Thyrocare

Tests you can trust

Name : XXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Liqua

Report Status : Complete Report

Dummy Report



First National Diagnostic Chain to have **100% of its Labs with NABL Accreditation#**



Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2011~

Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

98% Reports released within **06 Hours** of sample reaching the lab*

9 out of 10 Doctors Trust that Thyrocare reports are **Accurate & Reliable***

1200+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703. 9870666333 wellness@thyrocare.com

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Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Address : XXXXXXXXXXXXXX

Tests Done : **LIQUA**

Report Availability Summary

Note: Please refer to the table below for status of your tests.

1 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
Quadruple Marker- (Autodelfia)	Ready

Dummy Report

Patient XXXXXXXXXXXXXXX

PATIENT ID:	LAST NAME:	FIRST NAME:	BIRTH DATE:
XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXX
ETHNICITY:			
XXXXXXXXXX			

Pregnancy, Calculated EDD: XXXXXXXXXXXXXXX

MAEDD:	CALCULATED EDD:	GEST. DATE:	SELECTED GEST. METHOD:
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	CRL
LMP DATE:	SMOKING STATUS:	INSULIN DEP. DIABETIC:	NO. OF FETUSES:
XXXXXXXXXX	Non smoker	No	1
MONOZYGOUS:	CHORIONICITY:	CORRECTED BY CHORIONICITY:	FERTILIZATION DATE:
No	-	-	-
HEIGHT [CM]:	MATERNAL WEIGHT [KG]:	DIABETES TYPE II:	INSULIN TREATMENT FOR TYPE II DIABETES:
-	-	No	-
CONCEPTION METHOD:	MOTHER OF PATIENT HAD PRE-ECLAMPSIA:	CHRONIC HYPERTENSION:	SYSTEMIC LUPUS ERYTHEMATOSUS:
Spontaneous	No	-	-
ANTI-PHOSPHOLIPID SYNDROME:	PAST NO. OF PREGNANCIES ≥ 24 WEEKS:	PREV. PREG. PRE-ECLAMPSIA:	PREV. PREG. DELIVERY DATE:
-	1	-	-
INTER-PREGNANCY INTERVAL [YEARS]:	PREV. PREG. GEST. AT DELIVERY:	PREV. PREG. BABY WEIGHT [G]:	BIRTH WEIGHT Z-SCORE:
-	0 w 0 d	-	-
ASSISTANCE METHOD:	TRANSFER DATE:	EGG EXTRACTION DATE:	EGG DONOR DOB:
-	-	-	-
AGE AT EXTRACTION:	PAST T21 - DOWN'S SYNDROME:	PAST T18 - EDWARDS' SYNDROME:	PAST T13 - PATAU'S SYNDROME:
-	No	No	No

Biochemistry

SAMPLE ID:	SPECIMEN COLLECTED:	WEIGHT [KG]:	GEST. AT SAMPLE DATE (W + D):
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
SAMPLE TYPE:			
XXXXXXXXXX			

Ultrasound

SCAN DATE:	CRL:	BPD:	HC:
XXXXXXXXXX	XXXXXXXXXX	-	-
GEST. AT SAMPLE DATE (W + D):	CRL (#2):	BPD (#2):	HC (#2):
XXXXXXXXXX	-	-	-
WEIGHT [KG]:	SAMPLE TYPE:		
XXXXXXXXXX	-		

Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
AFP (Signed)	XXXXXXXXXX	XXXXXXXXXX	15 w 4 d	33.22	U/mL	1.39	68
hCGb (Signed)	XXXXXXXXXX	XXXXXXXXXX	15 w 4 d	14.8	ng/mL	0.9	68
Inhibin-A (Signed)	XXXXXXXXXX	XXXXXXXXXX	15 w 4 d	241	pg/mL	1.21	68
uE3 (Signed)	26000	01/04/2026	15 w 4 d	2.96	nmol/L	0.9	68

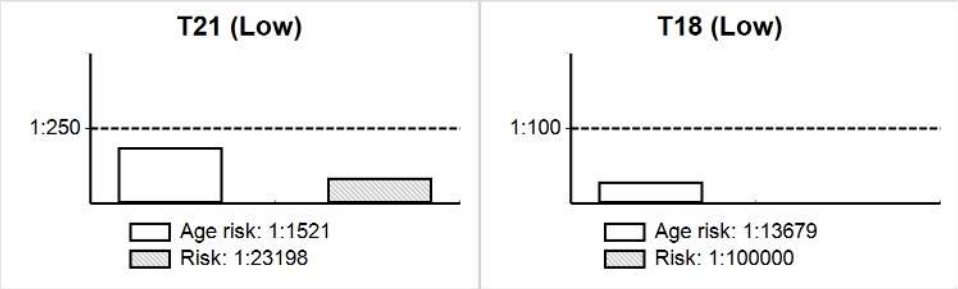
Risks, Risk assessed: At term

RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T21 (Signed)	Low	1:23198	-	-	1:1521	1:250
RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T18 (Signed)	Low	1:100000	-	-	1:13679	1:100

REPORT CREATED AT:
07/04/2026 12:20 PM

Dummy Report

NTD (Signed)	**Low**	-	-	-	-	**2.5**



PLEASE NOTE:
This interpretation assumes that patient and specimen details are accurate and correct. In all case where and assessment of increased risk is based on LMP dates, the gestational age must be by ultrasound before further action is taken. It must be clearly understood that the results represent risk and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further test must be performed before a firm diagnosis can be made. A low risk result does not exclude the possibility of Down's syndrome or other abnormalities, as the risk assessment does not detect all affected pregnancies. Lilac Insights does not bear responsibility for the NT result. The company strongly recommends that only NT value from qualified experts (for example, clinicians certified by the fetal Medicine Foundation) is utilized to provide a1st trimester risk. These results were analyzed with Lifecycle soft ware from PerkinElmer Life and Analytical Sciences & Final report generated from 21st Century Informatics B.V.

Dummy Report

REPORT CREATED AT:
07/04/2026 12:20 PM

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume: (a) any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**





+ *T&C Apply, #As on 5th December 2024 (Applicable for all company owned labs except Bhagalpur & Vijayawada),*

⋆ *As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited*

Dummy Report