Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXX

Date : XXXXXXXXXXXX

Test Asked : Fibrosis Index (Fib-4)

Report Status: Complete Report



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

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

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

Accredited by

NABL From 2005

ISO 9001: 2015 – From 2015

CAP From 2007

Dummy Report

PROCESSED AT :

Thyrocare
Tests you can trust

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

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

NAME : XXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXX
TEST ASKED : FIBROSIS INDEX (FIB-4)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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
FIBROSIS INDEX (FIB-4)	Ready

Dummy Report

NAME : XXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : FIBROSIS INDEX (FIB-4)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**85**	**U/L**	**< 35**
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**92**	**U/L**	**< 45**
SGOT / SGPT RATIO	CALCULATED	0.92	Ratio	< 2

Please correlate with clinical conditions.

Method :

SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

NAME : XXXXXXXXXXXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX

TEST ASKED : FIBROSIS INDEX (FIB-4)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FIB-4	**CALCULATED**	**1.82**	**RATIO**

Bio. Ref. Interval. :

Interpretation-

<1.30: Low risk of advanced fibrosis.
1.30-2.67: Indeterminate risk of fibrosis.
>2.67: High risk of advanced fibrosis.
>3.25: Strong indicator of significant fibrosis.

Clinical Significance -

The Fibrosis Index formula is based on following 4 factors (FIB-4).
Age: Patients age in years.
AST (Aspartate Aminotransferase): A liver enzyme measured in U/L.
Platelet Count: Typically measured in 10^9/L.
ALT (Alanine Aminotransferase): Another liver enzyme measured in U/L.

The purpose of the FIB-4 is:
1. To assist clinicians in assessing the likelihood of liver fibrosis in individuals with conditions such as viral hepatitis, NAFLD, and alcoholic liver disease.
2. To help guide decisions regarding further evaluation, like liver biopsy, or to monitor the progression of the disease over time.
3. Its sensitivity and specificity are 64% and 68% for liver fibrosis, respectively, and 90% and 58% for cirrhosis, respectively.
4. Increase in FIB-4 over 12 months is associated with a higher risk of clinical events, suggesting that sequential testing of FIB-4 should be incorporated into clinical management for monitoring the long-term risk of adverse outcomes.
5. The FIB-4 is better than a range of fibrosis biomarkers including the enhanced liver fibrosis (ELF) test.

Limitations to consider:
1. The FIB-4 score should be interpreted by considering the patients complete clinical picture, including all biochemical, histopathological, and radiological findings.
2. Its reliability might be limited in individuals younger than 35 or older than 65.
3. The FIB-4 score is not a substitute for liver biopsy, particularly in patients with high-risk clinical conditions.
4. It may not be reliable in patients who are acutely ill.

References :
Prognostic utility of Fibrosis-4 Index for risk of subsequent liver and cardiovascular events, and all-cause mortality in individuals with obesity and/or type 2 diabetes: a longitudinal cohort study. Anstee, Quentin M. et al.The Lancet Regional Health – Europe, Volume 36, 100780.

Method : Calculated from FIB-4 formula

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :

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NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXX
TEST ASKED : PLTCT

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
PLATELET COUNT	**HEMATOLOGY**	**73**	**X 10^3 / µL**
Bio. Ref. Interval. :-			
180-299			

Please correlate with clinical conditions.
Method:- Fully Automated Bidirectional Analyzer (6 Part Differential SYSMEX XN-1000)

~~ End of report ~~

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*

Dummy Report