LABORATORY REPORT

Redcliffe labs

Patient NAME	**: Ms Flora George**		
DOB/Age/Gender	: 28 Y/Female	Report STATUS	: Final Report
Patient ID / UHID	: 17985124/RCL405382	Barcode NO	: 33412572
Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 12:46 PM.

NABL-M(EL)T-03110 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

PL - Essential - LS

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Cyanide free spectrophotometry*	**11.8 L***	g/dL	12.0 - 15.0
RBC Count *Electrical impedance*	4.4	10^6/µl	3.8 - 4.8
PCV *Calculated*	36.8	%	36 - 46
MCV *Calculated*	84	fl	83 - 101
MCH *Calculated*	27	pg	27 - 32
MCHC *Calculated*	32.1	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	12.8	%	11.6 - 14.0
RDW-SD * *Calculated*	**45.4 H***	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	9.8	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	51.6	%	40-80
Lymphocytes	**42.2 H***	%	20-40
Monocytes	2.9	%	2-10
Eosinophils	2.1	%	1-6
Basophils	1.2	%	<2
Absolute Leukocyte Counts *			
Neutrophils. *	5.06	10^3/µl	2 - 7
Lymphocytes. *	**4.14 H***	10^3/µl	1 - 3
Monocytes. *	0.28	10^3/µl	0.2 - 1.0
Eosinophils. *	0.21	10^3/µl	0.02 - 0.5
Basophils. *	0.12	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	**413 H***	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**8.5 L***	fL	9.3 - 12.1
PCT * *Calculated*	**0.4 H***	%	0.17 - 0.32

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Consultant Pathologist

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Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 12:46 PM.

NABL-M(EL)T-03110

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
P-LCR * *Calculated*	20.1	%	18 - 50
P-LCC * *Calculated*	83	10^9/L	44 - 140
Mentzer Index * *Calculated*	19.09	%	> 13

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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LABORATORY REPORT

Redcliffe labs

Patient NAME	: **Ms Flora George**		
DOB/Age/Gender	: 28 Y/Female	Report STATUS	: Final Report
Patient ID / UHID	: 17985124/RCL405382	Barcode NO	: 34190867
Referred BY	: Self	Sample Type	: FLUORIDE F
Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 01:04 PM.

NABL-M(EL)T-03110 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range

Blood Sugar Fasting

Glucose Fasting *Hexokinase*	82	mg/dL	70 - 100

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 125
Diabetes	≥126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Patient NAME	**: Ms Flora George**		
DOB/Age/Gender	: 28 Y/Female	Report STATUS	: Final Report
Patient ID / UHID	: 17985124/RCL405382	Barcode NO	: 33411469
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 03:10 PM.

NABL-M(EL)T-03110

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Diazonium Salt*	0.4	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculated*	0.2	mg/dL	0.1 - 1.0
SGOT/AST *Enzymatic [NADH (without P5P)]*	27	U/L	5 - 34 U/L
SGPT/ALT *Enzymatic [NADH (without P5P)]*	39	U/L	0 to 55 U/L
SGOT/SGPT Ratio * *Calculated*	0.69	Ratio	<1.00
Alkaline Phosphatase *Para-Nitrophenyl Phosphate*	92	U/L	40 - 150
Total Protein *Biuret*	7.6	g/dL	6.4 - 8.3
Albumin *Colorimetric BCG*	4.2	g/dL	3.8 - 5.0
Globulin * *Calculated*	3.4	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.24	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *L-Gamma-Glutamyl-3-Carboxy-4-Nitroanilide Substra-*	35	U/L	12 - 64

Interpretation:

The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:

1. AST (SGOT): may indicate tissue injury / damage in muscles or liver.
2. ALT (SGPT): Primarily in the liver. Elevated ALT and AST suggest liver damage.
3. Alkaline Phosphatase & GGT: Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

1. Low protein: May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
2. High protein (Hyperproteinemia): Often due to dehydration or increased protein production.
3. Low albumin: Caused by poor diet, kidney, or liver disease.
4. High albumin: Usually due to severe dehydration.

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LABORATORY REPORT

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Patient ID / UHID	: 17985124/RCL405382	Barcode NO	: 33411469
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 02:58 PM.

NABL-M(EL)T-03110 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	**10.7 L***	mg/dL	15 - 40
Bun * *Calculated*	**5 L***	mg/dL	6 - 20
Creatinine *Kinetic alkaline picrate*	0.77	mg/dL	0.57 - 1.11 mg/dL
eGFR (CKD-EPI) *	107.68	ml/min/1.73 sq m	Normal Or High: >= 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio * *Calculated*	**6.49 L***	Ratio	12 - 20
Urea / Creatinine Ratio * *Calculated*	**13.9 L***	Ratio	25.68- 42.8
Uric Acid *Uricase*	5.4	mg/dL	2.6 - 6.0 mg/dL
Calcium Serum *Arsenazo III*	9.3	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	3.4	mg/dL	2.3 - 4.7
Sodium *Direct ISE*	135.7	mmol/L	135.0 - 145.0
Potassium *Direct ISE*	4.25	mmol/L	3.5 - 5.3
Chloride *Direct ISE*	101.4	mEq/L	95 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and procedures that can be done to evaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carry out their vital functions. Some lead to a rapid (acute) decline in kidney function others lead to a gradual (chronic) decline in function. Both result in a buildup of toxic waste substances done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure, blood in urine, frequent urges to urinate, difficulty beginning urination, painful urination, swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases."**eGFR test is applicable for patients aged 18 years or more.**"

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NABL-M(EL)T-03110 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Lipid Profile

Test Description	Value(s)	Unit(s)	Reference Range
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	**230 H***	mg/dL	<200
Triglycerides *Glycerol Phosphate Oxidase*	130	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	42	mg/dL	>40
Non HDL Cholesterol * *Calculated*	**188 H***	mg/dL	<130
LDL Cholesterol *Calculated*	**162 H***	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	26	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**5.48 H***	Ratio	0.0 - 5.0
HDL/ LDL Ratio * *Calculated*	**0.26 L***	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	**3.86 H***	Ratio	0.0- 3.0

Interpretation:

Lipid level assessments must be made following 10 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Intraindividual (within-person) variation in triglyceride (TG) levels is high, often showing a 12.9% to 40.8% variation in healthy individuals within 1 year,. This variability is driven by a combination of biological, lifestyle, and physiological factors that fluctuate rather than remaining constant.

Causes of variation include

- Diet: Levels spike 5–10 times after meals.Unhealthy high saturated fat diets like non veg diet sweetened beverages , fried or processed foods , and alcohol intake can significantly raise triglyceride values.
- Lifestyle: Obesity , sedentary lifestyle, and smoking can raise levels.
- Biology: Pregnancy (estrogen), aging, and conditions like Diabetes or Metabolic Syndrome cause major shifts.
- Drugs like : Beta-blockers, steroids, tamoxifen, thiazides, and oral contraceptives can raise triglyceride levels

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

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Test Description	Value(s)	Unit(s)	Reference Range

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

*** After an adequate non-pharmacological intervention for at least 3 months.**

References :

- Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.
- Nordestgaard, B. A Test in Context: Lipid Profile, Fasting Versus Nonfasting. JACC. 2017 Sep, 70 (13) 1637–1646.
- P.N.M. Demacker, R.W.B. Schade, R.T.P. Jansen, A. Van 't Laar, Intra-individual variation of serum cholesterol, triglycerides and high density lipoprotein cholesterol in normal humans, Atherosclerosis,
- Parhofer KG, Laufs U: The diagnosis and treatment of hypertriglyceridemia. Dtsch Arztebl Int 2019; 116: 825–32. DOI: 10.3238/arztebl.2019.0825

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Patient ID / UHID	: 17985124/RCL405382	Barcode NO	: 33411469
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 05:01 PM.

Test Description	Value(s)	Unit(s)	Reference Range

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Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 05:01 PM.

Thyroid Profile Total

Test Description	Value(s)	Unit(s)	Reference Range
Triiodothyronine (T3) *CMIA*	93.6	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	10.6	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	1.2	mIU/L	0.35 - 4.94

Interpretation:

Pregnancy	Refrence Range TSH
1st Trimester	0 .1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4 am. and at a minimum between 6-10 pm. The variation is of 50 %, hence time of the day has influence on the measured serum TSH concentrations. Apart from nocturnal circadian surge other biological factors responsible for TSH variation include pulsatile secretion, along with seasonal changes and lifestyle factors such as smoking, BMI, and diet. Other contributors include aging, non-thyroidal illnesses, medication interference, and rare analytical issues like macro-TSH

Clinical Use:
1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance
Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency
Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. Primary Hypothyroidism: High TSH levels.
2. Secondary/Tertiary Hypothyroidism: Low TSH levels.
3. Euthyroid Sick Syndrome: Abnormal thyroid test results due to non-thyroidal illnesses (NTI).
TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low Or Nomral	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High Or Normal	High Or Normal	Hyperthyroidism
Low	Low Or Normal	Low Or Normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

References

- Van der Spoel E, Roelfsema F and van Heemst D (2021) Within-Person Variation in Serum Thyrotropin Concentrations: Main Sources, Potential Underlying Biological Mechanisms, and Clinical Implications. Front. Endocrinol. 12:619568. doi: 10.3389/fendo.2021.619568

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LABORATORY REPORT

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Patient NAME	: **Ms Flora George**		
DOB/Age/Gender	: 28 Y/Female	Report STATUS	: Final Report
Patient ID / UHID	: 17985124/RCL405382	Barcode NO	: 34470667
Referred BY	: Self	Sample Type	: Spot Urine
Sample Collected	: Jul 27, 2026, 10:21 AM	Report Date	: Jul 27, 2026, 01:04 PM.

NABL-M(EL)T-03110 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination *			
Volume *	20	mL	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination *			
Reaction (pH) *Double Indicator*	6	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.010	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination *			
Pus Cells (WBCs) *	1-2	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	0 - 2
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

Interpretation:

URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

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MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

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TERMS AND CONDITIONS

1. Laboratory reports are generated solely for informational and interpretational purposes for qualified medical practitioners and must be read in conjunction with the patient's clinical history, examination findings, and other diagnostic parameters. The laboratory does not provide medical advice, diagnosis, or treatment recommendations.
2. All the test results are based strictly on the specimen/sample and information received under the details provided at the time of registration. The patient/customer or referring entity is solely responsible for the accuracy and completeness of details furnished before sample submission. The laboratory shall not be liable for errors, misidentification, or incorrect results arising due to inaccurate, incomplete, or misleading information provided at the time of registration.
3. The patient/customers must disclose all relevant conditions including but not limited to fasting status, medications, dietary intake, alcohol consumption, lifestyle factors, ongoing treatments, and medical history that may affect test outcomes. The laboratory shall not be responsible for any deviation in results due to non-disclosure or incorrect disclosure of such information.
4. Test results are dependent on the quality, integrity, and timing of the specimen received. The laboratory reserves the right to reject or request repeat samples in cases of inadequate, hemolyzed, contaminated, or otherwise compromised samples. No liability shall arise for inability to process or delay due to such reasons.
5. Test results are subject to inherent biological variation and analytical variation depending on the nature of the test, methodology, instrumentation, and pre-analytical factors. While the laboratory follows established quality control and assurance standards, minor variations in results may occur and should be interpreted in conjunction with clinical findings, patient history, and other diagnostic information. The laboratory does not guarantee absolute accuracy, precision, or reproducibility of results across different testing instances or laboratories, and no liability shall arise on account of such inherent variations.
6. All turnaround times are indicative, not guaranteed. Delays may occur due to test complexity, sample condition, referral testing, or quality control procedures, logistics, or other operational constraints.
7. Reports may be released via digital or physical modes such as Email, SMS, WhatsApp, Mobile App, Web Portal, or Printed Copy, subject to completion of testing, quality validation, and payment clearance. Accessing the report through any digital medium shall constitute acceptance of electronic records.
8. All patient information and reports are treated as confidential and may be shared only with patient/customer, authorized healthcare professionals, regulatory bodies, or as required by law.
9. Laboratory reports are not valid for medico-legal purposes unless specifically requested, processed, and certified as such in accordance with applicable laws.
10. To the maximum extent permitted under applicable law, the laboratory shall not be liable for any direct, indirect, incidental, consequential, or special damages arising out of or in connection with the use of, reliance upon, or interpretation of the laboratory report. The laboratory shall have no liability for any clinical decisions, diagnosis, or treatment undertaken on the basis of the report. In all circumstances, the liability of the laboratory, if any, shall be strictly limited to the amount actually paid for the specific test(s) giving rise to such claim.
11. In case of critical, alarming, or unexpected test results, you are advised to contact the laboratory immediately for further guidance and thereafter consult a qualified medical practitioner without delay. Test results should always be interpreted in conjunction with the patient's clinical history and clinical findings.
12. Accessing reports through digital platforms constitutes acceptance of electronic delivery and record storage.
13. The laboratory shall not be liable for any delays in performance or failure to perform its obligations arising out or in connection with events beyond reasonable control, including but not limited to natural disasters, pandemics, acts of God, strikes, labor disputes, transportation disruptions, regulatory or governmental actions, technical failures, or any other unforeseen circumstances.
14. All disputes arising from laboratory services shall be subject to the jurisdiction of courts located in Delhi.