Annexure – 1/1

BIRTH CERTIFICATE

JAVITRI HOSPITAL & TEST TUBE BABY CENTRE

Telibagh, Lucknow- 226 002 ☎ : 7800427000, 0522-3218637.

This is to Certify that Mrs. Poonam Nigam

W/o. Manish Nigam S/o. Mr.

Resident of 3/310 Vrindavan Sahara State Jankipuram Lko.

Delivered a Female Child on 18/4/15

At 3:22 pm. Birth weight 2.300 Kg. Type of delivery

L.S.C.S.

Dr. Mrs. Rajul Tyagi
M.B.B.S., D.G.O., M.D., FICMCH

Self Attested
Manish Nigam

Annexure 1/2

Past Obstetrical History

(A) Previous Pregnancy

	Antenatal	During Labour	Neonatal	Puerperium
i				
ii				
iii				

(B) Abortion in Past

	Week of Preg.	Year	Treatment
i	2½ month G.A	NOV. 2012	Ectopic Pregnancy at. usha Inj. Methotrate take
ii			
iii			

Present Pregnancy

(a) High Risk Factor

(b) Immunization Schedule

i	December 14/12/14	ii	January 14/1/15	iii	February

Tetanus

Hepatitis

Other

Hematological Investigations

	Date	Date	Date	Date
Hb% TCL, DCL, GBP			12/2	
ABO-Rh	B + ive		11.5	
HIV / HCV	-ive			
HBs Ag	- ive			
VDRL	- ive			
Blood Urea				
S. Creatinin				
Bl Sugar F / PP				
Urine R / M/E				
GTT				
Glycosylated Hb AC1				
TSH, T4, T3	3.28 (20/11/14		1.39 mg/l	
LFT				
TORCH				
Rh-Antibody				
OTHERS				

11dd - (N)

Triple Test - (N)

Self Attested Mamta Nigam

S.No.	Date of Visit	Anaemia	Oedema	Dental & Gums	Lymph Glands	Breast Nipples	CVS	Respiratory	Opthalamic	Chest
·	10/12/14		(N)	N	(N)	formed				39.5"
1.	11/1/15	–	+	N	N	formed		N		40"
2.	11/2/15	–	+	N	N	formed	–	N	–	41.5"
4.	05/03/15	–	N	N	N	formed		N	–	42.0"
5.	28/03/15	–	N	N	N	formed		N	–	42.5"
6.		–	(N)	(N)	(N)	formed	·	(N)	–	43.0"

S.No.	Date of Visit	Any Complaint	B/P	P/R	Wt	Fundal Height	FHS	Presentation
1.	10/12/14	Pain in abdomen (on & off)	97/65	105/min	61.0 kg	17 wk 5 day	136 bpm	
2.	11/1/15	Pain in upper abd.	99/70	106/m.	64kg.	21 wk 4 day.		
3.	14/2/15	Backache Itching over abd.	112/79	109/m	66kg.	26 wk 5 days		
4.	05/03/15	Acidity Indigestion	116/82	96/m	68kg	① 28 wk ② 27 wk ③ 30 wk		
5.	28/03/15	Backache.	132/96	80/m	68kg.	31 wk 2 day. 33wk 0 day		
6.	04/04/15	Backache	123/92	92/min	69.0kg	31 week → [illegible]		
7.	14/4/15	Feels Also foetal movt. reduced	140/98					

Ultrasonology Findings

	Date 10/11/14	Date	Date	Date	Date
Presentation	TRIPLET unstable lie				
FHS	TEST (A) 144 bpm				
Placental Position	TIFA Tri-amniotic				
Maturity	Tri zygotic ?				
Amniotic Fluid	Bi chorionic				
Gestational Age	triplet pregnancy				
Fetal Weight	13 weeks 3 days				
IUGR	13 weeks 5 days				
Fetal Anomaly	14 weeks ± 1 day				
Comments If Any					

Self Attested
[signature]

Annexure 2/1

IVF RECORD SHEET

INDIRA IVF
FERTILITY & IVF CENTRE

DEMOGRAPHICS

Date of first Consultation: 23/02/22

Name: POONAM Age: 36 Yrs. Reg No: EDDUBY-75

Husband Name: MANISH Age: 40 Yrs. Address: H14 43 mumfordganj

City: Ald. State: U.P. Contact No: 7007899031

Height: 4'11" Ft. Weight: 63 Kg. BMI: 28.0 BP: 110/70 Pulse: 72/min

Infertility 1° / 2° Married life: 10 yr. Duration of Infertility: 5 yr.

INDICATION

Female

1) Unexplained
2) Diminished Ovarian Reserve / PCOS / Endometriosis
3) Tubal Factor
4) Uterine Factor (Fibroids, Adenomyosis, Polyp, Endometrial Adhesions, Congenital Malformation etc.)
5) RPL, Genetic

Male

1) Normal
2) Oligospermia, Asthenospermia, OAS, OATS
3) Azoospermia
4) Others

MENSTRUAL HISTORY

REG / IRR NF/SCANTY/HEAVY FLUFF

LMP: 10/2/2020 Day of Cycle: 14 days. Duration: 3-4 day. Cycle length: 28-30/

Hysterosalpingogram: ND Date: Findings:

OBSTETRIC HISTORY

S.No.	Mode of conception Natural / IUI / IVF	Weeks	Outcome-Abortion / Ectopic / Preterm / ND / LSCS	Any Surgical Intervention	Any Complication	Comments
1° Pregnancy 2012	Natural	8wk	Rt ectopic.			
2° Pregnancy 2015	IVF	9m.	LSCS.			FCH-SY/NAD.
3° Pregnancy						
4° Pregnancy						
5° Pregnancy						
6° Pregnancy						

Past History: mother-DM.

Hospital Admission for any reason: ~~tubal ectomy~~ 2015, Laparoscopy/ LSCS 2011

Allergies: not known

DM / HTN / Thyroid / Asthma / Epilepsy / Skin Disease / Jaundice / MI / TIA / DVT: 4 yr/c

MEDICAL HISTORY (WIFE)

S.No.	Medical Problem	Current Medications	Previous Treatment
1	Hypothyroidism (one 11yr)	Tab Thyronorm 88 mg	

AKT: Yes / No Yes Months 6w Date started 2011. Indication ? P.B.

Self Attested
Manish Nigam

Annexure 2/2

INDIRA IVF
FERTILITY & IVF CENTRE

RGICAL HISTORY (WIFE)

No.	Surgery Done	Date	Place	Details / Findings
1	Laparoscopy	2011	Kanpur	
2	Laparotomy	2015	[redacted] Lucknow.	LSCS - fem-syst[illegible]

EDICAL HISTORY (HUSBAND) NO

S.No.	Medical Problem	Current Medications	Previous Treatment

URGICAL HISTORY (HUSBAND) NO

S.No.	Surgery Done	Date	Place	Details / Findings

PREVIOUS ART TREATMENT / OVULATION STUDY / OVULATION INDUCTION

S.No.	Treatment	Attempts	Drug Used	Protocol	Result	Comments
1	IVF (2015)	1			Self (Thr)	Conception Cycle

BLOOD TESTS : FEMALE

Haemoglobin 10.5
Blood Group (ABO/RH) B+ve
Random Blood Sugar (RBS) 120.1
HIV
HBsAg
VDRL
HCV
TSH 3.70
PRL 25.83 AMH 1.73
FSH LH E2
Karyotyping RPL Panel
SGOT 18
SGPT 18
Sr. CREATININE 0.62
BUN 16

BLOOD TESTS : MALE

HIV
HBsAg Neg
VDRL
HCV Neg
Blood Group (ABO/RH) B+ve
Others (FSH, Testosterone)

SEMEN ANALYSIS

Count 85 mil/ml Motility 55 %
Morphology 3 Vitality 60
DNA Fragmentation :
Remark Teratozoospermia with fragmentation
TRUS FNAC

Self Attested
Ch with Nigam

Scanned with CamScanner

Annexure 2/3

INDIRA IVF
FERTILITY & IVF CENTRE

USG REPORT Date 21/2/20 Day of Cycle : 13

Uterus Normal Endometrium Homogenous

Myometrium Heterogenous Adnexa

Ovaries (R) Free (L) Not visualised

Remark / Impression Adenomyotic Uterus, RT - Hydro, POR
Lt - Not visualised.

TREATMENT PLAN

OI / IUI / OPU / OD / DS / TESE / ED / Surrogacy

Adoption .....

Treatment Advised .....

MEDICINE GIVEN BEFORE / AT START OF CYCLE

Adjuvant Medication During IVF Cycle Androgel .....

Estrogel .....

Cabergolin ..... DHEA ..... Myo inositol / Astaxanthin .....Thyronorm ..... Others .....

SURGERY AT INDIRA IVF

S.No.	Surgery	Date	Surgeon	Finding	Procedure	Comments

Self Attested
Mamta Nigam

Annexure 2/4

Patients Name Poonam - Manish Age 36 Yrs. Reg. No. EHDUPV-756

Address : Sultanpur, U.P. Mobile No. 7007899031

23.2.20

WIFE

Haemoglobin 10.5

Blood Group (ABO/RH) B+ve

Random Blood Sugar (RBS) 120.1

HIV NEG

HBsAg NEG

VDRL NEG

HCV NEG

TSH 5.10

PRL 25.83

AMH 1.73

SGOT 18

SGPT 18

Sr.CREATININE 0.60

BUN 16

Rubella IgG IgM

Thalassemia screen

Pap Test

Karyotype

HUSBAND

HIV NEG

HBsAg NEG

VDRL NEG

HCV NEG

Blood Group (ABO/RH) O+ve

Thalassemia screen

Karyotype

SEMEN ANALYSIS

Count 85 mil/ml

Motility 55 %

Remarks TERATOZOOSPERMIA WITH

DFI %

PREVIOUS IVF ATTEMPTS

IVF | 2015 | (-) | JANTRI ESSORTAC | 100 | SELF (THC)

Height 4'11" Ft. Weight 63 Kg. BMI 28.0

Pulse rate 72 /Min. Blood Pressure 110/70 mmhg

Galactorrhea NO H/o T.B. P.T.B. | 2011 | 6 MONTHS

Allergy NOT KNOWN

Diabetes (Yes / No) NO Hypertension (Yes / No) NO

Surgical / Medical History LAPAROSCOPY | 2011 | LAPAROTOMY | 2015 - HYPOTHYROIDISM SINCE 11yr.

Obstetrics History 2012 | NVT | 8wk | LT ECTOPIC.

P/S/V 2015 | IVF | 2m. | LSCS | PCH - SY # 1.0

Self Attested
Anand Nigam

Annexure 2/5

INDIRA IVF

INDIRA IVF HOSPITAL PVT. LTD.
41/2 Civil Station Mohalla, Elgin Road
Near Hanuman Mandir, Allahabad (U.P.)-211001
www.indiraivf.com • indira_clinic@yahoo.co.in
CIN: U85110RJ2015PTC046846

बेटी बचाओ/बेटी पढ़ाओ अभियान में सहयोग करें। | SAVE GIRL CHILD
भ्रूण लिंग परीक्षण करवाना जघन्य अपराध है।

Dr. Anjali
Consultant Gynaecologist
MBBS MS (OBGY), DNB, FNB
UPMC Reg. No. : 74640

Date: 21-Feb-20

Name: Poonam Manish/36yrs   Day:13 of cycle   Reg. No-EADUPV756

TRANSVAGINAL SCAN REPORT

- Uterus is normal in size measuring 7.0cm X 4.0cm X 4.6cm is anteverted and anteflexed in nature.
- Myometrium is heterogeneous in texture with no evident focal lesion.
- Endometrium is homogeneous and measures 9.5mm in thickness and is centrally placed.
- Right ovary measures 1.7cm X 1.4cm X 1.3cm in size with evidence of few small follicles
- Left ovary not visualised.
- Left Adnexa normal with no evidence of any abnormality.
- Right adnexa shows evidence of tubular cystic structure adjacent to the ovary suggestive of hydrosalpinx.
- No Free fluid in POD.

Impression:

1. **Adenomyotic Uterus**
2. **Poor Ovarian Reserve**
3. ~~**Left ovary not visualised**~~
4. **Right hydrosalpinx**

Laparo Salpingect
↓
(P) : OPU/ICSI

23.2.20

PREPARED BY
Neha

CHECKED BY

~~Tab Iron-1~~ -
Tab Folinine 5mg OD x 30days
Tab Thyronorm 12.5µg BBF / 4 weeks.
Tab C'blin (0.5) weekly x
Follow on D_8 for lap. Salpingectomy, Review.

Self Attested
[signature]

Scanned with CamScanner

Scanned with CamScanner

DIAGNOSTIC REPORT

DIAGNOSTIC REPORT

Annexure 2/62

SRL Diagnostics

CLIENT CODE : C000067890

CLIENT'S NAME AND ADDRESS :
OPD ALLAHABAD SRL LIMITED
INDIRA IVF HOSPITAL PVT. LTD., 41/2, MOHALLA CIVIL STATION, ELGIN ROAD
NEAR HANUMAN MANDIR,
ALLAHABAD 211001
UTTAR PRADESH INDIA
9956666714

SRL LIMITED
43/1,Sardar Patel Marg, Civil Lines,
Allahabad, 211001
Uttar Pradesh, INDIA
Tel : 0532-2260438,8601433777, Fax : CIN - U74899PB1995PLC045956

PATIENT NAME : POONAM EADUPV 756

PATIENT ID :

ACCESSION NO : 0201TB004422 AGE : 36 Years SEX : Female DATE OF BIRTH :

DRAWN 21/02/2020 00:00 RECEIVED : 21/02/2020 17:54 REPORTED : 21/02/2020 19:25

REFERRING DOCTOR : DR. ANJALI SHARMA

CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results		Biological Reference Interval	Units
INFERTILITY PANEL - F (WITH AMH)				
HIV 4TH GEN ASSAY (P24AG + HIV AB), SERUM				
HIV 4TH GEN ASSAY (P24AG + HIV AB)	NON REACTIVE		NON REACTIVE	
HEPATITIS B SURFACE ANTIGEN, SERUM				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		NON REACTIVE	
PATIENT VALUE	0.51		Ref. ranges for Electrochemiluminescence < 0.90 (Non Reactive) > or = 1.00 (Reactive)	IU/mL
VDRL, SERUM				
VDRL METHOD : NON TREPONEMAL FLOCCULATION TEST	NONREACTIVE		NONREACTIVE	TITER
HEPATITIS C ANTIBODIES, SERUM				
HEPATITIS C ANTIBODIES	NON REACTIVE		NON REACTIVE	
PATIENT VALUE	0.06		Ref. ranges for Electrochemiluminescence < 0.90 (Non Reactive) > or = 1.00 (Reactive)	IU/mL
TSH 3RD GENERATION ULTRA(TSH3 - UL), SERUM				
TSH 3RD GENERATION	3.700		0.27 - 4.20	µIU/mL
PROLACTIN, SERUM				
PROLACTIN	**25.83**	**High**	4.79 - 23.3	ng/mL
GLUCOSE RANDOM, PLASMA				
GLUCOSE RANDOM, PLASMA	120.1		Non-Diabetic: < 200 Diabetic: > or = 200 "In individuals with symptoms of hyperglycemia or hyperglycemic crisis."	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP	TYPE B			
RH TYPE	POSITIVE			
ANTI MULLERIAN HORMONE				
ANTI MULLERIAN HORMONE	1.73		0.777 - 5.240	ng/ml
BLOOD COUNTS				
HEMOGLOBIN	**10.5**	**Low**	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY AUTOMATED HEMATOLOGY ANALYSER				
RED BLOOD CELL COUNT	**3.76**	**Low**	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	7.1		4.0 - 10.0	thou/µL

Staff Attested
Chandni Nigam

Annexure 2/7

AGNOSTIC REPORT
DIAGNOSTIC REPORT

SRL Diagnostics

CLIENT CODE : C000067890

CLIENT'S NAME AND ADDRESS :
DR. ALLAHABAD SRL LIMITED
(UNDER JV HOSPITAL PVT. LTD., 41/2, MOHALLA CIVIL STATION, ELGIN ROAD,
NEAR HANUMAN MANDIR,
ALLAHABAD 211001
UTTAR PRADESH INDIA
9956666714

SRL LIMITED
43/1,Sardar Patel Marg, Civil Lines,
Allahabad, 211001
Uttar Pradesh, INDIA
Tel : 0532-2260438,8601433777, Fax : CIN - U74899PB1995PLC045956

PATIENT NAME : POONAM EADUPV 756 PATIENT ID :

ACCESSION NO : 0201TB004422 AGE : 36 Years SEX : Female DATE OF BIRTH :

DRAN 21/02/2020 00:00 RECEIVED : 21/02/2020 17:54 REPORTED : 21/02/2020 19:25

REFERRING DOCTOR : DR. ANJALI SHARMA CLIENT PATIENT ID :

Test Report Status Preliminary	Results		Biological Reference Interval	Units
PLATELET COUNT	150		150 - 410	thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT	**33.2**	**Low**	36 - 46	%
METHOD: CALCULATED (HEMATOLOGY ANALYSER)				
MEAN CORPUSCULAR VOL	88.0		83 - 101	fL
METHOD: CALCULATED (HEMATOLOGY ANALYSER)				
MEAN CORPUSCULAR HGB.	28.0		27.0 - 32.0	pg
METHOD: CALCULATED (HEMATOLOGY ANALYSER)				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	31.8		31.5 - 34.5	g/dL
METHOD: CALCULATED (HEMATOLOGY ANALYSER)				
RED CELL DISTRIBUTION WIDTH	**16.9**	**High**	11.6 - 14.0	%
METHOD: CALCULATED (HEMATOLOGY ANALYSER)				
MEAN PLATELET VOLUME	**11.3**	**High**	6.8 - 10.9	fL
METHOD: CALCULATED (HEMATOLOGY ANALYSER)				
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	67		40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	4.76		2.0 - 7.0	thou/µL
EOSINOPHILS	04		1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	0.28		0.02 - 0.50	thou/µL
LYMPHOCYTES	26		20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	1.85		1.0 - 3.0	thou/µL
MONOCYTES	03		2 - 10	%
ABSOLUTE MONOCYTE COUNT	0.21		0.2 - 1.0	thou/µL
BASOPHILS	00		< 1 - 2	%
ABSOLUTE BASOPHIL COUNT	**0**	**Low**	0.02 - 0.10	thou/µL
DIFFERENTIAL COUNT PERFORMED ON:	EDTA SMEAR			
METHOD: AUTOMATED ANALYZER / MICROSCOPY				
DISCLAIMER: THE ABSOLUTE WHITE CELL COUNTS ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.				
ASPARTATE AMINOTRANSFERASE, SERUM				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18		0 - 32	U/L
ALANINE AMINOTRANSFERASE, SERUM				
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18		0 - 33 U/L	U/L
SERUM BLOOD UREA NITROGEN				
BLOOD UREA NITROGEN	16		6 - 20	mg/dL
CREATININE, SERUM				
CREATININE	0.60		0.50 - 0.90	mg/dL

Self Attested

DIAGNOSTIC REPORT

Annexure 2/8

SRL Diagnostics

CLIENT CODE : C000067890

CLIENT'S NAME AND ADDRESS :
ALLAHABAD SRL LIMITED
INDIRA IVF HOSPITAL PVT. LTD., 41/2, MOHALLA CIVIL STATION, ELGIN
ROAD
NEAR HANUMAN MANDIR,
ALLAHABAD 211001
UTTAR PRADESH INDIA
9956666714

SRL LIMITED
43/1,Sardar Patel Marg, Civil Lines,
Allahabad, 211001
Uttar Pradesh, INDIA
Tel : 0532-2260438,8601433777, Fax : CIN - U74899PB1995PLC045956

PATIENT NAME : POONAM EADUPV 756 PATIENT ID :

ACCESSION NO : 0201TB004422 AGE : 36 Years SEX : Female DATE OF BIRTH :

DRAWN : 21/02/2020 00:00 RECEIVED : 21/02/2020 17:54 REPORTED : 21/02/2020 19:25

CLIENT PATIENT ID :

REFERRING DOCTOR : DR. ANJALI SHARMA

Test Report Status Preliminary	Results	Biological Reference Interval	Units
LIQUID-BASED CYTOLOGY	RESULT PENDING		
LETTER	RESULT PENDING		
HEMOGLOBIN VARIANT ANALYSIS, BLOOD	RESULT PENDING		
RUBELLA IGG & IGM, SERUM	RESULT PENDING		
RUBELLA IGG AVIDITY, SERUM	RESULT PENDING		

Interpretation(s)
HIV 4TH GEN ASSAY (P24AG + HIV AB), SERUM-Acquired immunodeficiency syndrome (AIDS) is caused by 2 types of human immunodeficiency viruses, collectively designated HIV. HIV is transmitted by sexual contact, exposure to blood or blood products, and prenatal infection of a fetus or perinatal infection of a newborn.

Phylogenetic analysis classifies HIV-1 into groups M (major), N (non-M, non-O), and O (outlier).HIV-2 is similar to HIV-1 in its structural morphology, genomic organization, cell tropism, in vitro cytopathogenicity, transmission routes, and ability to cause AIDS. However, HIV-2 is less pathogenic than HIV-1.HIV-2 infections have a longer latency period with slower progression to disease, lower viral titers, and lower rates of vertical and horizontal transmission. HIV-2 is endemic to West Africa but HIV-2 infections, at a low frequency compared to HIV-1, have been identified in the USA, Europe, Asia, and other regions of Africa. India predominantly has HIV-1M subtype C.

Test Utility
The test is used as an aid in the diagnosis of HIV-1/HIV-2 infection.
If HIV reactive result is obtained, confirmation of HIV antibody status is done using 2 more antibody tests (as per NACO guidelines-Strategy III algorithm) . If indicated HIV serostatus may be confirmed by repeating antibody test on fresh specimen or HIV-1 Western Blot (Immunoblot) Assay (SRL test code #3012)

Limitations
- Antibody tests may give false negative during the window period, an interval of 3 weeks to 6 months between the time of HIV infection and the production of measurable antibodies to HIV seroconversion. Most people develop detectable antibodies approximately 30 days after infection, although some seroconvert later. The vast majority of people (97%) have detectable antibodies by three months after HIV infection. a 6-month window is extremely rare with modern antibody testing.
- Early antiretroviral therapy during the window period may alter antibody responses. This does not apply to individuals undergoing treatment with post-exposure prophylaxis (PEP)
- Antibody tests may yield false negative results in patients with X-Linked agammaglobulinemia.
- A positive HIV result in an infant <18 months of age may not reflect the infant's HIV infection status.HIV antibodies persist in the sera of infants upto 18 months of age, due to transplacentally acquired maternal antibodies. HIV PCR testing is recommended in this age group for diagnosis.

HEPATITIS B SURFACE ANTIGEN, SERUM-Hepatitis B is caused by infection with HBV, a enveloped DNA agent that is classified as hepadnavirus.This test detects the presence of viral surface antigen (HBsAg) in serum sample and is indicative of an active HBV infection, either acute or chronic.

Test Utility
HbsAg is the first serologic marker appearing in the serum 6-16 weeks following hepatitis B viral infection. In typical HBV infection, HBsAg will be detected 2-4 weeks before the liver enzyme levels (ALT) become abnormal and 3-5 weeks before patient develops jaundice. In acute cases HbsAg usually disappears 1-2 months after the onset of symptoms.Persistence of HbsAg for more than 6 months indicates development of either a chronic carrier state or chronic liver disease. The presence of HbsAg is frequently associated with infectivity. HbsAg when accompanied by Hepatitis Be antigen and/or hepatitis B viral DNA almost always indicates infectivity.

Limitations
- For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection. If the antibody results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- HBsAg detection will only indicate the presence of surface antigens in the serum and should not be used as the sole criteria for diagnosis, staging or monitoring of HBV infection.This test may be negative during "window period" i.e. after disappearance of anti-HBs.
- The current assay being a highly sensitive test , may yield a small percentage of false positive reports. Hence all HbsAg positive specimens should be confirmed with an assay based upon neutralisation of human anti Hepatitis B Surface antibody.

VDRL, SERUM
VDRL/RPR/TRUST are Non-treponemal screening tests for syphilis.They achieve a sensitivity of 100% in the detection of secondary syphilis.After the secondary stage, titres diminish and about a third of patients with late syphilis are seronegative.The titres may rise in patients developing cardiovascular, neurological or gummatous lesions. The test usually become negative 6 to 18 months after effective treatment of syphilis, depending on the stage at which treatment is initiated.If treatment is started late, tests may remain positive in low titres.

Limitations
- Nontreponemal tests lack sensitivity in primary and late syphilis.False negative reactions can occur in stages of the disease where there is minimal tissue damage, particularly in early infection and in latent stages.
- Biologic false positive reactions are common in a variety of other infections (Leprosy,Malaria,Relapsing fever,Infectious mononucleosis,hepatitis), Rheumatic diseases and Auto- Immune disorders. More specific Treponemal tests such as Treponema pallidum Hemagglutination assay (TPHA) test are recommended for confirmation.

HEPATITIS C ANTIBODIES, SERUM-Hepatitis C Virus (HCV) is a blood borne flavivirus. It is one of the most important causes of post-blood transfusion as well as community acquired non A non-B hepatitis and chronic liver failure. Although the majority of infected individuals may be asymptomatic, HCV infection may develop into chronic hepatitis cirrhosis and/or increased risk of hepatocellular carcinoma.

Notes & Limitations
- HCV antibody is typically not detected until approximately 14 weeks after infection (or 5 weeks after appearance of the first biochemical marker of illness) and is almost

DIAGNOSTIC REPORT

Annexure 2/9

SRL Diagnostics

CLIENT CODE : C000067890

CLIENT'S NAME AND ADDRESS :
DR. ALLAHABAD SRL LIMITED
INDRA IVF HOSPITAL PVT. LTD., 41/2, MOHALLA CIVIL STATION, ELGIN
ROAD
NEAR HANUMAN MANDIR,
ALLAHABAD 211001
UTTAR PRADESH INDIA
9555666714

SRL LIMITED
43/1,Sardar Patel Marg, Civil Lines,
Allahabad, 211001
Uttar Pradesh, INDIA
Tel : 0532-2260438,8601433777, Fax : CIN - U74899PB1995PLC045956

PATIENT NAME : POONAM EADUPV 756 PATIENT ID

ACCESSION NO : 0201TB004422 AGE : 36 Years SEX : Female DATE OF BIRTH :

DRAWN : 21/02/2020 00:00 RECEIVED : 21/02/2020 17:54 REPORTED : 21/02/2020 19:25

CLIENT PATIENT ID :

REFERRING DOCTOR : DR. ANJALI SHARMA

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

...able by the late convalescent stage of infection. - A negative result may also be observed due to loss of HCV antigen, years following resolution of infection ...pport ...to hepatitis C infected mothers may have delayed seroconversion to anti-HCV. Hence a negative result should be evaluated cautiously with respect to clinical ...ted. It is to be noted that absence of HCV antibodies after 14 weeks of exposure is strong evidence against HCV infection ...presence of HCV antibodies does not imply an active Hepatitis C infection but is indicative of both past and/or recent infection. It has been reported that as many as 50% of ...patients receiving intravenous commercial immunoglobulin test falsely positive for HCV antibody. Also,patients with autoimmune liver disease may show a false positive ...HCV antibody result. Hence it is advisable to confirm a positive antibody result with a supplemental test. A positive result when followed by a positive supplemental test (i.e. ...RIBA/PCR) suggests active hepatitis C infection.

...THIRD GENERATION ULTRA(TSH3 - UL), SERUM-Comment: The Biological Reference Interval of TSH-3rd Generation Ultra [TSH3-UL] is not established for age less than 2 ...years

...below mentioned are the guidelines for Pregnancy related reference ranges for TSH.

Levels in Pregnancy	TSH (µIU/mL)
1st Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

PROLACTIN, SERUM-Reference Ranges of Prolactin for Pregnant and Post-Menopausal Females:
PREGNANT
9.7 - 208.5 ng/mL
POST-MENOPAUSAL:
1.8 - 20.3 ng/mL
GLUCOSE RANDOM, PLASMA-GLUCOSE RANDOM, PLASMA

As per ADA Guidelines 2012,
Diabetic: Random plasma glucose ≥200 mg/dL in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis.
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for ...availability of the same."

The test is performed by both forward as well as reverse grouping methods.

ANTI MULLERIAN HORMONE-
Anti mullerian hormone (AMH) or Mullerian inhibiting substances (MIS) is a glycoprotein dimer composed of two 72 kDa monomers linked by disulfide bonds. AMH belongs to the transforming growth factor B (TGF - B) superfamily. AMH is a hormone marker for quantitative prediction of ovarian reserve, ovarian aging, ovarian dysfunction and ovarian responsiveness. The levels of AMH decrease in pre-menopausal women as the quality and number of ovarian follicles decline with age.

Clinical Utility
• Evaluating Fertility Potential - Serum AMH levels correlate with the number of early antral follicles with greater specificity than Inhibin B, Oestradiol, Follicle Stimulating Hormone and Luteinizing Hormone on cycle day 3. Thus, Day 3 AMH may reflect ovarian follicular status better than these hormone markers.
• Measuring Ovarian Aging - Diminished ovarian reserve, associated with poor response to IVF, is signaled by reduced baseline serum AMH concentrations. AMH would appear to be a useful marker for predicting ovarian aging and the potential for successful IVF.
• Predicting Onset of Menopause - The duration of the menopausal transition can vary significantly in individuals and reproductive capacity may be seriously compromised prior to clinical diagnosis. AMH can predict the occurrence of the menopausal transition.
• Assessing Polycystic Ovary Syndrome - Serum AMH levels are elevated in patients with polycystic ovary syndrome and may be useful as a marker for the extent of the disease.

Interpretation:
AMH levels do not change significantly throughout the menstrual cycle and decrease with age. Healthy women, below 38 years old, with normal follicular status at day 3 of the menstrual cycle, have AMH levels of 2.0 - 6.8 ng/ml (14.28 - 48.55 pM)

	pmol/L	ng/mL
Ovarian Fertility Potential		4.0 - 6.8
Optimal Fertility	28.6 - 48.5	2.2 - 4.0
Satisfactory Fertility	15.7 - 28.6	0.3 - 2.2
Low Fertility	2.2 - 15.7	0.0 - 0.3
Very Low / undetectable	0.0 - 2.2	> 6.8
High Level	> 48.5	

The interpretation guide provided above are only suggestions which are based upon examination of multiple published studies. It is expected in the near future that refinement of these ranges may occur.

References
1. Durlinger ALL, Visser JA, Themmen APN. Regulation of ovarian function: the role of anti-Mullerian hormone. Reproduction 2002 124:601-609.

Self Attested

Scanned with CamScanner

Annexure 2/10

SRL Diagnostics

CLIENT CODE : C000067890

CLIENT'S NAME AND ADDRESS :
OPD - ALLAHABAD SRL LIMITED
INDIRA IVF HOSPITAL PVT. LTD., 41/2, MOHALLA CIVIL STATION, ELGIN ROAD,
NEAR HANUMAN MANDIR,
ALLAHABAD 211001
UTTAR PRADESH INDIA
9956666714

SRL LIMITED
43/1,Sardar Patel Marg, Civil Lines,
Allahabad, 211001
Uttar Pradesh, INDIA
Tel : 0532-2760438,8601433777, Fax : CIN - U74899PB1995PLC045956

PATIENT ID :

PATIENT NAME : POONAM EADUPV 756

ACCESSION NO : 0201TB004422 AGE : 36 Years SEX : Female DATE OF BIRTH :

DRAWN : 21/02/2020 00:00 RECEIVED : 21/02/2020 17:54 REPORTED : 21/02/2020 19:25

CLIENT PATIENT ID :

REFERRING DOCTOR : DR. ANJALI SHARMA

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

2. Kocabaş C, Kutlu T, Baglam E, Bakacak Z. Early follicular antimüllerian hormone as an indicator of ovarian reserve. Fertility and Sterility 2006; 85:592-6
3. Human Reproduction 2007 22(9): 2414-2421. doi:10.1093/humrep/dem204.
4. Fertil Steril. 2005; 83(4): 979-87 (ISSN: 1556-5653)
BLOOD COUNTS: The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a
A direct smear is recommended for an accurate differential count and for examination of RBC morphology
RBC AND PLATELET INDICES-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
ASPARTATE AMINOTRANSFERASE, SERUM-Aminotransferase (AST) is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity
ALANINE AMINOTRANSFERASE, SERUM-Alanine aminotransferase (ALT) test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis
SERUM BLOOD UREA NITROGEN-Causes of Increased levels
Pre renal
- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
- Renal Failure

Post Renal
- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
- Liver disease
- SIADH

CREATININE, SERUM-Higher than normal level may be due to:
- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
- Myasthenia Gravis
- Muscular dystrophy

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

Aanksha

Dr. Akanksha Singh
M. D. (PATH)

Self Attested