST) also known as Serum Glutamic Oxaloacetic Transaminase (SOPT) is ubiquitously distributed in the body tissues, including the liver, heart and muscle. Thus, when there is damage to liver, heart or kidney tissue, there is an increase in serum/plasma levels of AST. Commonly, elevated levels are seen in acute hepatocellular injury and cirrhosis. AST/ALT quotient, also called the DeRitis ratio is usually 3–4 : 1 in alcohol-induced liver disease and elevated in cirrhosis and acute fulminant hepatic failure. If the AST/ALT ratio is <1, it indicates mild liver damage. AST is also used for monitoring therapy with potentially hepatotoxic drugs; a result more than three times the upper border of normal should signal stopping of therapy.

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Patient ID	: 15428 230923	Sample Reported	: 23/09/2023 15:26:47
Center Name	: Indira IVF, Lucknow	Report Status	: Partial
UHID	: P230923LKO0009201/1		

Department of Biochemistry

CREATININE/eGFR *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
Creatinine	:	0.74	mg/dL	0.51-0.95	Enzymatic
eGFR (CKD-EPI)	:	99.22	ml/min/1.73 sq m	Normal Or High: >= 90</br> Mild Or Decrease: 60-89</br> Mild To Moderate Decrease: 45-59 </br> Mild To Severe Decrease: 30-44</br> Severe Decrease: 15-29</br> Kidney Failure: < 15	

UREA/BUN *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
Urea	:	22.50	mg/dL	13 - 43	Urease
Blood Urea Nitrogen-BUN	:	10.51	mg/dL	6-20	Calculated

RBS *(Fluroid Plasma)*

Test		Result	Unit	Reference Range	Method
Glucose Random	:	99.3	mg/dL	70 - 140	Hexokinase

Interpretation:
A blood sugar level lower than 140 mg/dL (7.8 mmol/L) is considered normal. A random blood sugar (RBS) level of 200 mg/dl or higher indicates diabetes mellitus. For any abnormal findings, you must consult a doctor.

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Patient Name	: SUDESH KUMARI AMIT KUMAR .	Sample Registration	: 23/09/2023 13:59:52
Age/Gender	: 43 Yrs. / F	Sample Collected	: 23/09/2023 13:59:52
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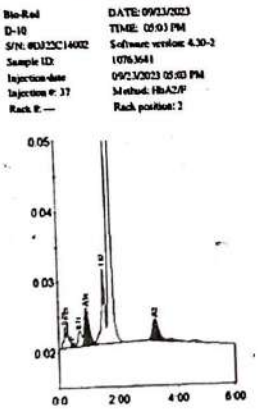
Patient ID	: 15428 230923	Sample Reported	: 23/09/2023 15:26:47
Center Name	: Indira IVF, Lucknow	Report Status	: Partial
UHID	: P230923LKO0009201/1		

Department of Biochemistry

HB Electro *(EDTA WHOLE BLOOD)*

Test		Result	Unit	Biological Ref. Range
Foetal Haemoglobin (HbF)	:	0.80	%	0.0 - 2.0
Haemoglobin A0 (Hb A0)	:	84.50	%	80-90
Haemoglobin A2 (HbA2)	:	3.50	%	0.0 - 3.5

Patient report



Peak table - ID: 10763641

Peak	Name	Height	Area	Area %
A1a	0.20	3094	14028	0.9
A1b	0.29	3951	16080	1.0
F	0.45	775	8134	< 0.8 *
LA1c/Chb-1	0.71	2299	20831	1.3
A1c	0.93	5300	57564	3.4
P3	1.52	10831	80503	5.1
A0	1.70	322045	1340547	84.5
A2	3.26	3069	48761	3.3
Total Area		1586429		

Concentration	%
F	< 0.8 *
A1c	3.4
A2	3.5

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Interpretations

1. All results have to be correlated with age and history of blood transfusion If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended.
2. In case of haemoglobinopathy, parents or family studies and counseling is advised.
4. Linearity range of HbF is 1-40%, however, values in excess of the reportable range have been provided for ease of interpretation.
5. Mild to moderate increase in fetal heamoglobin can be seen in some acquired conditions like Pregnancy, Megaloblastic anaemia, Thyrotoxicosis.

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Patient Name	: AMIT KUMAR .	Sample Registration	: 23/09/2023 14:01:00
Age/Gender	: 44 Yrs. / M	Sample Collected	: 23/09/2023 14:01:00
Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:30
Patient ID	: 15429 230923	Sample Reported	: 23/09/2023 16:03:55
Center Name	: Indira IVF, Lucknow	Report Status	: Final
UHID	: P230923LKO0009201/2		

Department of Serology

VDRL *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
VDRL Test for Syphilis	:	Non Reactive		Non Reactive	RPR Flocculation

COMMENTS

- False positive results may be seen during a variety of acute and chronic conditions
- Reactive results must be correlated with supportive clinical, historical and epidemiological evidence to arrive at a final diagnosis
- TPHA/FTA-Abs is a confirmatory test for Treponema Pallidum with very high specificity and sensitivity

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Patient Name	: AMIT KUMAR .	Sample Registration	: 23/09/2023 14:01:00
Age/Gender	: 44 Yrs. / M	Sample Collected	: 23/09/2023 14:01:00
Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:30
Patient ID	: 15429 230923	Sample Reported	: 23/09/2023 16:05:11
Center Name	: Indira IVF, Lucknow	Report Status	: Final
UHID	: P230923LKO0009201/2		

Department of Immunology

HIV (CMIA) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
HIV	:	Non Reactive		Non Reactive	CMIA
Patient Value	:	0.19	S/CO	Ref Range for Chemiluminescent Microparticle Immunoassay < 0.90 (Non Reactive) > or = 1.00 (Reactive)	CMIA

NOTES

1. This is only a Screening test, all reactive sample should be confirmed by WESTERN BLOT.
2. Presence of anti HIV I and anti HIV II does not necessarily imply co-infection from HIV I and HIV II.
3. No reactive result does not exclude the possibility of exposue to or infection with HIV I and HIV II.

HCV (CMIA) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
HCV Antibody	:	Non Reactive		Non Reactive	CMIA
Patient Value	:	0.13	s/co	Non Reactive - < 1.0 Reactive - >=1.0	CMIA

Note

HCV antibodies are usually not detectable during the early months following infection, but they are almost always detectable by the late convalescent stage (>6 months after onset of acute infection)Specimens that are repeatedly reactive by screening tests should be confirmed with HCV tests with higher specificity, such as direct detection of HCV RNA by reverse transcription-PCR (RT-PCR) or HCV-specific antibody confirmatory tests.

A negative screening test result does not exclude the possibility of exposure to or infection with HCV. Negative screening test results in individuals with prior exposure to HCV may be due to antibody levels below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay.

Limitations:

False-reactive screening test results can occur.

A reactive screening test result does not distinguish between past (resolved) and present HCV infection. Serologic tests cannot provide information on clinical response to antiviral therapy.

HCV antibody testing is not recommended until at least 18 months of age in these infants

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Center Name	: Indira IVF, Lucknow	**Report Status**	: Final
UHID	: P230923LKO0009201/2		

Department of Immunology

HBsAg (CMIA)(Australia Antigen) *(Serum Sample)*

Test		Result	Unit	Reference Range	Method
Hepatitis B Surface Antigen	:	Non Reactive		Non Reactive	CMIA
Patient Value	:	0.18	S/CO	Ref Range for Chemiluminescent Microparticle Immunoassay < 0.90 (Non Reactive) > or = 1.00 (Reactive)	CMIA

Note:

1. Hepatitis B surface antigen (HBsAg) is an important viral envelope protein,which appears shortly after infection and is a key serological marker for detection and diagnosis of HBV.Clearance during treatment shows recovery and development of neutralizing antibodies (anti-HBs) occurs in 90% of the patients.due to the introduction of hepatitis B vaccination programs,the serological detection of anti-HBs has become important method for monitoring of recipients upon vaccination with synthetic and natural HbsAg.
2. The absence of anti-HBs indicates susceptibility to HBv infection.For this screening for anti-HBs in high risk populations is recommended for identifying individuals who may benefit from vaccination.
3. Hepatitis B Surface Antigen test is a screening test. A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR.
4. Type B viral hepatitis is usually accompanied by the appearance of hepatitis B surface antigen in the serum. HBsAg can be detected in the serum as early as 2 to 3 weeks before the onset of the illness and reaches a peak titre at the time when the characteristic symptoms like jaundice and changes in the liver-specific enzymes appear. This is normally followed by a gradual elimination of the antigen. In some cases and in an unknown percentage of subclinical hepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. Despite the high sensitivity of HBsAg assays, a risk of the transmission of hepatitis B by an HBsAg -negative sample cannot be ruled out.
5. The presence of HBsAg antibodies should not be used as the sole marker in determining a prior hepatitis b infection. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, vaccination history, clinical examination and other findings.

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सीतापुर

INDIRAPATHLABS
YOUR HEALTH PARTNER

Patient Name	: AMIT KUMAR .	Sample Registration	: 23/09/2023 14:01:00
Age/Gender	: 44 Yrs. / M	Sample Collected	: 23/09/2023 14:01:00
Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:30
Patient ID	: 15429 230923	Sample Reported	: 23/09/2023 15:24:33
Center Name	: Indira IVF, Lucknow	Report Status	: Final
UHID	: P230923LKO0009201/2		

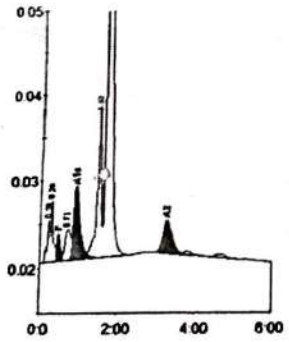
Department of Biochemistry

HB Electro *(EDTA WHOLE BLOOD)*

Test		Result	Unit	Biological Ref. Range
Foetal Haemoglobin (HbF)	:	0.90	%	0.0 - 2.0
Haemoglobin A0 (Hb A0)	:	82.40	%	80-90
Haemoglobin A2 (HbA2)	:	3.00	%	0.0 - 3.5

Patient report

Bio-Rad	DATE: 09/23/2023
D-10	TIME: 02:54 PM
S/N: #DJ22C14002	Software version: 4.30-2
Sample ID:	10763645
Injection date	09/23/2023 02:53 PM
Injection #: 26	Method: HbA2/F
Rack # —	Rack position: 3



Peak table - ID: 10763645

Peak	R.time	Height	Area	Area %
A1a	0.20	4749	23550	1.1
A1b	0.29	7159	27410	1.3
F	0.47	3204	21540	0.9
LA1c/CHb-1	0.71	3472	33953	1.6
A1c	0.92	8110	89506	5.9
P3	1.52	17431	124944	5.8
A0	1.70	405415	1778438	82.4
A2	3.28	3815	59344	3.0
Total Area:	2158684			

Concentration:	%
F	0.9
A1c	5.9
A2	3.0

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सीतापुर

Interpretations

1. All results have to be correlated with age and history of blood transfusion If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended.
2. In case of haemoglobinopathy, parents or family studies and counseling is advised.
4. Linearity range of HbF is 1-40%, however, values in excess of the reportable range have been provided for ease of interpretation.

INDIRAPATHLABS
YOUR HEALTH PARTNER

Patient Name	: AMIT KUMAR .	Sample Registration	: 23/09/2023 14:01:00
Age/Gender	: 44 Yrs. / M	Sample Collected	: 23/09/2023 14:01:00
Referred By	: DR. PAWAN YADAV	Sample Received	: 23/09/2023 14:14:30
Patient ID	: 15429 230923	Sample Reported	: 23/09/2023 15:24:33
Center Name	: Indira IVF, Lucknow	Report Status	: Final
UHID	: P230923LKO0009201/2		

Department of Biochemistry

5. Mild to moderate increase in fetal heamoglobin can be seen in some acquired conditions like Pregnancy, Megaloblastic anaemia, Thyrotoxicosis, Hypoxia, Chronic kidney disease, Recovering marrow, MDS, Aplastic anaemia, PNH, Medications (Hydroxyurea, Erythropoietin) etc.
6. P3 window- Above 10% is often indicative of either denatured forms of hemoglobins or may suggest a possibility of abnormal haemoglobin variant. Hence,repeat analysis with fresh sample or DNA studies is advised.
7. P2 window- Above 10% is indicative of either glycated haemoglobin requiring correlation with diabetic status or may suggest a possibility of abnormal haemoglobin variant requiring further DNA studies for confirmation. 3. This test detects Beta thalassaemia and haemoglobinopathies. DNA analysis is recommended to rule out alpha thalassaemia and silent carriers.

BLOOD GROUP *(EDTA WHOLE BLOOD)*

Test		Result
Blood Group	:	"O"
Rh Factor	:	Negative

Methodology
This is done by forward and reverse grouping by tube Agglutination method.
Interpretation
Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required,Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

End Of Report

Prof Dr. Pankaj Tripathi
MD Path (Gold Medalist)

मुख्य चिकित्सा अधिकारी
सीतापुर

INDIRA IVF
FERTILITY & IVF CENTRE

Prescription No.: LKO20231203011348O
Print date: 03-12-2023 02:09 PM
Prescription Generated On: 03-12-2023

INDIRA IVF HOSPITAL PRIVATE LIMITED - LUCKNOW
1- Tilak Marg, Opposite National PG College Play Ground, Hazratganj, Lucknow, UTTAR PRADESH 226001
Phone No: 8795334436/7081000380

Patient Name : SUDESH KUMARI . **Husband Name :** AMIT KUMAR . **UHID :** P230923LKO0009201/1

Registration No. : 20230923LKO0012839 **OPD :**

Address : A-120 WZ-283 A BLOCK HARI NAGAR , West Delhi, DELHI, India **Age :** 43 **Gender :** Female

Stage : **Cycle Plan :** **Doctor :** DR. PAWAN YADAV

Rx

Sr. No.	Medicine	Dosage	Frequency	Timings	Route	Days	Notes
शुरू करे आज से							
1	Tablet Multi Vitamin (COLAVITAL 30'S TAB)	10 mg	दिन में एक बार रोज		Oral	30	हर सुबह नाश्ते के बाद पानी या दूध के साथ एक गोली
2	Tablet Estradiol (FEMISTROGEN 28'S TAB)	2 mg	दिन में दो बार रोज		Oral	7	एक गोली सुबह एक गोली शाम को रोज भोजन के बाद दूध या पानी के साथ
3	Tablet Norethisterone acetate (INDENOR 10'S TAB)	10 mg	दिन में एक बार रोज		Oral	7	हर सुबह नाश्ते के बाद पानी या दूध के साथ एक गोली
गोली बंद करने के 5 - 6 दिन बाद महीना आएगा							
माहवारी के दूसरे दिन से : WAIT FOR PERIODS							
4	Tablet Rabeprazole (REPEPSIA 20MG TAB)	40mg	रोज दिन में एक बार		Oral	15	एक गोली रोज सुबह खाली पेट पानी के साथ
5	Powder Protein powder (ADOREMOM VANILLA)	200 gm	दो चम्मच सुबह और दो चम्मच शाम को		Oral	20	पाउडर दो चम्मच सुबह और दो चम्मच शाम को रोज दूध के साथ
माहवारी के दूसरे दिन आना है स्टिमुलेशन के लिए और 15 दिनों तक यहां रहना है							

Remark:

Dr. Pawan Kumar Yadav
MBBS, MD (OBGY)
Consultant Gynecologist
Reg. No.-UPMC 74978 (Add)
(Stamp)
Doctor's Signature

Disclaimer: Kindly collect all your investigation reports in the next 2-3 days.

Indira IVF Hospital Pvt Ltd.

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B/L Dr Chetna Sarkar

SET / DET ☐

UHID No LKO000920/ Reg. No —

ALLERGY ☐ ☐

Patients Name Supesh Age 40 Yrs Duration of Infertility .... Yrs

Husband Name Amit Konaj Age 44 Yrs Married Life 3-4 Yrs

CYCLE PLAN - Oocyte Source : OPU ☐ OD ☐ Sperm Source : Self Ejaculatory ☐ TESA ☐ DS ☐

Counseling for ROR / Donation / 500 / 17/35

C/o Dr Pawan Yadav / 9521582238

WIFE	DATE	DATE	HUSBAND			
Blood Group B+ve	Hb 13.6		HIV NR		HBsAg NR	
HIV NR	TSH 1.86		VDRL NR		HCV NR	
HBsAg NR	RBS 90.5		Blood Group [redacted]	TSH	RBS	
HCV NR	PRL 9.39		Thalassemia screen			
VDRL NR	SGOT 25.6		Karyotype			
DTAH	SGPT 15.35		SEMEN ANALYSIS N/V			
BUN 10.57	Sr CREATININE 0.79		Count .... mil/ml		Morphology .... mil/ml	
Rubella IgG	IgM	AMH 0.19	Motility .... %		Vitality .... mil/ml	
Avidity Test			Remark			

Thalassemia Screen .... DFI .... %

Pap Test .... Sr. FSH .... Sr. Testosterone ....

Karyotype .... E2 .... LH ....

HSG Year .... Finding .... Karyotype .... Y-Micro Deletion ....

Echocardiography .... TRUS / Scrotal USG ....

TESTICULAR BIOPSY ....

MEDICAL HISTORY- FEMALE

Problem	Current medications

MEDICAL HISTORY-MALE

Problem	Current medications

SURGICAL HISTORY-FEMALE

Surgery	year	Details / Finding

SURGICAL HISTORY-MALE

Surgery	year	Details / Finding

OBSTETRICS HISTORY

G ____ P ____ L ____ A ____ NO ____ IUFO ____

P. No	Mode of conception	Outcome	Surgical Intervention	Remarks
P1	A1 - naturally	conceived -	miscarriage	½
P2				
P3				

PRE ART TREATMENT

S.No.	Treatment	Attempts	Result	Clinic / Hospital	Comments
1					
2					
3					
4					

Patient Profile : Height .... Weight .... BMI .... Pulse Rate .... BP .... Galactorrhea ....

मुख्य चिकित्सा अधिकारी
सीतापुर

P / S .... P / V ....

Allergy : ....

Proforma-I

Print Key: MjE1NzIzMDIyMDI0MDEzNw==

Inter district transfer of Judicial Officer

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Dr Harpal Singh (Name) CMO/CMS C.M.O. Sitapur have perused the documents presented before me by Sri **SMT. SUDESH KUMARI** (ID No **UP2157** Designation **Chief Judicial Magistrate, Sitapur OR** on his behalf by Sri ..... Relation with the officer ..... Phone No. 9412427418

- I have personally examined Sri/Smt./Sushri. Sudesh Kumari who is suffering from the disease/syndrome/disability Primary infertility (Name of the disease) and in my opinion he/she may require frequent hospitalization for treatment/management.
- I also verify that Sri/Smt./Sushri. Sudesh Kumari is suffering from the disease/syndrome/disability/disorder Primary infertility (Name of the disease) and this disease is mentioned at paragraph no. .... of the Annexure-I enclosed herewith.
- In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/ disability/disorder in paragraph two above is possible ONLY at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
- The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely .... Sitapur .....
- I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- This document shall be valid only for .... 6 .. months only.

Signature with seal
मुख्य चिकित्सा अधीक्षक सीतापुर
(C.M.O./C.M.S.)

Name: Dr. Harpal Singh

ID No.: .....

Designation CMO

Telephone No 9412427418

Mobile No. .....

1. Concerned District Judges/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS

2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference

This document is printed on **23/02/2024 01:37:54**, By IP Address: **152.58.128.70**

Annexure-I

I. **Cancers:** All types of cancers leading to permanent disability of more than 40%. The term cancer includes Leukaemia, Lymphoma and Hodgkin's Disease.

II. Degenerative & Progressive Neurological disorders.

III. **Paralytic Stroke (Cerebra Vascular Accidents):** CVA including Cerebral Haemorrhage, Cerebral Thrombosis and Cerebral embolism causing more than 40%Total Permanent Disability.

IV. **Motor Neuron Disease:** Irreversibly progressive Motor Neuron Disease confirmed by a Neurologist. It should be duly supported by MRI, EMG and Nerve Conduction studies.

V. **Parkinson's Disease:** Slowly Progressive degenerative neurological disorder causing Tremors, Rigidity and disturbance of balance and must be confirmed by a Neurologist.

VI. **Cerebellar Ataxia** and **Neuropathies** leading to more than 40% disability.

VII. **Person living with HIV AIDS (PLHA):** A person diagnosed with HIV AIDS and undergoing treatment.

VIII. **Chronic Renal Failure:** Chronic Renal Failure with irreversible damage to both kidneys requiring RRT. Haemodialysis/ R. T and it must be well documented with relevant lab investigations.

IX. **Chronic Respiratory Failure:** Chronic Respiratory Failure with irreversible damage to both lungs requiring demiceler oxygen or ventilator support.

X. **Heart Diseases leading to Chronic Heart Failure:** Coronary Artery Disease and Valvular Heart Diseases which may be treated by CABG or Valve Replacement Surgery three years from the date of actual open heart surgery (Only till three years from the date of the procedure)

XI. **Cases involving non-surgical techniques** like Angioplasty will be eligible for one year from the date of intervention. Unsuccessful surgery or Fardiomopathies leading to Heart Failure will also be included in this category.

XII. **Thalassaemia Major and other Blood Dyscrasia:** All Blood Dyscrasias including Thalassaemia major requiring recurrent Blood Transfusions. Diabetes with complications:

   a. Chronic Renal Failure;

   b. Permanent loss of vision;

   c. Cellulitis requiring Amputation of limbs;

   d. Cerebro Vascular Accidents;

   e. Coronary Artery Disease;

XIII. Any other disease leading to more than 40% Physical or Permanent disability certified by the Medical Board with latest records/reports within past three months.

XIV. Any other disorder with Mental disability of 40% or more as certified by the Medical Board & accompanied by UDID Card.

XV. Acid attack victims.

Instructions

- The **Annexure - I** and **Proforma - I** are to be printed using the print button as above.
- Applicants are required to present printouts of Proforma - I and Annexure - I before the CMO/CMS of the district concerned where they are posted, or if dependent is not residing with them, then the aforesaid Proforma - I and Annexure - I are to be presented before CMO/CMS of the district where the dependent(s) is/are residing.
- Documents/files should not be more than 10MB in size, and in PDF format only.
- Medical papers which are to be uploaded should not be more than 6 months old.