

**DIAGNOSTIC REPORT**

PATIENT CODE : C000030631

CLIENT'S NAME AND ADDRESS :  
FORTIS MALAR HOSPITAL - OPD  
FORTIS MALAR HOSPITAL, 52, GANDHI NAGAR, FIRST MAIN  
ROAD, ADYAR,

CHENNAI 600020  
TAMIL NADU INDIA

SRIL LIMITED,  
52, First Main Road, Gandhi Nagar, ADAYAR  
CHENNAI, 600020  
TAMIL NADU, INDIA



REFERRING DOCTOR

DRAWN

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PATIENT NAME SRINIVASAN P T

CLIENT PATIENT ID :

ACCESSION NO. 0104LK000158

AGE 37 Years

SEX Male

DATE OF BIRTH

PATIENT ID

CLINICAL INFORMATION

TEST REPORT STATUS

Final

**MMA GLUTAMYL TRANSFERASE, SERUM**

GAMMA GLUTAMYL TRANSFERASE (GGT)

73

5 - 85

U/L

**Test Method(s)**  
AMYLASE, SERUM-Ethylidline PNPG7, Spectrophotometry, CNPG3  
LIPASE, SERUM-Colorimetric  
C-REACTIVE PROTEIN, SERUM-Immunoturbidimetry  
TOTAL PROTEIN, ALBUMIN, GLOBULIN, SERUM-Spectrophotometry, Buret, BCP, End Point / Calculation  
BLOOD UREA NITROGEN, SERUM-Spectrophotometry, Urease  
CREATININE, SERUM-Spectrophotometry, Jaffe's Kinetic  
BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM-Spectrophotometry  
ASPARTATE AMINOTRANSFERASE, SERUM-Spectrophotometry, UV with Pyridoxal-5-Phosphate  
ALANINE AMINOTRANSFERASE, SERUM-Spectrophotometry, UV with Pyridoxal-5-Phosphate  
ALKALINE PHOSPHATASE, SERUM-Spectrophotometry, p-NPP (AMP buffer)  
GAMMA GLUTAMYL TRANSFERASE, SERUM-Spectrophotometry, G-glutamyl-L-carboxy-nitranilide

Dr. Rani R  
Lab Head