

सेवा में,

आदरणीय महानिबन्धक,  
माननीय उच्च न्यायालय,  
इलाहाबाद(उत्तर प्रदेश)

द्वारा,

आदरणीया जनपद न्यायाधीश,  
मथुरा।

विषय:- वार्षिक स्थानान्तरण न किए जाने के सम्बन्ध में।

महोदय,

विनम्र निवेदन इस प्रकार है कि प्रार्थी अपर मुख्य न्यायिक मजिस्ट्रेट(रेलवे), मथुरा के पद पर कार्यरत है और प्रार्थी को माह अप्रैल, 2021 में अपने कार्यकाल के 3 वर्ष पूर्ण हो जाएंगे और प्रार्थी का स्थानान्तरण उक्त माह में होना है। परन्तु निम्नलिखित कारणों से प्रार्थी की प्रार्थना है कि इस वर्ष उसका स्थानान्तरण जनपद मथुरा से न किया जाए-

1. प्रार्थी फैफड़ों/श्वसन से सम्बंधित एलर्जिक श्वसनीशोध (Alergic Bronchitis)/ अस्थमा बीमारी से पीड़ित है, जिसका उचित इलाज न होने पर भविष्य में पूर्ण रूपेण अस्थमा में तब्दील होने की संभावना है।
2. उक्त बीमारी का प्रार्थी का उपचार अखिल भारतीय आयुर्विज्ञान संस्थान (AIIMS), नई दिल्ली में चल रहा है, जिसके प्रपत्र संलग्न हैं।
3. चिकित्सक के अनुसार मुझे नियमित अन्तराल पर अपना Check Up कराने अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली जाना होता है।
4. जनपद मथुरा से नई दिल्ली की दूरी मात्र 175 किलोमीटर है, जिसकी वजह से मैं आसानी से मथुरा में रहकर अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली में अपना इलाज करा सकता हूँ।
5. यदि प्रार्थी का स्थानान्तरण कहीं दूर हो गया तो प्रार्थी को अपना इलाज करवाने में बहुत अधिक असुविधा होगी।

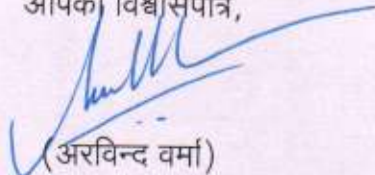
अतः उपरोक्त कारणों से मेरा वार्षिक स्थानान्तरण न किए जाने सम्बंधी यह प्रत्यावेदन माननीय न्यायालय के समक्ष सदभावनापूर्वक विचार किए जाने हेतु प्रस्तुत करने की कृपा करें।

सादर !

दिनांक 24.11.2020

संलग्नक-चिकित्सा सम्बंधी प्रपत्र।

आपका विश्वासपात्र,

  
(अरविन्द वर्मा)

अपर मुख्य न्यायिक मजिस्ट्रेट (रेलवे),

मथुरा।



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरवाचं खलु धर्मसाधनम्

OPR-6

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

New Patient  
Dept Reg. 2020/012/0013489  
General/क 10  
Pulmonary Medicine and Sleep Disorder/Pulmonary Medicine/Unit-I  
नाम: अरविंद वेरमा  
Name: Mr. ARVIND VERMA  
पिता: अमिचन्द वेरमा  
S/O AMICHAND VERMA  
कमरा/Room: A-518  
Days: Mon, Thurs  
42Y पुरुष/M  
Ph. 7060334444  
UHID: 105232975  
Date: 28/09/2020

Regn. No. \_\_\_\_\_  
पता/Address \_\_\_\_\_

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>फिनो अस्थि in home / under supervision</p> <p>AM ⊙ HTM ⊙ PS ⊙ S ⊙ H ⊙</p> <p>Exposures: 1995</p> <p>- brachytherapy; nodules; also wheezing intermittently</p> <p>- also ↑ E seasonal changes (stair-step) (eye-itch)</p> <p>also has cough &amp; sputum</p> <p>using Sulfam R/c (505)</p> <p>never required hospitalizations</p> <p>primarily also has dyspnea on exertion</p> <p>Relieved to cough/sputum</p> <p>- also has recurrent rhinitis to seasonal changes</p>	<p>421M</p> <p>Additional lung granulomatous lesions at baseline</p> <p>non-smoker</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



no nest birds at home

no Gnain

no G.S

no G. En

qs: - Gnain;  
        - onid

Ps - 871m

Ms - 16km

Ms: 147789 m mlp

Imp: Arundin Arund

Rs

- Rs
- Rs
- Rs
- Rs
- Rs

←

- Rs
- x - Rs
- Rs

- R/c Sanglan (250) up 107 via  
Kotahle ft 6 gages

- N/c Dwarose 1 py in each rock? B.N.1

- B.V. mantrip

f - R/c Kwain Sos



Balance:740

**TEST REPORT**

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Sample Drawn: 19/11/2020 10:41:42  
Sample Received: 19/11/2020 13:40:28  
Print Date & Time: 25/11/2020 10:38:24

Date: 18/11/2020 Patient ID:602012867  
Name: Mr. ARVIND VERMA  
Refd by:DR.VIJAY HUDDA A.I.I.M.S. HOSPITAL  
Pt. E-mail ID :

Refd by Lab: SCIENTIFIC PATH  
Age: 42 Yrs

Mob:9412777415  
Gender: Male  
Slide No:

Test	Value	Biological Ref Interval	Unit
------	-------	-------------------------	------

SPECIFIC GRAVITY	1.005		
Method : Optical Refractive Index			
pH	6.0		
Method : Reflectance Photometry			

**CHEMICAL EXAMINATION**  
Method : Reflectance Photometry

ALBUMIN	NOT DETECTED		
REDUCING SUGAR	NOT DETECTED		
BILIRUBIN *	NEGATIVE		
URINE KETONE BODIES / ACETONE	NEGATIVE		
LEUCOCYTE ESTERASE	NEGATIVE		
NITRITE	NEGATIVE		
BLOOD	NIL		

**MICROSCOPIC EXAMINATION**  
Method : Flow Digital Imaging/Morphology

PUS CELLS	OCCASIONAL		/HPF
EPITHELIAL CELLS	0-1		/HPF
RBC's	NOT DETECTED		/HPF
CRYSTALS	NOT DETECTED		
CASTS	NOT DETECTED		
BACTERIA	NOT DETECTED		
OTHERS	NOT DETECTED		
CRENATED R.B.C.	NOT DETECTED		

**BIOCHEMISTRY - TEST REPORT**

Printed by: ANKITRECP

Test Requested: C.B.C.,HbA1C,IMMUNOGLOBULIN (IgE),PHADIATOP (>5 Y,URINE EXAMINATION,VITAMIN D (TOTAL),VITAMIN B12,CaI

Page No: 4 of 5

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E-mail : scientificpathmathura@gmail.com



"We Care"

# Dr. Hardik Diagnostic Centre

24-C, Near Vipin Nursing Home, Krishna Nagar,  
Mathura- 281 004 (U.P.)

☎ 9756857767 • 9756603805 (Mob.)

NAME : MR. ARVIND VERMA DATE: 18.11.2020  
REF. BY : A.I.I.M.S  
EXAM. : X-RAY CHEST PA  
NO. : R-05

**Bronchovascular markings are prominent.**  
Both hila shows normal appearance.  
Both costophrenic angles are clear.  
Cardio-thoracic ratio is normal.  
Trachea is normal and central in position.  
The shape of the both domes of diaphragm is normal.  
Visualized bones are normal.

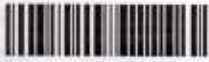
[FOLLOW UP X-RAY, IF CLINICALLY REQUIRED.]

**Dr. Hardik Jain**  
M.D. (Radiology)  
Consultant Radiologist  
Fellowship in Colour Doppler,  
Hinduja Hospital, Mumbai

**डॉ० हार्दिक डायग्नोस्टिक सेंटर**

▪ 3-D ULTRASONOGRAPHY ▪ COLOR DOPPLER ▪ SMALL PARTS SONOGRAPHY ▪ COLOR ECHO-CARDIOGRAPHY  
▪ LATEST 600 MA X-RAY ▪ DIGITAL X-RAY ▪ E.E.G. ▪ PATHOLOGY LAB.

• This is only a professional opinion & not the diagnosis. Findings should be co-related clinically. • Not for Medico Legal Purposes.  
Note : All foetal anomalies can't be detected by ultrasound scan. गर्भस्थ कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है। DM.G.  
• I don't detect/declare fetal sex • E-mail : hardikjainhdc@gmail.com | Visit us at : www.drhardik.com



Balance:740

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Pt. E-mail ID :

Refd by Lab: SCIENTIFIC PATH  
Age: 42 Yrs

Mob:9412777415  
Gender: Male  
Slide No:

Test	Value	Biological Ref Interval	Unit
------	-------	-------------------------	------

**HAEMATOLOGY - TEST REPORT**

**C.B.C.**

<b>Haemoglobin (Hb)</b> Method: Photometric, Sample:EDTA Whole Blood	14.2	13.0 - 17.0	gm/dl
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<b>Total Leucocyte Count (TLC)</b> Method:Electrical Impedance, Sample:EDTA WholeBlood	10520	4000 - 10000	/cumm
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**DIFFERENTIAL LEUCOCYTE COUNT (DLC)**

<b>Neutrophils</b> Method : Flowcytometry/Microscopy	73.0	40.0 - 80.0	%
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<b>Lymphocytes</b> Method : Flowcytometry/Microscopy	20.0	20.0 - 40.0	%
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<b>Eosinophils</b> Method : Flowcytometry/Microscopy	01.0	01.0 - 06.0	%
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<b>Monocytes</b> Method : Flowcytometry/Microscopy	06.0	02.0 - 10.0	%
---	------	-------------	---

<b>Basophils</b> Method : Flowcytometry/Microscopy	00.0	00.0 - 02.0	%
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<b>Absolute Neutrophil Count *</b> Method : Flowcytometry/Microscopy	7680	2000 - 7000	/µL
---	------	-------------	-----

<b>Absolute Lymphocyte Count *</b> Method : Flowcytometry/Microscopy	2104	1000 - 3000	/µL
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<b>Absolute Eosinophil Count *</b> Method : Flowcytometry/Microscopy	105	20 - 500	/µL
---	-----	----------	-----

<b>Absolute Monocyte Count *</b> Method : Flowcytometry/Microscopy	631	200 - 1000	/µL
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Printed by: ANKITRECP

Test Requested: C.B.C.,HbA1C,IMMUNOGLOBULIN (IgE),PHADIATOP (>5 Y,URINE EXAMINATION,VITAMIN D (TOTAL),VITAMIN B12,Cai

Page No: 1 of 5

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Pt. E-mail ID :

Refd by Lab: SCIENTIFIC PATH  
Age: 42 Yrs

Mob:9412777415  
Gender: Male  
Slide No:

Test	Value	Biological Ref Interval	Unit
<b>Absolute Basophil Count *</b> Method : Flowcytometry/Microscopy	0	20 - 100	/µL
<b>RBC</b> Method:Electrical Impedance,Sample:EDTA WholeBlood	4.73	4.50 - 5.50	millions/cmm
<b>P.C.V / HAEMATOCRIT</b> Method: Calculated, Sample Type:EDTA Whole Blood	45.4	40.0 - 50.0	%
<b>MCV</b> Method: Calculated, Sample: EDTA Whole Blood	96.0	82.0 - 101.0	fl.
<b>MCH</b> Method: Calculated, Sample Type:EDTA Whole Blood	30.0	27.0 - 32.0	picogram
<b>MCHC</b> Method: Calculated, Sample Type: EDTA Whole Blood	31.3	31.5 - 34.5	gm/dl
<b>Platelet Count</b> Electrical Impedance&Microscopy,S.EDTA Whole Blood	253	150 - 450	x10 <sup>3</sup> /µL
<b>Mean Platelet Volume *</b> Method: Derived from PCT, Sample:EDTA Whole Blood	13.3	7.5 - 11.5	fl

MPV is the measurement of the average size of Platelets. A High MPV with low Platelet Counts suggests the Bone Marrow is producing Platelets and releasing them into circulation rapidly.

<b>RDW *</b> Method:Calculated from RBC,Sample:EDTA Whole Blood	14.2	12.8 ± 1.2 %	%
--	------	--------------	---

Red Cell Distribution Width (RDW) measures variation in Red blood cell size. Elevated RDW suggests early nutritional deficiency such as iron, folate or Vitamin B12.

<b>HbA1c (GLYCOSYLATED Hb) *</b> Method: HPLC, Sample: EDTA Whole Blood	5.20		%
--	------	--	---

AS PER ADA GUIDELINES

DIAGNOSIS	HbA1c LEVEL
Normal	: Below 5.7 %

Printed by: ANKITRECP

Test Requested: C.B.C.,HbA1C,IMMUNOGLOBULIN (Ige),PHADIATOP (>5 Y,URINE EXAMINATION,VITAMIN D (TOTAL),VITAMIN B12,CaI

Page No: 2 of 5

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Date: 18/11/2020 Patient ID:602012867 Refd by Lab: SCIENTIFIC PATH Mob:9412777415  
Name: Mr. ARVIND VERMA Age: 42 Yrs Gender: Male  
Refd by:DR.VIJAY HUDDA A.I.I.M.S. HOSPITAL Slide No:  
Pt. E-mail ID :

Test	Value	Biological Ref Interval	Unit
Prediabetes	: 5.7 % - 6.4%		
Diabetes	: > 6.5 %		
<b>FOR KNOWN DIABETIC</b>		<b>HbA1c LEVEL</b>	
Target Value is	: 6.5% - 7.5%		

**ESTIMATED AVERAGE GLUCOSE (eAG)** 102.54 65.00 - 135.00 mg/dL

Method : Calculated

**REMARKS:-**

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia .The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8 -12 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of HbA1c be performed at intervals of 3-6 months during diabetes mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**Estimated average glucose (eAG)** - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers- mg/dl.

**URINE EXAMINATION-TEST REPORT**

**PHYSICAL EXAMINATION**

COLOUR LIGHT YELLOW

Method : Photodetection

TRANSPARENCY CLEAR

Method : Photodetection

Printed by: ANKITRECP

Test Requested: C.B.C.,HbA1C,IMMUNOGLOBULIN (IgE),PHADIATOP (>5 Y.URINE EXAMINATION,VITAMIN D (TOTAL),VITAMIN B12,Cai

Page No: 3 of 5

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Booking Time: 14:20:34  
Sample Drawn: 19/11/2020 10:41:42  
Sample Received: 19/11/2020 13:40:26  
Print Date & Time: 25/11/2020 10:38:24

Date: 18/11/2020 Patient ID:602012867  
Name: Mr. ARVIND VERMA  
Refd by:DR.VIJAY HUDDA A.I.I.M.S. HOSPITAL  
Pt. E-mail ID :

Refd by Lab: SCIENTIFIC PATH  
Age: 42 Yrs

Mob:9412777415  
Gender: Male  
Slide No:

Test	Value	Biological Ref Interval	Unit
<b>S.CALCIUM</b> Method: BAPTA	8.81	Adult: 8.6 - 10.2 Children(0-10 days): 7.6 - 10.4 Children(10 days-2 yrs : 9.0 - 11.0 Children(2-12 yrs): 8.8 - 10.8	mg/dl

\*\*\* End of Report \*\*\*

Result Awaited : VITAMIN B12, IMMUNOGLOBULIN (IgE)

Sample Not Received : VITAMIN D (TOTAL)

Printed by: ANKITRECP

Test Requested: C.B.C.,HbA1C,IMMUNOGLOBULIN (IgE),PHADIATOP (>5 Y,URINE EXAMINATION,VITAMIN D (TOTAL),VITAMIN B12,Cai

Page No: 5 of 5

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Booking Time: 20:50:37  
Sample Drawn: 18/11/2020 20:53:42  
Sample Received: 18/11/2020 20:57:20  
Reported On: 19/11/2020 07:00:46

**TEST REPORT**

Date: 18/11/2020 Patient ID: 60202344  
Name: Mr. ARVIND VERMA  
Refd by: DR. VIJAY HUDDA .AIIMS HOSPITAL  
Pt. E-mail ID :

Refd by Lab: MATHURA LAB  
Age: 42 Yrs

Mob: 9412777415  
Gender: Male  
Slide No:

Test	Value	Biological Ref Interval	Unit
------	-------	-------------------------	------

**IMMUNOLOGY - SEROLOGY TEST REPORT**

<b>IMMUNOGLOBULIN E (IgE)</b>	65.4		IU/ml
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Method: ECLIA, Sample: Serum

**Interpretation**

Age Group	Result In IU/mL
New Born	: 1.5
Infants in 1 year of life	: 15
Children age 1 - 5 year	: 60
Children age 6 - 9 year	: 90
Children age 10 - 15 year	: 200
Adults	: 100

**COMMENT:**

Many allergies are mediated by IgE Antibodies which bind to the surface of mast cells and basophils. Measurement of total circulating IgE Antibodies are of value in early detection of allergy in infants, reaching adults levels by the second decade. Significant elevation of IgE levels is seen in allergies, IgE Myeloma, Pulmonary Aspergillosis and active stage of parasitic infections.

**CONVERSION FACTORS** : IU/ml X 2.40 = ng/ml  
ng/ml X 0.42 = IU/ml

**BIOCHEMISTRY - TEST REPORT**

<b>VITAMIN B12</b>	154.00	183.00 - 911.00	pg/mL
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Method: ECLIA, Sample: Serum

**INTERPRETATION :**

Megaloblastic Anaemia, characterized by elevated MCV, has been found to be related to B12 deficiency, a major cause being Pernicious anaemia due to poor B12 up take resulting in below normal serum level. Other conditions related to low B12 levels include Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestation, pancreatic deficiency, treated epilepsy & advancing age. Disorders like renal failure, liver disease and Myeloproliferative diseases may have elevated vitamin B12 levels.

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Test Requested: IMMUNOGLOBULIN (IgE), PHADIATOP (>5 Y), VITAMIN B12, VITAMIN D (TOTAL)

Page No: 1 of 3 All test results are subject to confirmatory tests. Collaborative clinicopathological interpretation is mandatory. In case of disparity, test may be repeated immediately. Test marked with an (\*) are not accredited by NABL.

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Mathura Lab Address :  
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DCP (PATH)  
Krishna Nagar, R.No. 16494/7-11, 1973  
Helpline No. : 0565-2421280, 2421900,  
09927082365, 07534015070,  
07534015046, 07534015002  
E-mail : scientificpathmathura@gmail.com



Booking Time: 20:50:37  
Sample Drawn: 18/11/2020 20:53:42  
Sample Received: 18/11/2020 20:57:20  
Reported On: 19/11/2020 07:00:46

**TEST REPORT**

Date: 18/11/2020 Patient ID: 60202344  
Name: Mr. ARVIND VERMA  
Refd by: DR. VIJAY HUDDA .AIIMS HOSPITAL  
Pt. E-mail ID :

Refd by Lab: MATHURA LAB  
Age: 42 Yrs

Mob: 9412777415  
Gender: Male  
Slide No:


Test	Value	Biological Ref Interval	Unit
VITAMIN D (TOTAL)	5.40		ng/mL

Method: CLIA, Sample: Serum  
Interpretation as per US Natinal Osteoporosis foundation

LEVEL	Adult	Pediatric	Unit	COMMENTS
Deficient	< 20	< 15	ng/mL	High risk for developing bone disease
Insufficient	20 - <30	15 - <20	ng/mL	Vitamin D cocentration which normalizes parathyroid hormone concentration
Sufficient	30-100	20-100	ng/mL	Optimal concneration for maximal walth benefit
Potential Intoxication	> 150	> 150	ng/mL	High risk for toxic effects

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Test Requested: IMMUNOGLOBULIN (IgE),PHADIATOP (>5 Y,VITAMIN B12,VITAMIN D (TOTAL)

Page No: 2 of 3 All test results are for information only. Corroborative clinicopathological interpretation is mandatory. In case of discrepancy test may be repeated immediately. Test marked with (\*) are not accredited by NABL.

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Booking Time: 20:50:37  
 Sample Drawn: 18/11/2020 20:53:42  
 Sample Received: 18/11/2020 20:57:20  
 Reported On: 23/11/2020 17:43:17

**TEST REPORT**

Date: 18/11/2020 Patient ID: 60202344  
 Name: Mr. ARVIND VERMA  
 Refd by: DR. VIJAY HUDDA .AIIMS HOSPITAL  
 Pt. E-mail ID :

Refd by Lab: MATHURA LAB  
 Age: 42 Yrs

Mob: 9412777415  
 Gender: Male  
 Slide No:

Test	Value	Biological Ref Interval	Unit
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**ALLERGY - TEST REPORT**

PHADIATOP (>5 yrs) ALLERGY * SCREEN	0.04	0.00 - 0.35	KUA/L
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Method: ImmunoCAP, FEIA, Sample Type: Serum

< 0.35	Absent/Undetectable
0.35 - 0.70	Very Low Level
0.70 - 3.50	Low Level
3.51 - 17.5	Moderate Level
17.6 - 50	High Level
51 - 100	Very High Level
> 100	Extremely High Level

**Note:**

- Normal level of IgE do not rule out possibility of IgE dependent allergies as the diagnostic sensitivity of the test depends upon elapsed time between exposure to an allergen and testing, patient age and affected organs.
- No close correlation has been demonstrated between severity of allergic reaction and IgE levels.

**Comments-**

**Phadiatop** : Atopy is a personal and / or familial tendency usually in childhood or adolescence to become sensitized and produce IgE antibodies in response to ordinary exposure to allergens. As a consequence these individuals can develop typical symptoms of Asthma, Rhinoconjunctivitis or Eczema.

This test differentiates between atopic and non-atopic diseases and comprises a balanced mixture of relevant allergens that react with specific IgE antibodies in the patient serum. All positive results warrant more specific testing to identify the causative allergen/s.

\*\*\* End of Report \*\*\*

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Test Requested: IMMUNOGLOBULIN (IgE), PHADIATOP (>5 Y), VITAMIN B12, VITAMIN D (TOTAL)

Page No. 3 of 3 All test results are for information only. Collaborative clinicopathological interpretation is mandatory. In case of disparity test may be repeated immediately. Test marked with an asterisk (\*) is not accredited by NABL.

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 07534015046, 07534015002  
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Balance: 280

TEST REPORT

Booking Time: 10:36:12  
Sample Drawn: 19/11/2020 10:41:18  
Sample Received: 19/11/2020 10:46:32  
Print Date & Time: 19/11/2020 12:57:11

Date: 19/11/2020 Patient ID: 602012899  
Name: Mr. ARVINDRA VERMA  
Refd by: C/O A.I.I.M.S. HOSPITAL  
Pt. E-mail ID :

Refd by Lab: SCIENTIFIC PATH  
Age: 45 Yrs

Mob: 9412777415  
Gender: Male  
Slide No:

Test	Value	Biological Ref Interval	Unit
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**BIOCHEMISTRY - TEST REPORT**

<b>SUGAR FASTING</b> Method: Hexokinase, Sample: Sodium Fluoride Plasma	<b>114.4</b>	70.0 - 99.0	mg/dl
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Normal: 70.0 - 99.0  
Impaired Fasting Glucose : 100 - 125  
Diabetes Mellitus : >126

TARGET FOR KNOWN DIABETIC  
As per ADA Guidelines  
Fasting : 80 - 120 mg/dl

<b>URIC ACID</b> Method: Uricase Colorimetric, Sample: Serum	<b>6.20</b>	3.40 - 7.00	mg/dl
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Male : 3.4 - 7.0  
Female : 2.4 - 5.7

\*\*\* End of Report \*\*\*

Printed by: RISHABH

Test Requested: Blood Sugar F, URIC ACID, COLLECTION CHARGE

Page No: 1 of 1



DR. MANSI CHANDNA  
MD(PATHOLOGY)  
R.NO. 57046 13.04.2009

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