



Reference No.	: - 1606006412	Age/Gender	: 31 Yrs/Male
Pt's Name	: Mr. NIPUN GARG		GON-TKDC
Referred By	: NA		
Sample Collection Date/Time	: 06-Jun-2016	Date	:06-Jun-2016
Sample Receiving Date/Time	: 06-Jun-2016	Approval Date	:06-Jun-2016 10:09AM
Sample From	: GON-T.K.D.C	Report Print Time	:06-Jun-2016 10:37AM

IMMUNOASSAY

Test Description	Observed Value	Reference Range/ Unit
VITAMIN D 25-HYDROXY (Vit D)		
Vitamin D, 25 Hydroxy	18.9	20-100 ng/mL
Reference Range		
Deficiency	< 20	ng/mL
Insufficiency	20-30	ng/mL
Sufficiency	30-100	ng/mL
Toxicity	>100	ng/mL

Comments

Cholecalciferol (Vitamin D₃) is synthesized in the skin from 7 dehydrocholesterol in response to sunlight; some part also comes from diet and supplements. Ergocalciferol (vitamin D₂) comes essentially from diet and supplements. Both cholecalciferol and ergocalciferol are converted in liver to 25 OH Vitamin D which is considered the best indicator of Vitamin D nutritional status. Vitamin D toxicity is recognized, but is a rare occurrence.

Kindly correlate all result clinically.

*** End Of Report ***



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Test Description	Observed Value	Reference Range/ Unit
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Vitamin B12 (Cyanocobalamin)

Vitamin B12 Level	165.0	211.0-911.0 pg/mL
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Chemiluminescence Immuno Assay

Comments

Vitamin B₁₂ along with folate is essential for DNA synthesis and myelin formation. Vitamin B₁₂ deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/megaloblastic anemia .

Decreased levels are seen in:

Anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advancing age.

Increased levels are seen in:

Renal failure, hepatocellular disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.

*** End Of Report ***