Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Platinum Health Checkup - Male With Utsh

Report Status: xxxxxxxxxxxxxxxx



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

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

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- ISO 9001: 2015 - From 2015
- CAP From 2007~

Dummy Report

PROCESSED AT :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PLATINUM HEALTH CHECKUP - MALE WITH UTSH

Sample Collected At
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
PLATINUM HEALTH CHECKUP - MALE WITH UTSH	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
HEMOGRAM	Ready
PROSTATE SPECIFIC ANTIGEN (PSA)	Ready
VITAMIN B-12	Ready
COMPLETE URINE ANALYSIS	Ready
HBA PROFILE	Ready
LIVER FUNCTION TESTS	Ready
SERUM ELECTROLYTES	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
FT3-FT4-USTSH	Ready
VITAMIN D PROFILE	Ready

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NAME	: XXXXXXXXXXXXXXXX	**Sample Collected At**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: PLATINUM HEALTH CHECKUP - MALE WITH UTSH		
MOBILE NO	: XXXXXXXXXX	**PAN ID**	: XXXXXXXXXX
DOB	: XX XX XXXX		

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.6	%	0-0.5
MEAN CORP.HEMO.CONC(MCHC)	31.1	g/dL	31.5-34.5
LIPID			
LDL / HDL RATIO	1.3	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	2.6	Ratio	3 - 5
OTHER COUNTS			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm / hr	0 - 15
VITAMIN			
VITAMIN D TOTAL	18.22	ng/mL	30-100

Dummy Report

Disclaimer: The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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PATIENTID : XXXXXXXXXX **MOBILE NO** : XXXXXXXXXX **DOB** : XX XX XXXX **PAN ID** : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.5	%

Bio. Ref. Interval. :

As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	111	mg/dL

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Dummy Report

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Labcode :
Barcode :

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**MODIFIED WESTERGREN**	**18**	**mm / hr**

Bio. Ref. Interval. :-

Male : 0-15 Female : 0-20

Clinical Significance:
- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :
https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/

Please correlate with clinical conditions.
Method:- MODIFIED WESTERGREN

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval
HEMOGLOBIN	SLS-Hemoglobin Method	13.7	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	44.1	%	40.0-50.0
Total RBC	HF & EI	4.86	X 10^6/µL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	90.7	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.2	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**31.1**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width (RDW - CV)	Calculated	14	%	11.6-14
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	7.1	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	63.3	%	40-80
Lymphocytes Percentage	Flow Cytometry	25.2	%	20-40
Monocytes Percentage	Flow Cytometry	5.4	%	2-10
Eosinophils Percentage	Flow Cytometry	4.9	%	1-6
Basophils Percentage	Flow Cytometry	0.6	%	0-2
Immature Granulocyte Percentage (IG%)	**Flow Cytometry**	**0.6**	**%**	**0-5**
Nucleated Red Blood Cells %	Flow Cytometry	0.1	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	4.5	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.79	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.38	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.35	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.04	X 10^3 / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.007	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	260	X 10^3 / µL	150-410

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

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Sample Collected At
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PATIENTID : XXXXXXXXXX **MOBILE NO** : XXXXXXXXXX **DOB** : XX XX XXXX **PAN ID** : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	339	pg/mL

Bio. Ref. Interval. :-

Normal: 197-771 pg/ml

Clinical significance :
Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Please correlate with clinical conditions.
Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

Dummy Report

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Barcode :

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.41	mg/L

Bio. Ref. Interval. :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	1.32	ng/mL

Bio. Ref. Interval. :-

Normal : < 4.00 ng/ml
Border line : 4.01 to 10.00 ng/ml

Clinical Significance:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Specification:

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

Kit validation references:

Wang MC, Valenzuala LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

Please correlate with clinical conditions.
Method:- TWO SITE SANDWICH IMMUNOASSAY

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PATIENTID : XXXXXXXXXX
MOBILE NO : XXXXXXXXXX
DOB : XX XX XXXX

Sample Collected At

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PAN ID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
TOTAL CHOLESTEROL	PHOTOMETRY	106	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	41	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	53.63	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	73	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.6**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	1.78	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**1.3**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	0.76	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	65.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	14.56	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
LDL - Direct Measure
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
TRI/H - Derived from TRIG and HDL Values
LDL/ - Derived from serum HDL and LDL Values
HD/LD - Derived from HDL and LDL values.
NHDL - Derived from serum Cholesterol and HDL values
VLDL - Derived from serum Triglyceride values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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PATIENTID : XXXXXXXXXX
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DOB : XX XX XXXX

Sample Collected At

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PAN ID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
ALKALINE PHOSPHATASE	PHOTOMETRY	59.5	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	1.09	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.26	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.83	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	27.7	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	23.2	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.19	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.63	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.33	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.3	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.31	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.
PROT - Biuret Method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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PATIENTID : XXXXXXXXXX
MOBILE NO : XXXXXXXXXX
DOB : XX XX XXXX

PAN ID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
FREE TRIIODOTHYRONINE (FT3)	E.C.L.I.A	2.29	pg/mL	2.0-4.4
FREE THYROXINE (FT4)	E.C.L.I.A	1.21	ng/dL	0.93-1.7
TSH - ULTRASENSITIVE	E.C.L.I.A	1.79	µIU/mL	0.54-5.30

Comments :

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

FT3,FT4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Dummy Report

Disclaimer : Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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PAN ID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	16.3	mg/dL	7.94 - 20.07
SODIUM	I.S.E - INDIRECT	140	mmol/L	136 - 145
POTASSIUM	I.S.E - INDIRECT	4.53	mmol/L	3.5 - 5.1
CREATININE - SERUM	PHOTOMETRY	0.91	mg/dL	0.72-1.18
BUN / Sr.CREATININE RATIO	CALCULATED	17.91	Ratio	9:1-23:1
CHLORIDE	I.S.E - INDIRECT	101	mmol/L	98 - 107
UREA (CALCULATED)	CALCULATED	34.88	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	38.33	Ratio	< 52
CALCIUM	PHOTOMETRY	8.98	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6.7	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

BUN - Kinetic UV Assay.
SOD - ION SELECTIVE ELECTRODE - INDIRECT
POT - ION SELECTIVE ELECTRODE - INDIRECT
SCRE - Creatinine Enzymatic Method
B/CR - Derived from serum Bun and Creatinine values
CHL - ION SELECTIVE ELECTRODE - INDIRECT
UREAC - Derived from BUN Value.
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	103	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.
Method:- 2021 CKD EPI Creatinine Equation

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Barcode :

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

NAME : XXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXX
TEST ASKED : PLATINUM HEALTH CHECKUP - MALE WITH UTSH

Sample Collected At
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX **MOBILE NO** XXXXXXXXXX **DOB** XX XXXX **PAN ID** XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN D2	LC-MS/MS	0.81	ng/mL
Method : Liquid Chromatography Tandem Mass Spectrometry			
VITAMIN D3	LC-MS/MS	17.41	ng/mL
Method : Liquid Chromatography Tandem Mass Spectrometry			
VITAMIN D TOTAL	**CALCULATED**	**18.22**	**ng/mL**

Bio. Ref. Interval. :
Deficiency : <20 ng/mL
Insufficiency : 20-30 ng/mL
Sufficiency : 30-100 ng/mL
Toxicity : >100 ng/mL
Method : Derived from VD2 and VD3 values

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	:

PROCESSED AT :

Thyrocare
Tests you can trust

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PLATINUM HEALTH CHECKUP - MALE WITH UTSH

Sample Collected At
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX
MOBILE NO : XXXXXXXXXX
DOB : XX XX XXXX

PAN ID : XXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interva
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	< 1.030	-	1.003-1.030
PH	pH indicator	7	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	ABSENT	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase**)**

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 : URINE
Labcode :
Barcode :

PROCESSED AT :

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PLATINUM HEALTH CHECKUP - MALE WITH UTSH

Sample Collected At
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX **MOBILE NO** : XXXXXXXXXX **DOB** : XX XX XXXX **PAN ID** : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	83.33	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.
Method:- GOD-PAP METHOD

~~ 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 : FLUORIDE PLASMA
Labcode :
Barcode :

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

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.

+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