Healthians

Smart Report 3.0

India's Trusted Health Test @Home Service

NABL ACCREDITED
MC-4391

Booking ID : 17788598730

Sample Collection Date : 14/Apr/2026

Ashok Kumar Verma

Male, 70 Yrs

A Comprehensive Health Analysis Report

AI Based Personalized Report for You

INDIA'S FIRST & ONLY CREDIBILITY CHECK FOR YOUR LAB REPORT

Check the authenticity of your lab report with machine data

Scan the QR using any QR code scanner

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

Ashok Kumar Verma
Booking ID : 17788598730 | Sample Collection Date : 14/Apr/2026

Ashok Kumar Verma ,

Congratulations, We have successfully completed your health diagnosis. This is a big step towards staying on top of your health and identify potential to improve!

10 Vital Health Parameters of a Human Body Ecosystem

Below are the health parameters which require routine checkups for primary healthcare. The view also includes *personalised information* depending on the tests you have taken.

Your Health Score

67
Out of 100

**Calculated from test reports*

Thyroid Function
Thyroid Stimulating Hormone (TSH)-Ultrasensitive : 99.64 µIU/mL
- Concern

Cholesterol Total
184.2 mg/dl
- Everything looks good

Kidney Function
Serum Creatinine : 4.15 mg/dl
- Concern

Vitamin D
11.1 ng/ml
- Concern

HbA1c
9.2 %
- Concern

Vitamin B12
>2100 pg/ml
- Concern

Liver Function
Alanine Aminotransferase (ALT/SGPT) : 12.2 U/L
- Everything looks good

Calcium Total
9 mg/dl
- Everything looks good

Iron studies
Serum Iron : 73.1 ug/dl
- Everything looks good

Complete Hemogram
Haemoglobin (HB) : 7.5 g/dL
- Concern

New Features
Report Summary

Ashok Kumar Verma
Booking ID 17788598730 | Sample Collection Date: 14/Apr/2026

Understanding laboratory reports can be complex, often leading to unwarranted anxiety.
At Healthians, we understand that you shouldn't have to rely on a Google search to decipher your own health report. That's why we offer comprehensive summaries that are easy to understand.

Here is a summary and suggestions regarding your recent health test results:

Summary of Your Health Test Results

Dear Ashok Kumar Verma,

Thank you for sharing your recent health test results with us. We understand that receiving test results can sometimes bring about concerns, and we want to reassure you that we are here to help you understand them. Your results show a few areas that are outside the typical ranges, and we've reviewed them carefully.

It appears there are some findings related to your blood counts, including indicators of anemia and changes in certain white blood cells. Additionally, your blood sugar and cholesterol levels are showing some deviations from the normal ranges. We also noted some results concerning your kidney function and thyroid hormones. Lastly, your vitamin D level is lower than ideal.

Please know that these findings are common and often manageable with the right approach. Our goal is to work with you to address these areas and support your overall well-being.

Suggestions for Your Health

Based on your test results, here are some suggestions to consider:

1.
Focus on Nutrition and Hydration:
A balanced diet rich in iron-fortified foods, lean proteins, and plenty of fruits and vegetables can be very beneficial. Ensuring you are adequately hydrated is also important for overall health.

2.
Gentle Physical Activity:
Incorporating regular, moderate exercise, as advised by your healthcare provider, can help improve blood sugar control, cholesterol levels, and general fitness.

3.
Sunlight Exposure and Vitamin D:
Consider safe and moderate exposure to sunlight, as this is a natural way to help your body produce vitamin D. Your healthcare provider may also discuss other options to help increase your vitamin D levels.

4.
Follow-up and Monitoring:
It is important to discuss these results with your doctor. They will be able to provide a personalized plan, which may include further investigations or specific lifestyle adjustments to manage these findings effectively. Regular follow-up tests will help monitor your progress.

Patient Name	: Ashok Kumar Verma	Barcode	: E4850314
Age/Gender	: 70Y 0M 0D /Male	Sample Collected On	: 14/Apr/2026 06:35AM
Order Id	: 17788598730	Sample Received On	: 14/Apr/2026 11:25AM
Referred By	: Self	Report Generated On	: 14/Apr/2026 02:39PM
Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: EDTA Plasma	Report Status	: Partial Report

DEPARTMENT OF BIOCHEMISTRY HBA1C

Healthy India 2026 Full Body Checkup Advance Plus

Test Name	Value	Unit	Bio. Ref Interval
HbA1c - Glycosylated Hemoglobin			
Hba1c (Glycosylated Hemoglobin) Method: HPLC	**9.20**	%	4.4 - 5.7
Average Estimated Glucose - plasma Method: Calculated	217.34		

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP	GLYCOSYLATED HEMOGLOGIB (Hba1c) in %
Non diabetic	<5.7
At Risk (Prediabetes)	5.7 – 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	**Age > 19 Years** Goals of Therapy: < 7.0 Actions Suggested: >8.0 **Age < 19 Years** Goal of therapy: <7.5

REMARKS :

1.HbA1c is used for monitoring diabetic control.It reflects the mean plasma glucose over three months.
2.HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
3. HbA1C may be increased in patients with polycythemia or post-splenectomy.
4. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
5. Any sample with >15% HbA1C should be suspected of having a hemoglobin variant, especially in a non-diabetic patients
6. HbA1c target in pregnancy is to attain level <6 % .
7. HbA1c target in pediatric age group is to attain level < 7.5 %.
Method : ion-exchange high-performance liquid chromatography (HPLC).
Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2023

DR RAMESH VISHWANATH
MBBS, MD PATHOLOGY
HEALTHIANS LABS

SIN No:E4850314

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Age/Gender	: 70Y 0M 0D /Male	Sample Collected On	: 14/Apr/2026 06:35AM
Order Id	: 17788598730	Sample Received On	: 14/Apr/2026 10:54AM
Referred By	: Self	Report Generated On	: 14/Apr/2026 12:35PM
Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: Sodium Fluoride	Report Status	: Partial Report

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Test Name	Value	Unit	Bio. Ref Interval
Fasting Blood Sugar			
Glucose, Fasting Method: Hexokinase Machine: BECKMAN DXC 700AU	**54.1**	mg/dl	70 - 100

American Diabetes Association Reference Range :

Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis
A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

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Referred By	: Self	Report Generated On	: 14/Apr/2026 12:45PM
Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Partial Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Potassium - Serum			
Serum Potassium	5.08	mmol/L	3.5 - 5.5

Method: ISE (Indirect)
Machine: BECKMAN DXC 700AU

Potassium is a primary intracellular ion , only 2 % is extracellular , high intracellular concentration is maintained by a Na- K ATPase pump, which continuously transports potassium into the cell against a concentration gradient . The pump is a critical factor in maintaining and adjusting the ionic gradients , on which nerve impulse transmission and contractility of cardiac and skeletal muscle depends . In acidemia , potassium moves out of the cells , in alkalemia , potassium moves into the cells . Hypokalemia inhibits aldosterone production and hyperkalemia stimulates aldosterone production.

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Sample Type	: Serum	Report Status	: Partial Report

DEPARTMENT OF BIOCHEMISTRY

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Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: Diazo Machine: BECKMAN DXC 700AU	0.50	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazo Machine: BECKMAN DXC 700AU	0.08	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.42	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC Machine: BECKMAN DXC 700AU	25.80	U/L	3- 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC Machine: BECKMAN DXC 700AU	12.2	U/L	3 - 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer Machine: BECKMAN DXC 700AU	81.00	U/L	43-115
Gamma Glutamyl Transferase (GGT) Method: IFCC Machine: BECKMAN DXC 700AU	10.7	U/L	5 -55
Serum Total Protein Method: Biuret Machine: BECKMAN DXC 700AU	**6.54**	g/dl	6.6 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG) Machine: BECKMAN DXC 700AU	3.61	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	2.93	gm/dl	2.0 - 3.5
Albumin/Globulin Ratio Method: Calculated	1.23	Ratio	1.2 - 2.0
SGOT/SGPT Ratio Method: Calculated	**2.11**	Ratio	0.7 - 1.4

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect)bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors

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Test Name	Value	Unit	Bio. Ref Interval

&Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in 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 attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver.Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

Please note that there is a change in the Biological Reference Interval for Alkaline Phosphatase (ALP) parameter. (Dated: 12.02.2026).

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Order Id	: 17788598730	Sample Received On	: 14/Apr/2026 11:32AM
Referred By	: Self	Report Generated On	: 14/Apr/2026 01:36PM
Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: Urine	Report Status	: Partial Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
MICROALBUMIN /CREATININE RATIO - (Random)			
MICROALBUMIN (MAU)- URINE Method: Turbidimetric Inhibition IA Machine: BECKMAN DXC 700AU	**972.7**	mg/L	< 30
Urine Creatinine Method: Jaffes Kinetic Machine: BECKMAN DXC 700AU	41	mg/dL	22 - 328
Microalbumin/Creatinine Ratio	**2,372.44**	mg/g	Normal : < 30 Microalbuminuria :30 - 300 Clinical Albuminuria: >300

Note: MICROALBUMIN (MAU)- URINE value is reassayed with dilution. Kindly correlate clinically.

American Diabetes Association Definition of Microalbuminuria

CATEGORY	MICROALBUMIN 24 HOUR URINE (mg/24 hour)	MICROALBUMIN (MAU)/CREATININE RATIO (mg/g of creatinine)
NORMAL	< 30	< 30
MICROALBUMINURIA	30- 300	30- 300
CLINICAL ALBUMINURIA	> 300	> 300

The reference interval for spot urine creatinine in:
Male- 14-26 mg/kg/day
Female- 11-20 mg/kg/day

Measurement of the urine albumin-to-creatinine ratio is recommended by the American Diabetes Association to screen for microalbuminuria. Increased excretion of albumin (microalbuminuria) is a predictor of future development of clinical renal disease in patients with hypertension or DM. Microalbuminuria may be seen transiently during pregnancy, after exercise, and with protein loading, hyperglycemia, fever, and urinary tract infections. There is also day-to-day, as well as diurnal, variation in albumin excretion. Hence, it is important to base treatment on the results of several tests. Vigorous exercise can cause a transient increase in albumin excretion. Patients should refrain from vigorous exercise in the 24 hours prior to the test.

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Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Partial Report

DEPARTMENT OF BIOCHEMISTRY

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Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ Machine: BECKMAN DXC 700AU	73.1	ug/dl	70 - 180
UIBC Method: Nitroso-PSAP Machine: BECKMAN DXC 700AU	189.60	ug/dl	155 - 355
Serum Total Iron Binding Capicity (TIBC) Method: Calculated	262.7	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	27.83	%	10 - 50

Iron participates in a variety of vital processes in the body varying from cellular oxidative mechanisms to the transport and delivery of oxygen to body cells. It is a constituent of the oxygen-carrying chromoproteins, haemoglobin and myoglobin, as well as various enzymes, such as cytochrome oxidase and peroxidases.

Serum iron may be increased in hemolytic, megaloblastic and aplastic anemias, and in hemochromatosis acute leukemia, lead poisoning, pyridoxine deficiency, thalassemia, excessive iron therapy, and after repeated transfusions. Drugs causing increased serum iron include chloramphenicol, cisplatin, estrogens (including oral contraceptives), ethanol, iron dextran, and methotrexate. Iron can be decreased in iron-deficiency anemia, acute and chronic infections, carcinoma, nephrotic syndrome hypothyroidism, in protein- calorie malnutrition and after surgery.Diurnal variation is seen in serum iron levels with normal values obtained in the midmorning, low values in midafternoon and very low values near midnight.

TIBC measures the blood's capacity to bind iron with transferrin (TRF). Estrogens and oral contraceptives increase TIBC levels. Asparaginase, chloramphenicol, corticotropin, cortisone, and testosterone decrease the TIBC levels.

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Transferrin saturation represents the number of iron-binding sites that are occupied. It is a better index of iron stores than serum iron alone. Transferrin saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).

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Sample Type	: Serum	Report Status	: Partial Report

DEPARTMENT OF BIOCHEMISTRY

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Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test Advance			
Serum Creatinine Method: Jaffes Kinetic Machine: BECKMAN DXC 700AU	**4.15**	mg/dl	0.7 - 1.3
GFR, ESTIMATED Method: Calculated (CKD-EPI)	14.68	mL/min/1.73m2	
Serum Uric Acid Method: Uricase Machine: BECKMAN DXC 700AU	**7.7**	mg/dl	3.5-7.2
Serum Calcium Method: Arsenazo Machine: BECKMAN DXC 700AU	9.0	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex Machine: BECKMAN DXC 700AU	**5.1**	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect) Machine: BECKMAN DXC 700AU	145	mmol/L	136 - 146
Serum Chloride Method: ISE (Indirect) Machine: BECKMAN DXC 700AU	**115**	mmol/L	101 - 109
Blood Urea Method: Urease Machine: BECKMAN DXC 700AU	**118.8**	mg/dl	17 - 43
Blood Urea Nitrogen (BUN) Method: Calculated	**55.5**	mg/dl	7.92 - 20.03
Bun/Creatinine Ratio Method: Calculated	13.38	Ratio	
Urea/Creatinine Ratio Method: Calculated	28.63	Ratio	

The kidneys play a vital role in the excretion of waste products and toxins such as urea, creatinine and uric acid, regulation of extracellular fluid volume, serum osmolality and electrolyte concentrations, as well as the production of hormones like erythropoietin and 1,25 dihydroxy vitamin D and renin. Assessment of renal function is important in the management of patients with kidney disease or pathologies affecting renal function. Tests of renal function have utility in identifying the presence of renal disease, monitoring the response of kidneys to treatment, and determining the progression of renal disease.
Urea is synthesized in the liver as the final product of protein and amino acid metabolism. Urea synthesis is therefore dependent on daily protein intake and endogenous protein metabolism.

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Test Name **Value** **Unit** **Bio. Ref Interval**

Creatinine is a metabolic product of creatine and phosphocreatine, which are both found almost exclusively in muscle.
Uric Acid is the major product of purine catabolism in humans. Uric acid levels are used to monitor the treatment of gout.
Measurement of calcium is used in the diagnosis and treatment of parathyroid disease, a variety of bone diseases, chronic renal disease, urolithiasis and tetany. Phosphorus levels are increased in acute or chronic renal failure with decreased GFR .
Sodium is an electrolyte, and it helps regulate the amount of water in and around the cells & the balance of chemicals in the body called acids and bases.
Chloride is a negatively charged ion that works with other electrolytes such as potassium, sodium, and bicarbonate, to help regulate the amount of fluid in the body and maintain the acid-base balance.
~~EGFR~~-National kidney Disease Education program recommends the use of MDRD equation tp predict/ estimate GFR in adults (>=20 years) with Chronic kidney disease. Calculated by serum creatinine may be less accurate due to certain factor like race muscle mass, diet and certain drugs in sach case EGFR should be calculated using serum cystatin C.

Age (Years)	Male ML/min/1.73m²	Female ML/min/1.73m²
17–24	93–131	—
25–34	78–146	—
35–44	74–138	65–123
45–54	74–129	58–110
55–64	69–122	50–110
65–74	61–114	46–105
75–84	52–102	48–85

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SIN No:E4850314

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: Enzymatic Machine: BECKMAN DXC 700AU	184.2	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: Enzymatic Machine: BECKMAN DXC 700AU	115.1	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : >= 500
Serum HDL Cholesterol Method: Enzymatic immuno inhibition Machine: BECKMAN DXC 700AU	40.6	mg/dl	40 - 60
LDL Cholesterol Calculated Method: Calculated	**120.58**	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High: 130- 159 High : 160 - 189 Very High :>/=190
VLDL Cholesterol Calculated Method: Calculated	23.02	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	**4.54**	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	2.97	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio Method: Calculated	0.34	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	143.6	mg/dl	0.0 - 160.0

Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency.
Dyslipidemias means increase in the level of one or more of the following: Total Cholesterol, low density lipoprotein (LDL) and/or triglyceride concentrations.
Dyslipidemia also includes a decrease in the “good" cholesterol or high-density lipoprotein (HDL) concentration in the blood.
Cholesterol is a steroid carried in the bloodstream as lipoprotein, necessary for cell membrane functioning and as a precursor to bile acids,

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Value	Unit	Bio. Ref Interval

progesterone ,vitamin D ,estrogens ,glucocorticoids and mineralocorticoids.
HDL is termed “good cholesterol” because its levels are inversely related to the risk of Coronary heart disease.
LDL cholesterol is termed the “bad cholesterol” and their increased levels are associated with increased risk of atherosclerosis and coronary heart disease.
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation.
Healthians labs report biological reference intervals (normal ranges) in accordance with the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.

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Sample Type	: Urine	Report Status	: Partial Report

DEPARTMENT OF CLINICAL PATHOLOGY

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Test Name	Value	Unit	Bio. Ref Interval
Urine Routine & Microscopy Extended			
PHYSICAL EXAMINATION			
Colour Method: Visual	Yellow		Pale Yellow
Volume Method: Visual	20.00	mL	
Appearance Method: Visual	Clear		Clear
CHEMICAL EXAMINATION			
Specific Gravity Method: Dipstick-Ion exchange Machine: Urine Analyzer(URI-PLUS600)	1.020		1.001 - 1.035
pH Method: Automated/ strip Dipstick-Double indicator Machine: Urine Analyzer(URI-PLUS600)	5.0		4.5 - 7.5
Glucose Method: Automated/ strip Dipstick-oxidase peroxidase Machine: Urine Analyzer(URI-PLUS600)	Negative		Negative
Urine Protein Method: Automated/ strip Dipstick-Bromophenol blue Machine: Urine Analyzer(URI-PLUS600)	**3+**		Negative
Ketones Method: Automated/ strip Sodium nitroprusside Machine: Urine Analyzer(URI-PLUS600)	Negative		Negative
Urobilinogen Method: Automated/ strip Dipstick-Ehrlichs Test Machine: Urine Analyzer(URI-PLUS600)	Normal		Normal
Bilirubin Method: Automated / strip (Diazonium salt)/ Fouchets test Machine: Urine Analyzer(URI-PLUS600)	Negative		Negative
Nitrite Method: Automated/ strip Dipstick-Griess test Machine: Urine Analyzer(URI-PLUS600)	Negative		Negative
Blood Method: Automated/ strip Dipstick-Peroxidase	Nil		Nil

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MBBS, MD PATHOLOGY
HEALTHIANS LABS

Patient Name	: Ashok Kumar Verma	Barcode	: E4850314
Age/Gender	: 70Y 0M 0D /Male	Sample Collected On	: 14/Apr/2026 06:35AM
Order Id	: 17788598730	Sample Received On	: 14/Apr/2026 11:43AM
Referred By	: Self	Report Generated On	: 14/Apr/2026 02:10PM
Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: Urine	Report Status	: Partial Report

DEPARTMENT OF CLINICAL PATHOLOGY

Healthy India 2026 Full Body Checkup Advance Plus

Test Name	Value	Unit	Bio. Ref Interval
Machine: Urine Analyzer(URI-PLUS600)			
Leucocyte Esterase Method: Dipstick- Esterase Machine: Urine Analyzer(URI-PLUS600)	Negative		Nil
MICROSCOPIC EXAMINATION			
Pus Cells Method: Microscopy	5-7	/HPF	0 - 5
Epithelial cells Method: Microscopy	3-4	/HPF	0 - 5
RBCs Method: Microscopy	Nil	/HPF	Nil
Casts Method: Microscopy	Nil		Nil
Crystals Method: Microscopy	Nil		Nil
Bacteria Method: Microscopy	Absent		Absent
Yeast Cell	Nil		
Others (Non Specific) Method: Microscopy	Nil		

Note:Urine R/M were verified manually. Kindly correlate clinically

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Patient Name	: Ashok Kumar Verma	Barcode	: E4850314
Age/Gender	: 70Y 0M 0D /Male	Sample Collected On	: 14/Apr/2026 06:35AM
Order Id	: 17788598730	Sample Received On	: 14/Apr/2026 11:25AM
Referred By	: Self	Report Generated On	: 14/Apr/2026 02:53PM
Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: Whole Blood EDTA	Report Status	: Partial Report

DEPARTMENT OF HAEMATOLOGY

Healthy India 2026 Full Body Checkup Advance Plus

Test Name	Value	Unit	Bio. Ref Interval
Complete Blood Count			
Haemoglobin (HB) Method: Spectrophotometry Machine: Yumizen H2500	**7.5**	g/dL	13.0-17.0
Total Leucocyte Count (TLC) Method: Impedance Machine: Yumizen H2500	8.1	10^3/uL	4.0-10.0
Hematocrit (PCV) Method: Calculated Machine: Yumizen H2500	**23.5**	%	40.0-50.0
Red Blood Cell Count (RBC) Method: Impedance Machine: Yumizen H2500	**2.64**	10^6/µl	4.50-5.50
Mean Corp Volume (MCV) Method: Derived from RBC Histogram Machine: Yumizen H2500	88.8	fL	83.0-101.0
Mean Corp Hb (MCH) Method: Calculated Machine: Yumizen H2500	28.6	pg	27.0-32.0
Mean Corp Hb Conc (MCHC) Method: Calculated Machine: Yumizen H2500	32.2	g/dL	31.5-34.5
RDW - CV Method: Derived from RBC Histogram Machine: Yumizen H2500	**18.8**	%	11.6-14.0
RDW - SD Method: Derived from RBC Histogram Machine: Yumizen H2500	**47.70**	fL	39.0-46.0
Mentzer Index Method: Calculated	33.64	Ratio	
RDWI Method: Calculated	632.36	Ratio	
Green and king index Method: Calculated	198	Ratio	
Differential Leucocyte Count			

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Patient Name	: Ashok Kumar Verma	Barcode	: E4850314
Age/Gender	: 70Y 0M 0D /Male	Sample Collected On	: 14/Apr/2026 06:35AM
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Referred By	: Self	Report Generated On	: 14/Apr/2026 02:53PM
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Sample Type	: Whole Blood EDTA	Report Status	: Partial Report

DEPARTMENT OF HAEMATOLOGY

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Test Name	Value	Unit	Bio. Ref Interval
Neutrophils Method: Flow-Cytometry DHSS Machine: Yumizen H2500	63.2	%	40 - 80
Lymphocytes Method: Flow-Cytometry DHSS Machine: Yumizen H2500	**11.2**	%	20-40
Monocytes Method: Flow-Cytometry DHSS Machine: Yumizen H2500	5.8	%	02 - 10
Eosinophils Method: Flow-Cytometry DHSS Machine: Yumizen H2500	**19.5**	%	01 - 06
Basophils Method: Impedance Machine: Yumizen H2500	0.3	%	00 - 02
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	5.13	10^3/uL	2.0-7.0
Absolute Lymphocyte Count (ALC) Method: Calculated	**0.91**	10^3/uL	1.4 - 3.5
Absolute Monocyte Count Method: Calculated	0.47	10^3/uL	0.20 - 1.00
Absolute Eosinophil Count (AEC) Method: Calculated	**1.58**	10^3/uL	0.04 - 0.44
Absolute Basophil Count Method: Calculated	0.02	10^3/uL	0 - 0.10
Platelet Count(PLT) Method: Impedance Machine: Yumizen H2500	**127**	10^3/µl	150-410
MPV Method: Derived from PLT Histogram Machine: Yumizen H2500	**12.0**	fL	7 - 9

NOTE: DIFFERENTIAL COUNT RECHECKED. ADVISED CLINICAL CORRELATION.

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Patient Name	: Ashok Kumar Verma	Barcode	: E4850314
Age/Gender	: 70Y 0M 0D /Male	Sample Collected On	: 14/Apr/2026 06:35AM
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Value	Unit	Bio. Ref Interval

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

The Mentzer index is used to differentiate iron deficiency anaemia beta thalassemia trait. If a CBC indicates microcytic anaemia, these are two of the most likely causes, making It necessary to distinguish between them.
If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anaemia is more likely.
Green and King Index used to differentiate IDA from thalassemia trait value >65 is likely to be Iron Deficiency Anemiaand value <65 Beta Thalassemia Trait. For RDWI Value >220 more likely to be Iron Deficiency Anemia and value <220 more likely to be Beta Thalassemia Trait .

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Patient Name	: Ashok Kumar Verma	Barcode	: E4850314
Age/Gender	: 70Y 0M 0D /Male	Sample Collected On	: 14/Apr/2026 06:35AM
Order Id	: 17788598730	Sample Received On	: 14/Apr/2026 11:09AM
Referred By	: Self	Report Generated On	: 14/Apr/2026 02:10PM
Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Partial Report

DEPARTMENT OF IMMUNOLOGY

Healthy India 2026 Full Body Checkup Advance Plus

Test Name	Value	Unit	Bio. Ref Interval

Vitamin B12

VITAMIN B12	**>2100**	pg/ml	222 - 1439

Method: CLIA
Machine: UniCel DxI 800

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.
Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
Please note change in Biological Reference interval.

Vitamin D, 25-Hydroxy

VITAMIN D (25 - OH VITAMIN D)	**11.10**	ng/ml	30 - 100

Method: CLIA
Machine: UniCel DxI 800

Biological Reference Ranges:

Deficiency	Below 20 ng/ml
Insufficiency	20 - 30 ng/ml
Sufficiency	30 - 100 ng/ml
Toxicity	Above 100 ng/ml.

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

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Customer Since	: 14/Apr/2026	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Partial Report

DEPARTMENT OF IMMUNOLOGY

Healthy India 2026 Full Body Checkup Advance Plus

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA Machine: UniCel DxI 800	**0.39**	ng/ml	0.87 - 1.78
Thyroxine (T4, Total) Method: CLIA Machine: UniCel DxI 800	**3.02**	ug/dl	5.48-14.28
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA Machine: UniCel DxI 800	**99.636**	µIU/mL	0.38 - 5.33

Note: TSH value are reassayed with dilution. Kindly correlate clinically. Advice : Anti TPO & Anti thyroglobulin.

Pregnancy interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:
1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 AM. Minimum levels seen between 6-10 AM. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal even in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones.
9. Various drugs influence the levels of thyroid hormones such as L-Dopa, Lithium, Glucocorticoids, Phenytoin etc.
10. Healthians recommends evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

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Sample Type	: Serum	Report Status	: Partial Report

DEPARTMENT OF IMMUNOLOGY

Healthy India 2026 Full Body Checkup Advance Plus

Test Name	Value	Unit	Bio. Ref Interval

*** End Of Report ***

Result's to follow-Intact Parathyroid Hormone (iPTH), Protein Electrophoresis -Serum, NT-ProBNP (N-Terminal Pro-Beta Natriuretic Peptide)

DR RAMESH VISHWANATH
MBBS, MD PATHOLOGY
HEALTHIANS LABS

Terms & Conditions:

1) Machine Data is available for last 7 days only. In case of manual testing & outsourced testing, machine data will not be available.
2) CBC parameters may vary when it is manually reviewed by the Pathologists.
3) **For Thyroid tests** - Circulating TSH shows a normal circadian rhythm with a peak between 11pm-5am and a nadir between 5pm-8pm. TSH values are also lowered after food when compared to fasting in a statistically significant manner. This variation is of the order of ±50%, hence time of day and fasting status have influence on the reported TSH level.
4) **For Lipid profile** - Lipid and Lipoprotein concentrations vary during the normal course of daily activity. Also, certain drugs, diet and alcohol can have lasting effects on Triglyceride levels. To obtain best results for Lipid testing, a strict fasting of 10-12 hours with a light meal on the previous night is recommended.
5) Test results released pertain to the specimen submitted.
6) Test results are dependent on the quality of the sample received by the Lab.
7) The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form/booking ID.
8) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.
9) Test results may show interlaboratory variations.
10) Liability of Healthians for deficiency of services or other errors and omissions shall be limited to the fee paid by the patient for the relevant laboratory services.
11) This report is not subject to use for any medico-legal purposes.
12) Few of the tests might be outsourced to partner labs as and when required.
13) This report is not intended to replace but to lead by providing comprehensive information. It is recommended that you consult your doctor/physician for interpretation of results.
14) All reports might not be applicable for individuals less than 18, pregnant women or individuals suffering from diseases for which health test has not been performed or symptoms not diagnosed.
15) This report is based on preventive health test screening and is meant for a healthy lifestyle. It does not provide any recommendation for life threatening situations.
16) It is strongly recommended to take required precautions for allergic reactions or sensitivities.
17) Authorised partner labs as mentioned for certain tests are as below:
    HL/PL/001- Metropolis Healthcare Ltd
    HL/PL/002- Thyrocare technologies Limited
    HL/PL/003- Lifecell International Pvt. Ltd. - Laboratory Services
    HL/PL/004- Modern Diagnostic & Research Centre

ADVISORY
Health Advisory

Ashok Kumar Verma
Booking ID : 17788598730 | Sample Collection Date : 14/Apr/2026

19.07 Body Mass Index	5'1" Height (ft/in)	47 Weight (kgs.)

Physical Activity	Smoke	Food Preference	Alcohol	Medication	Family History
No Data	No Data	No Data	No Data	No Data	No Data

Blood Pressure	Pulse Rate	Waist (In Cm)	Hip Circumference (In Cm)	SPO2 Levels	Sugar Levels
No Data	No Data	0cm	No Data	No Data	No Data

Additional Remarks :
NA

SUGGESTED
NUTRITION

SUGGESTED NUTRITION

Do's

- Include seeds like flaxseeds, chia seeds, sunflower seeds
- Include fruits like apples, berries and melons in your diet
- Choose low carb veggies like onions, tomatoes, beans, sprouts and green leafy vegetables
- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Take a fiber rich diet that includes fruits, vegetables, seeds and whole grains
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats
- Include calcium rich foods like milk, yoghurt, cheese

Dont's

- Limit sugar intake
- Limit tea and coffee
- Decrease intake of colas and sugary drinks
- Avoid flavoured and seasoned foods
- Avoid saturated fats, transfats, oily and greasy foods like cakes, creamy or fried foods
- Limit intake of salt
- Avoid red meat and organ meats
- Avoid packaged foods or readymade meats
- Avoid salty foods and pickles
- Limit protein intake

SUGGESTED
LIFESTYLE

SUGGESTED LIFESTYLE

Do's

- Lose weight gradually and stay active
- Maintain ideal weight
- Have regular exposure to sunlight
- Stay active and maintain ideal weight

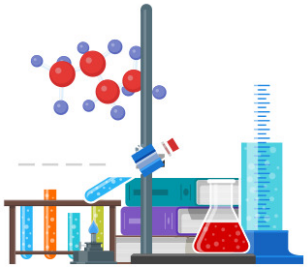
Dont's

- Avoid late night heavy meals
- Avoid overworking or being stressed for long time
- Avoid smoking and alcohol
- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Limit dining out
- Avoid long periods of inactivity
- Don't ignore your body signals and don't skip your regular health check-ups
- Avoid having long gaps in meals or skipping meals

SUGGESTED
FUTURE TESTS

SUGGESTED FUTURE TESTS

- Glycated Hemoglobin (HbA1c) - **Every 3 Month**
- Blood Glucose Fasting - **Every 1 Week**
- Glucose Postprandial - **Every 1 Week**
- Liver Function Test - **Every 3 Month**
- Kidney Function Test Advance - **Every 3 Month**
- Lipid Profile Advance - **Every 3 Month**
- Microalbumin, Urine Spot - **Every 6 Month**



HEALTH ADVISORY

Suggestions for Health & Well-being

Ashok Kumar Verma
Booking ID : 17788598730 | Sample Collection Date : 14/Apr/2026

PHYSICAL
ACTIVITY

PHYSICAL ACTIVITY

Physical activities can vary from Regular walks (Brisk or normal), Jogging , Sports, Stretching, Yoga to light weight lifting etc. It is recommended to partake in physical activity at least 30 minutes a day for 3-4 days a week.
If regular workout is difficult, then we can adapt changes such as using stairs instead of lift/escalators and doing household work!

BALANCED DIET

A balanced diet is the key to healthy lifestyle. Include Whole grains, vegetables, whole fruits, nuts, seeds, beans, plant oils in your diet.
It is recommended to always have a high protein breakfast and a light dinner. Avoid items such as processed foods, potatoes and high calorie/sugar products. Don't forget to drink water regularly!

BALANCED
DIET

STRESS
MANAGEMENT

STRESS MANAGEMENT

Managing stress is an essential part of well-being. Some day to day changes can help such as having sufficient sleep (6-8 hours), indulging yourself in meditation, positive attitude towards lifestyle, using humor, traveling, talking to people whom you feel comfortable with and making time for hobbies by doing what you love to do.

BMI

BMI recommended range is 18.5 to 24.9. Your BMI is **29.35**, which is on a higher side.
Please consult doctor for further evaluation and guidance.
BMI for your body helps prevent many untimely diseases and goes a long way.

BMI CHART

UNDERWEIGHT	NORMAL	OVERWEIGHT	OBESE
Less than 18.5	Between 18.5 - 24.9	Between 25.0 - 29.9	More than 30

BMI INFORMATION NOT AVAILABLE
Please fill your Health Karma to know your BMI results

BMI

Supplement Suggestions

Ashok Kumar Verma
Booking ID : 17788598730 | Sample Collection Date : 14/Apr/2026

Your test report has indicated that you have certain deficiencies in your body which may hamper your health & wellbeing in the longer run.

In order to fulfill the gaps in nutrition and promote a healthier body we suggest you the following supplements mentioned below:

Deficiency/Out of Range Parameter(s)	Suggested Supplement
Blood Glucose Fasting	DIABEAT-EASE
T3, Total Tri Iodothyronine	THYRO FIX

To order, call 1800-572-000-4

Suggestions for Improving Deficiencies

DIABEAT-EASE

Manage diabetes the all-natural way!

An all-natural supplement that helps in lowering your blood sugar levels, thus preventing the onset of diabetes and managing it if you are already a diabetic. By reducing blood sugar levels, this naturally-sourced diabetes supplement enables you to lead a productive life, while managing your diabetes in a safe and natural way.

Remember, ignoring diabetes can cause a lot of serious complications, including:

• Vision & Hearing Loss | • Nerve Damage | • Heart Attack | • Stroke | • Dementia

Infused with the ages-proven goodness of all-natural ingredients, DIABEAT-EASE is the perfect supplement to help you control diabetes without having to worry about side-effects. Sourced from nature's own pharmacy of herbs, the ingredients in DIABEAT-EASE present the following benefits:

Saunf
Helps control blood pressure & manage diabetes

Karela
Reduces blood sugar & reduces cholesterol levels

Chirata
Helps manage high blood pressure, diabetes & detoxifies blood

Ashwagandha
Reduces blood sugar,cholesterol, & triglycerides levels

Vijayasar
Helps manage diabetes by lowering down sugar cravings

THYRO FIX

Here's nature's way to improve your thyroid function.

THYRO-FIX is a scientifically formulated and clinically proven all-natural supplement that helps strike the optimum balance of your thyroid levels. Whether hyperthyroidism or hypothyroidism, this ayurvedic supplement keeps your thyroid balanced and optimally functioning. Take the all-natural road to a healthy thyroid with THYRO-FIX.

Be it hyperthyroidism or hypothyroidism, untreated thyroid conditions can cause serious health issues, such as:

• Cardiovascular Diseases | • Brittle Bones | • Eye Issues | • Infertility | • Mental Health Concerns

Infused with the ages-proven goodness of all-natural ingredients, THYRO-FIX is the perfect supplement to promote and maintain good thyroid health, without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in THYRO-FIX present the following benefits:

Arjun Tree Extract
Decreases thyroid levels in hyperthyroidism to maintain hormonal balance

Ashwagandha
Increases thyroid levels in hypothyroidism to maintain hormonal balance

Anantmool
Anti-inflammatory & anti-oxidant properties reduce the symptoms of thyroid disorder

Asparagus
Regulates blood sugar levels & promotes heart health

To order, call 1800-572-000-4

Supplement Suggestions

Ashok Kumar Verma
Booking ID : 17788598730 | Sample Collection Date : 14/Apr/2026

Deficiency/Out of Range Parameter(s)	Suggested Supplement
Vitamin B12 Cyanocobalamin	VITAMIN B12
Vitamin D Total-25 Hydroxy	VITAMIN D3

To order, call 1800-572-000-4

Suggestions for Improving Deficiencies

100% NATURAL · HIGH QUALITY HERBS · NO SIDE EFFECTS

VITAMIN B12

Make healthier blood the foundation of a healthier life!

Keep your blood clean and your nerve cells healthy with Vitamin B12. This essential supplement also protects against anemia, which causes persistent fatigue. Extracted from natural food sources, such as amla and beetroot, daily intake of Vitamin B12 can help in the formation of red blood cells.

A lack of vitamin B12 can cause dangerous health complications, such as:

• Memory Loss | • Vision Loss | • Ataxia or Loss of Physical Coordination | • Irreversible Neurological Problems | • Heart Diseases

- Prevents Osteoporosis & Promotes Bone Health
- Prevents Anemia & Promotes Red Blood Cell (RBC) Production
- Alleviates Symptoms of Depression
- Boosts Heart Health
- Prevents Major Birth Defects

VITAMIN D3

Improve bone health with enhanced calcium absorption, the natural way

Make your muscles and bones stronger with VITAMIN D3. Sourced from natural substances, it helps in regulating the absorption of calcium and phosphorus, which help keep your bones strong and enhancing the normal immune system functioning. Vitamin D3 is an essential nutrient that's critical for normal growth and development of bones and teeth, as well as improved resistance against certain diseases.

Remember, a lack of vitamin D3 can cause dangerous health situations.

• Rickets (in children) | • Brittle Bones | • Osteoporosis | • Weakened Bones (in adults)

- Strengthens Bones & Muscles
- Protects Against Pneumonia & Acute Respiratory Infections
- Helps in Reducing Depression
- Boosts Heart Health
- Aids in Kidney Disease Treatment

To order, call 1800-572-000-4

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FOOD INTOLERANCE TEST | **₹5499 ONLY**

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About Healthians Labs

How we control Report Accuracy at Healthians

Quality Control
We follow Quality control to ensure both **precision & accuracy** of patient results.

Machine Data
We save patient's result values **directly from machines** ensuring no manipulations & no fake values.

QR Code
QR Code based authenticity check on all its reports

Calibration
We make use of calibrators to evaluate the **precision & accuracy** of measurement equipment.

Equipment
Our Labs are equipped with state-of-the-art instruments with **cutting edge technology** to provide faster & reliable results.

EQA
Our Labs participate in EQA & show proven accuracy by checking **laboratory performance** through external agency or facility.

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