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## CASE STUDY: DISRUPTIVE BLOOD GUESTIMATES IN PREFERENCE CIRCUITS

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### Abstract

*Preference-making is a region of intense study in neuroscience, and cognitive neuroscience. Preferences shape lives that emerge from complexly interlinked anthropoid mind and focuses of copious chastisements. Surveys contours renewed queries, vital theoretic and conjectural feasibilities, challenging slants, stimulating outcomes and impudent allusions. Preference 'impertinence' toward problematic deciphering is used to represent the entrepreneurial as facing a set of substitute passages of action from which a preference must be prepared. 'Design attitude' toward problem solving shoulders that it is problematic to project a good alternative. But, with technologically advanced propositions, preference about which alternative to select becomes inconsequential. Commentary intends to explore how preferences are taken through the Blood (CBC) path. Purpose of this case study is to explore how Blood (CBC) parametric counts absorb neurobiological evidence, recognises and frames problematic situations, and chooses appropriate responses. Objective is to reflect upon 'busitagion' management from principle - based perception while representing interdisciplinary turf of 'disruptive blood' guestimates. Methodology takes account of an experiment through Blood (CBC) apparatus to decide preference guestimates. Approach is to address amalgamation of examining mechanisms and strategies underlying approaches within loosely coupled phenomena of unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates embedded in rationale of biology in behavioural models for understanding unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates in preference circuit. Results indicate that near - optimal preferences can be arrived at through Blood (CBC) calculations. Conclusions drawn are that tactical - oriented 'actor - entrepreneurial' decides, create options, address responses to perception - 'neuronal' preference 'circuit' problems and evaluates métiers of 'circuit' using perception - 'neuronal' medium.*

**Key Words:** Blood (CBC) Count, Preference Making and 'Blood' Guestimates.

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### Introduction

Anthropoid organisations are at crossroads (to explain economic behaviour) with blood science (in what way expanses of brain may be pertinent to management and entrepreneurial behaviour) and business laying a duct ('neuronal' perception; interrelation between blood discipline and preference making) that seems an inconsistent guestimate with unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates. Inquiry is witnessing an ever-increasing aggregate of multilevel research in organisational studies that assimilates delineated research domains and propositions novel lens for understanding business practice. A recurring phenomenon i.e. disruption, global business arena is plagued with 'non - orthodox business replicas' and 'disruptors'. There is a 'noise' for a disruptive strategy to make techno - innovation ('technology' and

‘innovation’) a reality via unconventional strategy. Organisations are voyaging through ‘busitagion’ (‘business’ and ‘contagion’) spells, with reality changing and evolving continuously. Global ‘busitagion’ order shifts have led to ‘Homo - Psychoeconomicus’ that replaces ‘Homo Economicus’ by reflecting how individual entrepreneur are influenced by psychological factors, biological factors and economic dynamics.

Blood science, with blood management, has made advances bringing unprecedented insights into Anthropoid brain and Anthropoid (preference making) nature. Making cogent psychosomatic preferences is a management action. Hominids share designed structural sphere and project stimulus in preference processes. Crevices amongst judiciousness - based scrutiny adopt proxies and anthropological comportment in shepherding interactive exploration in preference making. Entrepreneur (‘Actors’) contract high unpredictability, uncertainty, ambiguity, time pressure and emotional stresses. Perception - management explores preference making by using perception - tactical monikers (CTM) to probe how brain behaves in circuit of higher blood functions. This has transitioned from plotting and charting from behaviourist approach to blood confined effects to evolving extrapolative models that focus on processes prior to response. ‘Deciding to Decide’, ‘Preferring to Prefer’, ‘Deciding to Prefer’ and ‘Preferring to Decide’ are four ‘bordered boundaries’ to analyse blood scientific rationale of neuro - biology in unbounded ‘scrolling’ and ‘interpolations’ in ‘disruptive blood’ guestimates.

Entrepreneurship researchers have been open to new-fangled ways of shepherding research and enthusiastic to reconnoiter how neural themes may link to orthodox entrepreneurship erudition. Entrepreneurship research can dive deeper into multidisciplinary space of entrepreneurial blood science. Where are we at in terms of the connection of blood science and entrepreneurship? Where might we go from here to harvest peak worth of organisational blood science investigation in entrepreneurship? These fundamental questions are the focus of this issue. In this research, fostering fresh thinking, CTM techniques explain neural basis of rationale of biology in unbounded ‘scrolling’ and ‘interpolations’ in ‘disruptive blood’ guestimates. This derives inspiration to probe, develop and contribute by conveying questions in rationale of biology and applications into perspective of unbounded ‘scrolling’ and ‘interpolations’ in ‘disruptive blood’ guestimates in preference making. What typifies notion of causation in sciences of mind and brain? Are dissimilar notions a prerequisite for different experimentation approaches? Are there variances in notions that are explicitly and implicitly presumed? What counts as causal evidence in entrepreneurial preference sciences? What role is played by neurobiological and physical mechanisms in identifying causal claims of entrepreneurial sciences of mind and brain? Through brain's cabling map, research highlights probable cause - effect linkage between biology and management in explaining how entrepreneurial deal in preference dynamics within the spectrum of unbounded ‘scrolling’ and ‘interpolations’ in ‘disruptive blood’ guestimates. Convective variabilities are pigeonholed by the fact that even though inclusive model of preference wave packages cultivates in time, trepidations decline at each given point in unbounded province are connected to infinitude.

Current lack of success and effort necessary for validating models are traced to weak theoretical representation of entrepreneurial preference making in current ‘mosaic. Is there a prerequisite to review present theoretic archetypes? If affirmative, will that transpire with toting to current frame of understanding or by obliterating some key central constituents? Does preference management prose entail interdisciplinary philosophies to explain unbounded ‘scrolling’ and ‘interpolations’ in ‘disruptive blood’ guestimates better? Also, have business management theories instigated such disruption? Attempt is to explore nature of causality, ascertain methods to test causal relations, employ pragmatic (blood and logical) approach (es) to causal reasoning and establish a relation by using Blood (CBC) data to reveal neural paths in entrepreneurial preference making. Hybrid ‘disruptive mental’ guestimates’ are emerging as alternative to model complex systems under uncertainty. Do we have all the neurobiological data we need? Are researchers using right models? Is there new analysis (insight) that could be more effective? And, crucially, do we know what we don't know (incurSION of data)?

### **Literature Reviews**

Research has advanced to intermittently take store and replicate on how its core theoretical philosophies are emerging to fundamental novelties in business preference making. This calls for seeking answers to some key research questions. Major finding is that tactical - oriented business actor attempts to decide, create options,

address probable responses to unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates in preference circuit problems via 'adaptation pathways approach' to support design of adaptive plan based on exploring and evaluating adaptation pathways via CTM mode. Case study concludes with a number of propositions generated from theoretical 'mosaic' and presents directions for future research. Emphasis is upon causality that best fits elucidation?

James A. Barham believed that on one hand, using perception about Anthropoid beings and their nature and explication of lucrative department dates back to the origin of the subject of economics itself. Implying that all lucrative and remunerative studies are based on the turn of brain in a prevailing perception. In order to elucidate the blood and neural foundation of resolution, probable to route manifold options and decide on an optimum arrangement of action, specifically in entrepreneurial framework via perception physiological source of numerous behaviours to infer the apparatus behind management undertakings from level of cerebrum science and consequently proposition conforming management trials and stratagems has gained ascendancy. Anthropologically 'Anthropoid' beings style preferences in a framework of restricted prudence (inadequate evidence, blood boundaries of brain besides determinate quantum of time for a preference), subject to predispositions and clamors that lead to comport sub optimally from what neoclassical economics proposes. Behavioural economics has been displaying this portent for decades. However, disrupting convergence of blood perception science, psychology and economics, has constructed a fusion pitch christened 'Perception economics' ('perception management'), which with variable approaches unlike traditional is building, at augmented stride, an integrated rationale on Anthropoid resolution (Laza; 2008).

Current lack of success and effort necessary for validating models are traced to weak theoretical representation of entrepreneurial preference making in current 'mosaic. Is there a prerequisite to review present theoretic archetypes? If affirmative, will that transpire with toting to current frame of understanding or by obliterating some key central constituents? Does preference management prose entail interdisciplinary philosophies to explicate unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates better? Also, have business management theories instigated such disruption? Attempt is to explore nature of causality, ascertain methods to test causal relations employ pragmatic (blood and logical) approach (es) to causal reasoning and establish a relation by using Blood (CBC) data to reveal neural paths in entrepreneurial preference making. Hybrid 'disruptive mental' guestimates' are emerging as alternative to model complex systems under uncertainty. Do we have all the information we need? Are researchers using right models? Is there new analysis (insight) that could be more effective? And, crucially, do we know what we don't know (incursion of data)?

On a contemporary view point, Daniel Kahneman (b. Mar 1934) is of the preference that results from behaviour of individual actors lead to preferences. The oration rests on the determinants ('rationality' as well as 'instrumental rationality' are used as assumption of behaviour) of individual preferences (methodological individualism) fact. These 'reference points or 'frame' have amalgamated into 'Thinking: Fast (swift, nimble, mechanized, preprogrammed, recurrent, emotional, stereotypic, insentient, inanimate) and Slow (steady, relaxed, effortful, non-recurrent, logical, calculating, rational, insightful, animate) with reference to preference under uncertainty, quantum cognition, conjoint evaluation, intertemporal preference, complex situations, constraint satisfaction, preference modelling, causal configurations, heuristics and alternatives.

With impulsiveness, incursion of facts, information overload, preferences and objectivity, misidentifying the problem, overconfidence in the outcome, not having enough information, it is imperative for the 'preference maker' or 'preference agent' i.e. the Entrepreneurial to take a stand point on the conceptual headway and develop next-generation postulates (Gustafsson, et al., 2016; Meredith, 1993). Foremost, professional 'preference maker' or 'preference agent' has grown from physical entity to virtual and digital entity with the transformation redefining fixated boundaries of preference mechanism. This magnets consideration of management 'preference maker' or 'preference agent' to understand the alteration and plot preferences on phenomenological vicissitudes these agents have undertaken a preference path. Changing spells with growing literature weights and challenges next generation philosophers to big renewed perceptions to prevailing neurobiology of resolution viz. explanatory, optimistic, investigational and exploratory outline, long term and continuing studies, group details and specifics, etc. to elucidate business pronouncements better.

Quantification and qualitative exposition of choosing an alternative is, in part, on account of ‘Matching Law’ (connection that holds between comparative rates of response and comparative rates of underpinning in simultaneous agendas of underpinning). Amalgamation between behavioural and neural science with entrepreneurial economics, neural mechanisms reveal about how cerebrum encodes specific preference factors. Are we imminent on the management preference issues and corresponding preferences with the voracious perspective? This issue has persistently cropped up leading to entrepreneurial preference intricacies perfectly perched on entrepreneur’ preference behavior. Theoretical exponents’ developed architectures that calibrated pre - disposition of relatively multifarious preference making mechanisms. This is paving way for lab setting architectures in Cerebrum Plotting and charting (Eye Tracking, Skin Conductance / EDA, MRI, MRI, BOLD, EEG, MEG, ECG, TMS, CT, PET, SNM, BOLD and DCS). ‘neuronal’ micro feasibilities of preference crafting have conservatively acknowledged significant consideration from Loewenstein (2001), Slovic (2002), Tversky and Kahneman (1975), Bechara (2004), Clark (2003), Damasio (1996), Lhermitte (1986), Shallice and Burgess (1991), Ernst (2004), Paulus (2003), Rogers (1999), Clark (2004), Glimcher (2002), Gold and Shadlen (2001), Platt and Glimcher (1999). Maidenin roads were initiated from Bechara (2004) and Damasio (1996). These exceptional arrivals registered cerebrum expanses obligatory for adaptive preference crafting and provisioned abstract depictions of critical planes of preference carving (Damasio; 1996). Perennial and corroborative incursionary incursion of facts, figures, statistics or data has inundated the preference maker with drifts, inclinations and trends and patterns or template of behaviour that impetuses to reconnoiter prospects to alter and overhaul philosophies to suit current ‘preference’ needs. The imperious issue is whether there is a prerequisite to review prevailing ‘theoretic models’? If in the affirmative, will that come about with toting to standing frame of neurobiological information or obliterating more or less some vital central mechanisms? Do ‘preference’ management transcripts necessitate interdisciplinary schemes to explain ‘preference’ in a better connotative framework? What then would be the general insinuations of perception (entrepreneurial) management? Attention is on ‘Bereitschaftspröblich’ (German) meaning ‘pre-motor probable’ or ‘gameness prospective’.

### **Purpose And Objective**

Outcomes and inferences are inescapable part of the pursuits of ananthropoid being, and life every day is anarrangement of such resolutions. Conceptual elucidations propound discernible calculations. However, management had no concrete elucidations to some factual queries it could contrive in resolution techniques. Idiosyncratically, investigators are interested in suppositions, philosophies, behaviours and maneuvers to make preferences. Over the past few years, insightful management has divulged cogent and significant remedies to those queries. Investigation and monitoring has guided insightful management to arrive at irrefutable, scientifically backed elucidations, easing inferences; rather than uncorroborated suppositions. Any recapitulation of entrepreneurial effort would need elucidation of substrates, apparatuses and capricious properties of influence upon blood functions. Insightful resolution propositions tools for modeling behaviour. While varied functions are arriving at different indicative applications and making conclusive headway, the question of how entrepreneur map and outline resolutions via intellect support, impacts insightful entrepreneurship. Some erudite studies assimilate dominions and center on incipient concerns, current deliberations besides continuing insinuations. Entrepreneur’ attempt at optimal ‘business’ preferences through orientation and approach - based scheming till ‘response threshold’ is stretched. An emerging paradigm is highlighted along with probable causes and arrangements that link biology and management in explaining entrepreneurial ‘accelerations’ dynamics. What are the cogent cerebrum dynamics underlying resolutions?

Purpose of this case study explores how brain absorbs neurobiological information, recognises and frames problematic situations, and chooses appropriate responses. Objective is to reflect upon ‘busitagion’ management from principle - based perception while representing interdisciplinary turf of ‘disruptive blood’ guestimates. With focal point on ‘busitagion’; how do entrepreneur choose what action to take? What characteristics of alternatives would aid make business entrepreneur develop preference skills? Do entrepreneur really have a preference? Research intends to explore an elucidation linked to ‘busitagion’ scenario via unbounded ‘scrolling’ and ‘interpolations’ in ‘disruptive blood’ guestimates. Objective is to reflect upon ‘busitagion’ management from a principle - based perspective while representing interdisciplinary turf of ‘Homo - Psychoeconomicus’ sophistications vis – a – vis unbounded ‘scrolling’ and ‘interpolations’ in ‘disruptive blood’ guestimates. Attempt is to address synthesis of examining psychological mechanisms and strategies underlying theories and methodological approaches within the loosely coupled phenomena of

unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates embedded in macro contexts. Aim is towards awning theoretic contexts and pragmatic methods of rationale of biology in behavioural models for understanding heterogeneity of unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates in preference circuit.

Research has advanced to intermittently take store and replicate on how its core theoretical philosophies are emerging to fundamental novelties in business preference making. This calls for seeking answers to some key research questions. Major finding is that tactical - oriented business actor attempts to decide, create options, address probable responses to unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates in preference circuit problems via 'adaptation pathways approach' to support design of adaptive plan based on exploring and evaluating adaptation pathways via CTM mode. Research concludes with a number of propositions generated from theoretical 'mosaic' and presents directions for future research. Emphasis is upon causality that best fits elucidation?

Research endeavours towards rethinking foundations of entrepreneurial unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates by providing alternative taxonomy for rational preference problems. Considerations are based on critical analysis of relevant literature and blood results obtained in an initial pragmatic study. This magnets responsiveness of management philosophers to comprehend renovation and plotting preferences on phenomenological vicissitudes preference making in 'disruptive blood' guestimates in preference circuit problems have gone through. Such an approach adds depth and richness to theoretical reasoning and improves conversations by providing details concerning how entrepreneur operate and behave in an air of unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates.

### **Methodologies (Empirical Approximations)**

Empirical methodology approximations include an experiment through Blood (CBC) apparatus to decide preference guestimates. Approach addresses amalgamation of examining mechanisms and strategies underlying approaches within loosely coupled phenomena of unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates embedded in rationale of biology in behavioural models for understanding unbounded 'scrolling' and 'interpolations' in 'disruptive blood' guestimates in preference circuit. In order to have a perception - peep towards an inquiry into significance of assimilating perception scientific data transversely with an assortment of plotting and charting architectural protocols. This case study adoptsthe Complete Blood Count (CBC) Model. Complete Blood Count was conducted by the use of 'Hematology Analyzer' apparatus that estimated cells and assimilated data counts on size and structure. Absorption of hemoglobin was calibrated and indices were designed from red counts. Assistance of a hematology expert was sought for electrical impedance, fluorescent flow cytometry and flow cytometry aspects. CBC methodology was adopted as it aided in assisting decipher increases and / or decreases in blood cell counts.

Satpathy and Mallik (2018), in a study on 'Blood Preference in Entrepreneurial Preference' submitted experimentations in reconnoitering preference making behaviour via Blood (CBC) perspicacity. Managing a 'situation reaction test' (premeditated to experimentation reactions to confront unusual circumstances with alert brain in day- to-day situations), in pragmatic part, an arrangement of quantifiable elucidations were managed to 150 subjects (n = 150; n = 80 Male subjects and n = 70 Female subjects). This architecture was favoured due to constituent of elasticity and disparities in reaction to interpolation paraphernalia. This was done to guarantee that subject serves as own mechanism. Blood samples were drawn from each blood cohort. Data have been attuned and corroborated. An inter - correlational evaluation has been shepherded. This assured and warranted unremitting valuation, orientation point valuation and unpredictability in data. Evaluation divulges that blood cohorts do have a character in entrepreneurial preference subtleties.

**TABLE – 1**  
**NORMAL OBSERVATIONS**  
**MALE SUBJECTS (Aged : 25 - 40 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	70 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	110 mg / dl	< 140	Normal
Blood Sugar Random	179 mg / dl	< 200	Normal
Urea	27 mg / dl	15 – 40	Normal
Creatine	0.6 mg / dl	0.5 – 1.0	Normal
Sodium	141 mEq / L	130 - 145	Normal
Potassium	3.9 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	138 mg / dl	< 200	Normal
Lipid Tri - Glyceride	78 mg / dl	60 - 150	Normal
Low Density Lipo Protein	79 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	31 mg / dl	00 - 36	Normal
High Density Lipo Protein	56 mg / dl	40 - 60	Normal
S Bilirubin Total	0.9 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.2 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	24 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	23 IU / L	15 - 40	Normal
Creatine Phosphate K	21	M : 6 - 37	Normal
CPK - Muscular / Brain	14	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	6.3 g / dl	6 - 8	Normal

Albumin	3.9 g / dl	3.5 - 5.5	Normal
Globulin	1.9 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.9 : 1.9		

**TABLE – 2**  
**NORMAL OBSERVATIONS**  
**MALE SUBJECTS (Aged : 40 - 55 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	71 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	87 mg / dl	< 140	Normal
Blood Sugar Random	113 mg / dl	< 200	Normal
Urea	19 mg / dl	15 – 40	Normal
Creatine	0.6 mg / dl	0.5 – 1.0	Normal
Sodium	141 mEq / L	130 - 145	Normal
Potassium	3.7 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	119 mg / dl	< 200	Normal
Lipid Tri - Glyceride	71 mg / dl	60 - 150	Normal
Low Density Lipo Protein	79 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	24 mg / dl	00 - 36	Normal
High Density Lipo Protein	48 mg / dl	40 - 60	Normal
S Bilirubin Total	0.7 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	22 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	19 IU / L	15 - 40	Normal
Creatine Phosphate K	21	M : 6 - 37	Normal
CPK - Muscular / Brain	26	F : 5 - 27	Normal
GGT	21 IU / L		
T - Protein	6.7 g / dl	6 - 8	Normal
Albumin	3.6 g / dl	3.5 - 5.5	Normal
Globulin	1.2 g / dl	1.7 - 3.2	Normal

A : G Ratio	3.6: 1.2		
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**TABLE – 3**  
**NORMAL OBSERVATIONS**  
**MALE SUBJECTS (Aged : 55 - 70 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT		REMARKS
Blood Sugar Fasting	74 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	113 mg / dl	< 140	Normal
Blood Sugar Random	126 mg / dl	< 200	Normal
Urea	25 mg / dl	15 – 40	Normal
Creatine	0.9 mg / dl	0.5 – 1.0	Normal
Sodium	137 mEq / L	130 - 145	Normal
Potassium	3.9 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	124 mg / dl	< 200	Normal
Lipid Tri - Glyceride	76 mg / dl	60 - 150	Normal
Low Density Lipo Protein	79 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	14 mg / dl	00 - 36	Normal
High Density Lipo Protein	43 mg / dl	40 - 60	Normal
S Bilirubin Total	0.5 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	21 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	23 IU / L	15 - 40	Normal
Creatine Phosphate K	8	M : 6 - 37	Normal
CPK - Muscular / Brain	11	F : 5 - 27	Normal
GGT	21 IU / L		
T - Protein	6.4 g / dl	6 - 8	Normal



Albumin	3.7 g / dl	3.5 - 5.5	Normal
Globulin	1.7 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.7 : 1.7		

**TABLE - 4**  
**NORMAL OBSERVATIONS**  
**FEMALE SUBJECTS (Aged : 25 - 40 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT		REMARKS
Blood Sugar Fasting	76 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	112 mg / dl	< 140	Normal
Blood Sugar Random	124 mg / dl	< 200	Normal
Urea	22 mg / dl	15 - 40	Normal
Creatine	0.4 mg / dl	0.5 - 1.0	Normal
Sodium	121 mEq / L	130 - 145	Normal
Potassium	3.1 mEq / L	3.5 - 5.0	Normal
Lipid T - Cholesterol	102 mg / dl	< 200	Normal
Lipid Tri - Glyceride	62 mg / dl	60 - 150	Normal
Low Density Lipo Protein	76 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	12 mg / dl	00 - 36	Normal
High Density Lipo Protein	43 mg / dl	40 - 60	Normal
S Bilirubin Total	0.7 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 - 1.0	Normal
Aspartate Trans Amines (AST)	22 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	21 IU / L	15 - 40	Normal
Creatine Phosphate K	7	M : 6 - 37	Normal
CPK - Muscular / Brain	9	F : 5 - 27	Normal

GGT	23 IU / L		
T - Protein	7 g / dl	6 - 8	Normal
Albumin	3.1 g / dl	3.5 - 5.5	Normal
Globulin	1.6 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.1 : 1.6		

**TABLE – 5**  
**NORMAL OBSERVATIONS**  
**FEMALE SUBJECTS (Aged : 40 - 55 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL	REMARKS
Blood Sugar Fasting	82 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	59 mg / dl	< 140	Normal
Blood Sugar Random	98 mg / dl	< 200	Normal
Urea	16 mg / dl	15 – 40	Normal
Creatine	0.6 mg / dl	0.5 – 1.0	Normal
Sodium	121 mEq / L	130 - 145	Normal
Potassium	3.2 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	79 mg / dl	< 200	Normal
Lipid Tri - Glyceride	71 mg / dl	60 - 150	Normal
Low Density Lipo Protein	65 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	12 mg / dl	00 - 36	Normal
High Density Lipo Protein	41 mg / dl	40 - 60	Normal
S Bilirubin Total	0.4 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	22 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	21 IU / L	15 - 40	Normal
Creatine Phosphate K	7	M : 6 - 37	Normal
CPK - Muscular / Brain	9	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	7 g / dl	6 - 8	Normal

Albumin	3.6 g / dl	3.5 - 5.5	Normal
Globulin	1.9 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.6 : 1.9		

**TABLE – 6**  
**NORMAL OBSERVATIONS**  
**FEMALE SUBJECTS (Aged : 55 - 70 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL	REMARKS
Blood Sugar Fasting	47 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	78 mg / dl	< 140	Normal
Blood Sugar Random	110 mg / dl	< 200	Normal
Urea	14 mg / dl	15 – 40	Normal
Creatine	0.4 mg / dl	0.5 – 1.0	Normal
Sodium	115 mEq / L	130 - 145	Normal
Potassium	3.1 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	78 mg / dl	< 200	Normal
Lipid Tri - Glyceride	48 mg / dl	60 - 150	Normal
Low Density Lipo Protein	56 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	24 mg / dl	00 - 36	Normal
High Density Lipo Protein	39 mg / dl	40 - 60	Normal
S Bilirubin Total	0.3 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.3 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	14 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	13 IU / L	15 - 40	Normal
Creatine Phosphate K	5	M : 6 - 37	Normal
CPK - Muscular / Brain	4	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	4.9 g / dl	6 - 8	Normal

Albumin	3.2 g / dl	3.5 - 5.5	Normal
Globulin	1.6 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.2 : 1.6		

**TABLE - 7**  
**NORMAL OBSERVATIONS**  
**MALE SUBJECTS**  
**(COMPARATIVE ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	25 - 40	40 - 55	55 - 70	NORMAL RANGE
	RESULT	RESULT	RESULT	
Blood Sugar Fasting	70 mg / dl	71 mg / dl	74 mg / dl	60 - 100
Blood Sugar Post - Prandial	110 mg / dl	87 mg / dl	113 mg / dl	< 140
Blood Sugar Random	179 mg / dl	113 mg / dl	126 mg / dl	< 200
Urea	27 mg / dl	19 mg / dl	25 mg / dl	15 - 40
Creatine	0.6 mg / dl	0.6 mg / dl	0.9 mg / dl	0.5 - 1.0
Sodium	141 mEq	141 mEq	137 mEq	130 - 145
Potassium	3.9 mEq / L	3.7 mEq / L	3.9 mEq / L	3.5 - 5.0
Lipid T - Cholesterol	138 mg / dl	119 mg / dl	124 mg / dl	< 200
Lipid Tri - Glyceride	78 mg / dl	71 mg / dl	76 mg / dl	60 - 150
Low Density Lipo Protein	79 mg / dl	79 mg / dl	79 mg / dl	60 - 130
Very Low Density Lipo Protein	31 mg / dl	24 mg / dl	14 mg / dl	00 - 36
High Density Lipo Protein	56 mg / dl	48 mg / dl	43 mg / dl	40 - 60
S Bilirubin Total	0.9 mg / dl	mg / dl	0.5 mg / dl	0.1 - 1.2
S Bilirubin Direct	0.12 mg / dl	0.13 mg / dl	0.1 mg / dl	< 0.3

S Bilirubin Indirect	0.4 mg / dl	0.4 mg / dl	0.4 mg / dl	0.1 – 1.0
Aspartate Trans Amines (AST)	24 IU / L	22 IU / L	21 IU / L	15 - 40
Alanine Trans Amines (ALT)	23 IU / L	19 IU / L	23 IU / L	15 - 40
Creatine Phosphate K	21	21	8	M : 6 - 37
CPK - Muscular / Brain	14	26	11	F : 5 - 27
GGT	12 IU / L	21 IU / L	21 IU / L	
T - Protein	6.3 g / dl	6.7 g / dl	6.4 g / dl	6 - 8
Albumin	3.9 g / dl	3.6 g / dl	3.7 g / dl	3.5 - 5.5
Globulin	1.9 g / dl	1.2 g / dl	1.7 g / dl	1.7 - 3.2
A : G Ratio	3.9 : 1.9	3.6: 1.2	3.7 : 1.7	

**TABLE – 8**  
**NORMAL OBSERVATIONS**  
**FEMALE SUBJECTS**

(COMPARATIVE ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	25 – 40 Years	40 – 55 Years	55 – 70 Years	NORMAL RANGE
	RESULT	RESULT	RESULT	
Blood Sugar Fasting	76 mg / dl	82 mg / dl	78 mg / dl	60 - 100
Blood Sugar Post - Prandial	112 mg / dl	59 mg / dl	110 mg / dl	< 140
Blood Sugar Random	124 mg / dl	98 mg / dl	14 mg / dl	< 200
Urea	22 mg / dl	16 mg / dl	0.4 mg / dl	15 – 40
Creatine	0.4 mg / dl	0.6 mg / dl	115 mEq / L	0.5 – 1.0
Sodium	121 mEq / L	121 mEq / L	3.1 mEq / L	130 - 145
Potassium	3.1 mEq / L	3.2 mEq / L	78 mg / dl	3.5 – 5.0
Lipid T - Cholesterol	102 mg / dl	79 mg / dl	48 mg / dl	< 200
Lipid Tri - Glyceride	62 mg / dl	71 mg / dl	56 mg / dl	60 - 150
Low Density Lipo Protein	76 mg / dl	65 mg / dl	24 mg / dl	60 - 130

Very Low Density Lipo Protein	12 mg / dl	12 mg / dl	39 mg / dl	00 - 36
High Density Lipo Protein	43 mg / dl	41 mg / dl	0.3 mg / dl	40 - 60
S Bilirubin Total	0.7 mg / dl	0.4 mg / dl	0.1 mg / dl	0.1 - 1.2
S Bilirubin Direct	0.1 mg / dl	0.1 mg / dl	0.3 mg / dl	< 0.3
S Bilirubin Indirect	0.4 mg / dl	0.4 mg / dl	14 IU / L	0.1 – 1.0
Aspartate Trans Amines (AST)	22 IU / L	22 IU / L	13 IU / L	15 - 40
Alanine Trans Amines (ALT)	21 IU / L	21 IU / L	5	15 - 40
Creatine Phosphate K	7	7	4	M : 6 - 37
CPK - Muscular / Brain	9	9	12 IU / L	F : 5 - 27
GGT	23 IU / L	12 IU / L	4.9 g / dl	
T - Protein	7 g / dl	7 g / dl	3.2 g / dl	6 - 8
Albumin	3.1 g / dl	3.6 g / dl	1.6 g / dl	3.5 - 5.5
Globulin	1.6 g / dl	1.9 g / dl	3.2 : 1.6	1.7 - 3.2
A : G Ratio	3.1 : 1.6	3.6 : 1.9		

**TABLE – 9**  
**ABNORMAL OBSERVATIONS**  
**MALE SUBJECTS (Aged : 25 - 40 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	50 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	150 mg / dl	< 140	Normal
Blood Sugar Random	199 mg / dl	< 200	Normal
Urea	41 mg / dl	15 – 40	Normal
Creatine	0.3 mg / dl	0.5 – 1.0	Normal
Sodium	148 mEq / L	130 - 145	Normal
Potassium	3.1 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	213 mg / dl	< 200	Normal
Lipid Tri - Glyceride	154 mg / dl	60 - 150	Normal
Low Density Lipo Protein	132 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	39 mg / dl	00 - 36	Normal

High Density Lipo Protein	64 mg / dl	40 - 60	Normal
S Bilirubin Total	1.9 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.8 mg / dl	< 0.3	Normal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	44 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	43 IU / L	15 - 40	Normal
Creatine Phosphate K	31	M : 6 - 37	Normal
CPK - Muscular / Brain	27	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	7.3 g / dl	6 - 8	Normal
Albumin	5.9 g / dl	3.5 - 5.5	Normal
Globulin	3.9 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.9 : 1.9		

**TABLE – 10**  
**ABNORMAL OBSERVATIONS**  
**MALE SUBJECTS (Aged : 40 - 55 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	51 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	107 mg / dl	< 140	Abnormal
Blood Sugar Random	213 mg / dl	< 200	Abnormal
Urea	49 mg / dl	15 – 40	Abnormal
Creatine	1.6 mg / dl	0.5 – 1.0	Abnormal
Sodium	147 mEq / L	130 - 145	Abnormal
Potassium	5.7 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	219 mg / dl	< 200	Abnormal
Lipid Tri - Glyceride	111 mg / dl	60 - 150	Normal
Low Density Lipo Protein	139 mg / dl	60 - 130	Abnormal

Very Low Density Lipo Protein	44 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	68 mg / dl	40 - 60	Abnormal
S Bilirubin Total	1.7 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	0.4 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	42 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	49 IU / L	15 - 40	Abnormal
Creatine Phosphate K	41	M : 6 - 37	Abnormal
CPK - Muscular / Brain	36	F : 5 - 27	Abnormal
GGT	21 IU / L		Abnormal
T - Protein	6.9 g / dl	6 - 8	Abnormal
Albumin	5.6 g / dl	3.5 - 5.5	Abnormal
Globulin	3.2 g / dl	1.7 - 3.2	Abnormal
A : G Ratio	3.6: 1.2		



**TABLE – 11**  
**ABNORMAL OBSERVATIONS**  
**MALE SUBJECTS (Aged : 55 - 70 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL	REMARKS
Blood Sugar Fasting	54 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	153 mg / dl	< 140	Abnormal
Blood Sugar Random	196 mg / dl	< 200	Abnormal
Urea	35 mg / dl	15 – 40	Normal
Creatine	1.9 mg / dl	0.5 – 1.0	Abnormal
Sodium	147 mEq / L	130 - 145	Abnormal
Potassium	5.9 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	224 mg / dl	< 200	Abnormal
Lipid Tri - Glyceride	156 mg / dl	60 - 150	Abnormal
Low Density Lipo Protein	139 mg / dl	60 - 130	Abnormal
Very Low Density Lipo Protein	44 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	63 mg / dl	40 - 60	Abnormal
S Bilirubin Total	1.5 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	0.4 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	41 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	43 IU / L	15 - 40	Abnormal
Creatine Phosphate K	38	M : 6 - 37	Abnormal
CPK - Muscular / Brain	31	F : 5 - 27	Abnormal
GGT	21 IU / L		Abnormal
T - Protein	8.4 g / dl	6 - 8	Abnormal
Albumin	5.7 g / dl	3.5 - 5.5	Abnormal
Globulin	3.7 g / dl	1.7 - 3.2	Abnormal
A : G Ratio	3.7 : 1.7		Abnormal

**TABLE – 12**  
**ABNORMAL OBSERVATIONS**  
**FEMALE SUBJECTS (Aged : 25 - 40 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	RESULT	NORMAL	REMARKS
Blood Sugar Fasting	56 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	132 mg / dl	< 140	Normal
Blood Sugar Random	194 mg / dl	< 200	Normal
Urea	42 mg / dl	15 – 40	Abnormal
Creatine	1.4 mg / dl	0.5 – 1.0	Abnormal
Sodium	151 mEq / L	130 - 145	Abnormal
Potassium	5.1 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	192 mg / dl	< 200	Normal
Lipid Tri - Glyceride	162 mg / dl	60 - 150	Abnormal
Low Density Lipo Protein	176 mg / dl	60 - 130	Abnormal
Very Low Density Lipo Protein	82 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	63 mg / dl	40 - 60	Abnormal
S Bilirubin Total	1.7 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	1.1 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	42 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	41 IU / L	15 - 40	Abnormal
Creatine Phosphate K	47	M : 6 - 37	Abnormal
CPK - Muscular / Brain	28	F : 5 - 27	Abnormal
GGT	23 IU / L		Abnormal
T - Protein	9 g / dl	6 - 8	Abnormal
Albumin	5.1 g / dl	3.5 - 5.5	Normal

<b>Globulin</b>	<b>3.6 g / dl</b>	<b>1.7 - 3.2</b>	<b>Abnormal</b>
<b>A : G Ratio</b>	<b>3.1 : 1.6</b>		

**TABLE – 13**  
**ABNORMAL OBSERVATIONS**  
**FEMALE SUBJECTS (Aged : 40 - 55 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>NORMAL RANGE</b>	<b>REMARKS</b>
<b>Blood Sugar Fasting</b>	<b>52 mg / dl</b>	<b>60 - 100</b>	<b>Abnormal</b>
<b>Blood Sugar Post - Prandial</b>	<b>159 mg / dl</b>	<b>&lt; 140</b>	<b>Abnormal</b>
<b>Blood Sugar Random</b>	<b>198 mg / dl</b>	<b>&lt; 200</b>	<b>Normal</b>
<b>Urea</b>	<b>56 mg / dl</b>	<b>15 – 40</b>	<b>Abnormal</b>
<b>Creatine</b>	<b>1.6 mg / dl</b>	<b>0.5 – 1.0</b>	<b>Abnormal</b>
<b>Sodium</b>	<b>151 mEq / L</b>	<b>130 - 145</b>	<b>Abnormal</b>
<b>Potassium</b>	<b>5.2 mEq / L</b>	<b>3.5 – 5.0</b>	<b>Abnormal</b>
<b>Lipid T - Cholesterol</b>	<b>179 mg / dl</b>	<b>&lt; 200</b>	<b>Normal</b>
<b>Lipid Tri - Glyceride</b>	<b>171 mg / dl</b>	<b>60 - 150</b>	<b>Abnormal</b>
<b>Low Density Lipo Protein</b>	<b>165 mg / dl</b>	<b>60 - 130</b>	<b>Abnormal</b>
<b>Very Low Density Lipo Protein</b>	<b>42 mg / dl</b>	<b>00 - 36</b>	<b>Abnormal</b>
<b>High Density Lipo Protein</b>	<b>51 mg / dl</b>	<b>40 - 60</b>	<b>Normal</b>
<b>S Bilirubin Total</b>	<b>1.4 mg / dl</b>	<b>0.1 - 1.2</b>	<b>Abnormal</b>
<b>S Bilirubin Direct</b>	<b>0.4 mg / dl</b>	<b>&lt; 0.3</b>	<b>Abnormal</b>
<b>S Bilirubin Indirect</b>	<b>1.4 mg / dl</b>	<b>0.1 – 1.0</b>	<b>Abnormal</b>
<b>Aspartate Trans Amines (AST)</b>	<b>42 IU / L</b>	<b>15 - 40</b>	<b>Abnormal</b>
<b>Alanine Trans Amines (ALT)</b>	<b>41 IU / L</b>	<b>15 - 40</b>	<b>Abnormal</b>
<b>Creatine Phosphate K</b>	<b>47</b>	<b>M : 6 - 37</b>	<b>Abnormal</b>
<b>CPK - Muscular / Brain</b>	<b>29</b>	<b>F : 5 - 27</b>	<b>Abnormal</b>
<b>GGT</b>	<b>12 IU / L</b>		<b>Abnormal</b>
<b>T - Protein</b>	<b>9 g / dl</b>	<b>6 - 8</b>	<b>Abnormal</b>
<b>Albumin</b>	<b>5.6 g / dl</b>	<b>3.5 - 5.5</b>	<b>Abnormal</b>

<b>Globulin</b>	<b>3.9 g / dl</b>	<b>1.7 - 3.2</b>	<b>Abnormal</b>
<b>A : G Ratio</b>	<b>3.6 : 1.9</b>		

**TABLE – 14**  
**ABNORMAL OBSERVATIONS**  
**FEMALE SUBJECTS (Aged : 55 - 70 Years)**  
**(ROUNDED - OFF AVERAGE RECORDINGS)**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>NORMAL</b>	<b>REMARKS</b>
<b>Blood Sugar Fasting</b>	<b>47 mg / dl</b>	<b>60 - 100</b>	<b>Abnormal</b>
<b>Blood Sugar Post - Prandial</b>	<b>178 mg / dl</b>	<b>&lt; 140</b>	<b>Abnormal</b>
<b>Blood Sugar Random</b>	<b>190 mg / dl</b>	<b>&lt; 200</b>	<b>Normal</b>
<b>Urea</b>	<b>44 mg / dl</b>	<b>15 – 40</b>	<b>Abnormal</b>
<b>Creatine</b>	<b>1.4 mg / dl</b>	<b>0.5 – 1.0</b>	<b>Abnormal</b>
<b>Sodium</b>	<b>145 mEq / L</b>	<b>130 - 145</b>	<b>Normal</b>
<b>Potassium</b>	<b>5.1 mEq / L</b>	<b>3.5 – 5.0</b>	<b>Abnormal</b>
<b>Lipid T - Cholesterol</b>	<b>178 mg / dl</b>	<b>&lt; 200</b>	<b>Normal</b>
<b>Lipid Tri - Glyceride</b>	<b>148 mg / dl</b>	<b>60 - 150</b>	<b>Normal</b>
<b>Low Density Lipo Protein</b>	<b>156 mg / dl</b>	<b>60 - 130</b>	<b>Abnormal</b>
<b>Very Low Density Lipo Protein</b>	<b>34 mg / dl</b>	<b>00 - 36</b>	<b>Abnormal</b>
<b>High Density Lipo Protein</b>	<b>69 mg / dl</b>	<b>40 - 60</b>	<b>Abnormal</b>
<b>S Bilirubin Total</b>	<b>1.3 mg / dl</b>	<b>0.1 - 1.2</b>	<b>Abnormal</b>
<b>S Bilirubin Direct</b>	<b>3.1 mg / dl</b>	<b>&lt; 0.3</b>	<b>Abnormal</b>
<b>S Bilirubin Indirect</b>	<b>2.3 mg / dl</b>	<b>0.1 – 1.0</b>	<b>Abnormal</b>
<b>Aspartate Trans Amines (AST)</b>	<b>44 IU / L</b>	<b>15 - 40</b>	<b>Abnormal</b>
<b>Alanine Trans Amines (ALT)</b>	<b>43 IU / L</b>	<b>15 - 40</b>	<b>Abnormal</b>
<b>Creatine Phosphate K</b>	<b>45</b>	<b>M : 6 - 37</b>	<b>Abnormal</b>
<b>CPK - Muscular / Brain</b>	<b>34</b>	<b>F : 5 - 27</b>	<b>Abnormal</b>
<b>GGT</b>	<b>12 IU / L</b>		
<b>T - Protein</b>	<b>8.9 g / dl</b>	<b>6 - 8</b>	<b>Abnormal</b>
<b>Albumin</b>	<b>5.2 g / dl</b>	<b>3.5 - 5.5</b>	<b>Normal</b>

Globulin	3.6 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.2 : 1.6		

**CUMULATIVE DATA: ABNORMAL OBSERVATIONS**

**TABLE – 15**  
**ABNORMAL OBSERVATIONS**  
**MALE SUBJECTS**  
**(COMPARATIVE ROUNDED - OFF AVERAGE RECORDINGS)**

INVESTIGATION	25 - 40	40 – 55	55 - 70	NORMAL RANGE
	Years	Years	Years	
	RESULT	RESULT	RESULT	
Blood Sugar Fasting	50 mg / dl	51 mg / dl	54 mg / dl	60 - 100
Blood Sugar Post - Prandial	150 mg / dl	107 mg / dl	153 mg / dl	< 140
Blood Sugar Random	199 mg / dl	213 mg / dl	196 mg / dl	< 200
Urea	41 mg / dl	49 mg / dl	35 mg / dl	15 – 40
Creatine	0.3 mg / dl	1.6 mg / dl	1.9 mg / dl	0.5 – 1.0
Sodium	148 mEq	147 mEq	147 mEq	130 - 145
Potassium	3.1 mEq / L	5.7 mEq / L	5.9 mEq / L	3.5 – 5.0
Lipid T - Cholesterol	213 mg / dl	219 mg / dl	224 mg / dl	< 200
Lipid Tri - Glyceride	154 mg / dl	111 mg / dl	156 mg / dl	60 - 150
Low Density Lipo Protein	132 mg / dl	139 mg / dl	139 mg / dl	60 - 130
Very Low Density Lipo Protein	39 mg / dl	44 mg / dl	44 mg / dl	00 - 36
High Density Lipo Protein	64 mg / dl	68 mg / dl	63 mg / dl	40 - 60
S Bilirubin Total	1.9 mg / dl	1.7 mg / dl	1.5 mg / dl	0.1 - 1.2
S Bilirubin Direct	0.8 mg / dl	0.4 mg / dl	0.4 mg / dl	< 0.3

S Bilirubin Indirect	1.4 mg / dl	1.4 mg / dl	1.4 mg / dl	0.1 – 1.0
Aspartate Trans Amines (AST)	44 IU / L	42 IU / L	41 IU / L	15 - 40
Alanine Trans Amines (ALT)	43 IU / L	49 IU / L	43 IU / L	15 - 40
Creatine Phosphate K	31	41	38	M : 6 - 37
CPK - Muscular / Brain	27	36	31	F : 5 - 27
GGT	12 IU / L	21 IU / L	21 IU / L	
T - Protein	7.3 g / dl	6.9 g / dl	8.4 g / dl	6 - 8
Albumin	5.9 g / dl	5.6 g / dl	5.7 g / dl	3.5 - 5.5
Globulin	3.9 g / dl	3.2 g / dl	3.7 g / dl	1.7 - 3.2
A : G Ratio	3.9 : 1.9	3.6: 1.2	3.7 : 1.7	

**TABLE – 16**  
**ABNORMAL OBSERVATIONS**  
**FEMALE SUBJECTS**  
 (COMPARATIVE ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	25 – 40	40 – 55	55 – 70	NORMAL RANGE
	Years RESULT	Years RESULT	Years RESULT	
Blood Sugar Fasting	56 mg / dl	52 mg / dl	47 mg / dl	60 - 100
Blood Sugar Post - Prandial	132 mg / dl	159 mg / dl	178 mg / dl	< 140
Blood Sugar Random	194 mg / dl	198 mg / dl	190 mg / dl	< 200
Urea	42 mg / dl	56 mg / dl	44 mg / dl	15 – 40
Creatine	1.4 mg / dl	1.6 mg / dl	1.4 mg / dl	0.5 – 1.0
Sodium	151 mEq / L	151 mEq / L	145 mEq / L	130 - 145
Potassium	5.1 mEq / L	5.2 mEq / L	5.1 mEq / L	3.5 – 5.0
Lipid T - Cholesterol	192 mg / dl	179 mg / dl	178 mg / dl	< 200

<b>Lipid Tri - Glyceride</b>	<b>162 mg / dl</b>	<b>171 mg / dl</b>	<b>148 mg / dl</b>	<b>60 - 150</b>
<b>Low Density Lipo Protein</b>	<b>176 mg / dl</b>	<b>165 mg / dl</b>	<b>156 mg / dl</b>	<b>60 - 130</b>
<b>Very Low Density Lipo Protein</b>	<b>82 mg / dl</b>	<b>42 mg / dl</b>	<b>34 mg / dl</b>	<b>00 - 36</b>
<b>High Density Lipo Protein</b>	<b>63 mg / dl</b>	<b>51 mg / dl</b>	<b>69 mg / dl</b>	<b>40 - 60</b>
<b>S Bilirubin Total</b>	<b>1.7 mg / dl</b>	<b>1.4 mg / dl</b>	<b>1.3 mg / dl</b>	<b>0.1 - 1.2</b>
<b>S Bilirubin Direct</b>	<b>1.1 mg / dl</b>	<b>0.4 mg / dl</b>	<b>3.1 mg / dl</b>	<b>&lt; 0.3</b>
<b>S Bilirubin Indirect</b>	<b>1.4 mg / dl</b>	<b>1.4 mg / dl</b>	<b>2.3 mg / dl</b>	<b>0.1 – 1.0</b>
<b>Aspartate Trans Amines (AST)</b>	<b>42 IU / L</b>	<b>42 IU / L</b>	<b>44 IU / L</b>	<b>15 - 40</b>
<b>Alanine Trans Amines (ALT)</b>	<b>41 IU / L</b>	<b>41 IU / L</b>	<b>43 IU / L</b>	<b>15 - 40</b>
<b>Creatine Phosphate K</b>	<b>47</b>	<b>47</b>	<b>45</b>	<b>M : 6 - 37</b>
<b>CPK - Muscular / Brain</b>	<b>28</b>	<b>29</b>	<b>34</b>	<b>F : 5 - 27</b>
<b>GGT</b>	<b>23 IU / L</b>	<b>12 IU / L</b>	<b>12 IU / L</b>	
<b>T - Protein</b>	<b>9 g / dl</b>	<b>9 g / dl</b>	<b>8.9 g / dl</b>	<b>6 - 8</b>
<b>Albumin</b>	<b>5.1 g / dl</b>	<b>5.6 g / dl</b>	<b>5.2 g / dl</b>	<b>3.5 - 5.5</b>
<b>Globulin</b>	<b>3.6 g / dl</b>	<b>3.9 g / dl</b>	<b>3.6 g / dl</b>	<b>1.7 - 3.2</b>
<b>A : G Ratio</b>	<b>3.1 : 1.6</b>	<b>3.6 : 1.9</b>		

## Analysis And Discussions

Discussion attempts to observe findings, insights and knowledge by juxtaposing entrepreneurial preference with hematology. Case study intends to help entrepreneur develop preference in preference skills. Bloodly, do they really have a preference? How do blood 'concepts' exist and influence? How blood observations are integrated into 'entrepreneurial activity'? How can entrepreneur change behavioural preference attitudes? Fluctuating blood glucose levels affect preference making. Studies indicate connection between blood count levels and cognitive thinking. Monitoring degree of fluctuation in blood counts offers possible inferences. There is a need to study biological underpinnings of entrepreneurship about how biology and blood monikers interact to shape entrepreneurial behaviour. There are limited longitudinal, ambulatory / diary and dearth of research undertaking a neuroscientific investigation of the phenomenon. In addition, various biological factors are not mutually exclusive and it is unclear how they may interrelate. There is little work on relationship between biology and opportunity recognition, influence of biology at different phases of start-up process and how being a entrepreneurial may affect biological processes. To provide a fundamental basis for understanding preference making and preference confidence, we analysed blood samples concurrently with a preference - testing questionnaire was served to each subject. The samples are of those respondents with standing history of hypertension and were selected based on previous blood pressure control. It is observed that almost all 'blood monikers' reflect disturbing trends.

Case study submits an experiment in exploring preference making behaviour via haematological acuties. Administering a situation reaction test, in empirical part, a series of clinical observations (over a four-year observation period in phases) were administered to 150 subjects (n = 150; n = 80 Male subjects and n = 70 Female subjects). This design was favoured due to element of plasticity and variations in response to intervention effects. This was done to ensure that subject serves as own control. Blood samples were drawn, calibrated and substantiated. Inter - correlational analysis has been conducted. This assured and ensured continuous assessment, reference point valuation and variability in 'inferential' data. Analysis reveals that blood groups do have a role in entrepreneurial preference dynamics. Results indicate role of 'blood undercurrents' in entrepreneurial preference making apparatus. Conclusion is inferred to be sound and justified in that preference making of a entrepreneurial are linked to (biological and) blood aspects.

Blood 'inferential' data presented is experiential that in a state of normalcy, blood indices are normal within the normal range. However, in a stressful condition, there is a drastic drop in the indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. However, minor drops have been experiential in parameters like Creatine, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. Question is whether young male entrepreneur harbour lack of 'perfect' resilience to absorb shocks in business. Question is whether middle - aged male entrepreneur have mixed - resilience to absorb shocks in business? Question is whether aged male entrepreneur have heavy resilience to absorb shocks in business. Question is whether middle - aged female entrepreneur have heavy (surprising results!) resilience to absorb shocks in business. Question is whether aged female entrepreneur have heavy (surprising results!) resilience to absorb shocks in business.

**Inference - 1:** Drastic Drop is experiential in Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T - Protein and Albumin. Minor drop is experiential Creatine, CPK - Muscular / Brain, T - Protein, Globulin, Albumin and Globulin. Question is whether young male entrepreneur have lack of 'perfect' resilience to absorb shocks in business. In such a case, entrepreneur feel a state of tiredness, weariness, exhaustion, overtiredness, lethargy, sluggishness, lassitude, debility, enervation, listlessness, prostration, lack of energy, lack of vitality, tired, wear out, drain, make weary, weary, wash out, tax, overtax, overtire, jade, make sleepy. May be, race against time to achieve targets leads to stress symptoms that affect body, thoughts, feelings and behaviour.



**Inference - 2:** It is experiential that in a state of normalcy, blood indices are normal within the normal range. However, in a stressful condition, there is a drastic drop, as well as minor drop, in the indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. Question is whether middle - aged male entrepreneur have mixed - resilience to absorb shocks in business. It is assumed that entrepreneur have put in some appreciable quantum of business - experience. They are by now well - versed with the dynamics of business in a complex but informative world. The middle - aged entrepreneur have nearly consolidated in their business and entrepreneurial activities. May be, earning profits is no longer the macro - aim but consolidation of business in the roller coaster series of profit - loss enables them to absorb the drop in glucose levels and their associated effects. Hence, minor drop, in indices.

**Inference - 3:** It is experiential that in a state of normalcy, blood indices are normal within near - normal range. However, in a stressful condition, there is a drastic drop, as well as minor drop, in the indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. It is experiential that majority of the indices have registered minor drops. Question is whether aged male entrepreneur have heavy resilience to absorb shocks in business. In such a scenario, either entrepreneurial is cruising in business after a long - period of seasoned business acumen, or has adopted his off - springs to his business activities. Wealth, in any form, accumulation must have been ensured or assured by now. Business shocks are no longer a deterring factor. Ethical framework becomes no longer a burdensome constraint. Emphasis is on ethical integrity of individual entrepreneurial - actors. A spiritual sense of satiety has perhaps been achieved.

**Inference - 4:** It is experiential that in a state of normalcy, blood indices are normal within the normal range. However, in a stressful condition, there is a drastic drop, as well as minor drop, in the indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. It is experiential that majority of the indices have registered mixed drops. In contrast to their male counterparts, females have registered mixed fluctuations indicating 'good' levels of tolerance. It can be safely assumed that they can tolerate (or survive within) a certain range of a particular factor, but cannot survive if there is too much or too little of the factor. They perhaps subscribe to an allowable departure from a specification or standard, considered non - harmful to functioning of a part, process, or product over its life cycle. They have ability to withstand high levels of stress or overloading ('mental effort') without suffering irreparable harm.

It is pragmatic that in a state of normality, Blood (CBC) indices are normal within standard range. However, in nerve-wracking situation, there is a sweeping globule in indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Cerebrum, T - Protein, Albumin and Globulin. Nonetheless, inconsequential drops have been experiential in constraints like Creatine, CPK - Muscular / Cerebrum, T - Protein, Albumin and Globulin. Question is whether male entrepreneur have lack of 'perfect' pliability to absorb shocks in business. To offer a central basis for appreciative preference making and preference buoyancy, Satpathy and Mallik (2008) analysed blood samples synchronously with preference - testing questionnaire. The sample was of those respondents with standing history of hypertension and selected based on previous poor blood pressure control. It is apparent that almost all the Blood (CBC) Monikers reflect disturbing trends. Results designate role of 'Blood (CBC) tinges' in entrepreneurial resolution contraption. Conclusion is comprehensive and reasonable in that resolution of an entrepreneurial is linked to biological and Blood (CBC) aspects.

Based on experimental tests (Satpathy, J. et. al.; 2018), it is inferred that; resolution probable is bad when;

- Blood sugar fasting readings are supposed as ‘inconsistent’,
- Blood sugar post - prandial readings are supposed as ‘inconsistent’,
- Blood sugar random readings are supposed as ‘inconsistent’,
- Urea readings are supposed as ‘inconsistent’
- Creatine readings are supposed as ‘inconsistent’,
- Sodium readings are supposed as ‘inconsistent’,
- Potassium readings are supposed as ‘inconsistent’,
- S Bilirubin Direct readings are supposed as ‘inconsistent’,
- S Bilirubin Indirect readings are supposed as ‘inconsistent’,
- Aspartate TransAmines readings are supposed as ‘inconsistent’,
- Alanine TransAmines alt readings are supposed as ‘inconsistent’,
- Lipid T - Cholesterol readings are supposed as ‘inconsistent’,and
- Lipid Tri - Glyceride readings are supposed as ‘inconsistent’.
- Low-density lipo protein readings are supposed as ‘inconsistent’,
- Very low-density lipo protein readings are supposed as ‘inconsistent’,
- High density lipo protein readings are supposed as ‘inconsistent’,
- S bilirubin total readings are supposed as ‘inconsistent’,
- Creatine Phosphate K readings are supposed as ‘inconsistent’,
- CPK - muscular / cerebrum readings are supposed as ‘inconsistent’,
- GGT readings are supposed as ‘inconsistent’,
- T - Protein readings are supposed as ‘inconsistent’,
- Albumin readings are supposed as ‘inconsistent’,
- Globulin readings are supposed as ‘inconsistent’,
- A: G ratio readings are supposed as ‘inconsistent’,

Anthropoid ‘agents’ rely on guarded mock - up of perception entrepreneurial resolution modeling. The two experimentations (conducted by the first author) reveal that preference-making is a province of penetrating study in perception - management and blood perception science. Psychosomatic mockups of resolution elucidate that Anthropoid ‘agents’ progressively accrue signal for a specific preference over stretch and accomplish that preference when confirmation scopes a critical path. This characterizes a multidisciplinary and multi-method tactic to conceptualization of management and preference agents. Results reveal data visualizations that interconnect significant facets of visual behaviour. Above disclose show position, direction and time spent observing at locations on stimulus. Above results reveal time arrangement of perceiving or where subject(s) look. Above results reveal, how ‘observing’ is dispersed over stimulus. Key finding is that tactical - oriented ‘Actor’ chooses, generate preferences, address responses to preference ‘circuit’ problems and evaluates métiers of ‘circuit’ using perception - ‘neuronal’ medium. Experimentation deliberates outcomes and future guidelines to directed perception - ‘neuronal’ biology in preference scholarship.

### **Conclusion**

The international weekly newscase study, ‘The Economist’ opined that behavioral management is best discernible as a set of deviations and anomalies that improves yet augments the accepted prototype of logical selection, not least as it is illogical to assume that people mostly behave illogically.

Resolutions and preferences are unavoidable part of entrepreneurial engagements within the scope of activities in routine life. While there are postulations in theory, propounding discernible neural calculations, management had no concrete elucidation to some pragmatic and factual questions it could construct and contrive in inferring solutions and making preferences. Over the last decade, insightful management has revealed cogent and significant explications and results through demonstrations, trials and monitoring. Insightful management has built up and added value to conclusive, scientific understanding facilitating inferences rather than suppositions and speculations that cannot be proved. With varied disciplines approaching symptomatically dissimilar practices and significant progresses, insightful resolution propositions tools for modeling deportment on how entrepreneur design and resolve via neural basis.

Calculated perception - 'neuronal' preferences generally involve risk. Results, with reference to entrepreneurial perception - 'neuronal' preference germaneness and implications, demonstrate indications for spontaneous counterfactual replication in province of high - level perception - 'neuronal' reasoning. Key finding is that tactical - oriented 'actor' decides, create options, address responses to perception - 'neuronal' preference 'circuit' problems and evaluates métiers of 'circuit' using perception - 'neuronal' medium. Case study advocates outcomes and future directions to guided perception - 'neuronal' biology in preference scholarship. Perception - 'neuronal' complex provides graining that propositions curtains of entrepreneurial perception - 'neuronal' 'modulator - demodulator' to answer issues in entrepreneurial preference configuration dynamics. These observations extend the outcomes of recent behavioral studies.

In an uncertain world, where preferences encompass an element of 'risk', this case study asserts that there is a 'hemato - genetic effect' to entrepreneurial preference making. New review prompts a re-think on what low sugar levels affects our thinking (Satpathy et. al.; 2018). Notwithstanding wide-ranging research approaches in blood glucose literature, one finding stands conveyed clearly; blood count levels affect reasoning performance. There are many gaps in knowledge and aim was to discuss ways to take this inquiry forward. Future research could incorporate evolutionary sensibility and interactive heredities. Conclusions drawn are that tactical - oriented 'actor - entrepreneurial' decides, create options, address responses to perception - 'neuronal' preference 'circuit' problems and evaluates métiers of 'circuit' using perception - 'neuronal' medium.

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