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NAME	: XXXXXXXXXXXXXXXX	**HOME COLLECTION :**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY		

TEST NAME	TECHNOLOGY	VALUE	UNITS
INTACT PARATHYROID HORMONE (PTH)	C.L.I.A	30.9	pg/mL

Bio. Ref. Interval. :-

Adults : 12 - 88 pg/ml

Clinical Significance :

In Hypercalcemia due to malignancy or other causes, the concentration of PTH in circulation is typically low or within normal reference range limits. Levels are characteristically high in secondary hyperparathyroidism - usually associated with renal failure - as a result of constant stimulation of the parathyroid gland by low calcium levels. Hypocalcemia accompanied by a low PTH level, on the other hand, is to be expected in hypoparathyroidism, either postsurgical or idiopathic. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications :

Precision: Intra assay (%CV): 6.8, Inter assay (%CV): 8.1, Sensitivity: 6 pg/mL

Kit validation references :

Mundy GR,Guise TA,Hormonal control of calcium Homeostasis clinical chem 1999,45:1347-1352

Please correlate with clinical conditions.
Method:- TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

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	:	

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	10.89	µmol/L

Bio. Ref. Interval. :-

Normal Levels : <15 µmol/L
Mild Hyperhomocysteinemia : 15-30 µmol/L
Moderate Hyperhomocysteinemia : 30-100 µmol/L
Severe Hyperhomocysteinemia : >100 µmol/L

Clinical Significance:
Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimers disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels.

High Values:
Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Specifications: Precision %CV :- Intra assay %CV- 4.5 % , Inter assay %CV-5.87 % Sensitivity : 0.4 umol/L

Kit Validation Reference:
Eikelboom JW, et al Ann Intern Med 131 : 363-75 (1999)
https://www.healthline.com/health/homocysteine-levels

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

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 :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	6.92	AU/mL

Bio. Ref. Interval. :
Negative : < 10
Positive : >=10

Clinical Significance :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into an irreversible damage.

Specifications: Specificity : 94 % , Sensitivity : 76 %

Kit Validation reference:
Vossenaar ER et al.,Arthritis Rheum.,50, 3485, 2004
Method : INDIRECT SOLID PHASE ENZYME IMMUNOASSAY

ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	15.59	AU/mL

Bio. Ref. Interval. :

NEGATIVE : <25 POSITIVE : >= 25

Clinical Significance:
Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rhematic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:
Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:
Antinuclear Antibody The Lancet, September 15, 1984: 611-13
Method : INDIRECT SOLID PHASE IMMUNOASSAY

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 :

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NAME	: XXXXXXXXXXXXXXXX	**HOME COLLECTION :**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY		

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY TROPONIN I	C.L.I.A	2.9	pg/mL

Bio. Ref. Interval. :-

Male : < 19.8
Female: < 13.6

Clinical Significance :
High Sensitivity troponin (hsTnI) assay can be used for risk stratification and identification of patients with suspected acute coronary syndrome .It not only helps in early rule out of myocardial than other assays, but also helps to diagnose minor myocardial injuries.

Specifications:

Precision: Intra Assay (%CV): 5.0 %, Inter Assay (%CV): 3.0%; Sensitivity: < 2.3 pg/mL

Kit Validation References:

Perry SV. The regulation of contractile activity in muscle. Biochem Soc Trans 1979; 7: 593-617

Please correlate with clinical conditions.

Method:- SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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	:	

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	54.78	ng/mL

Bio. Ref. Interval. :
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 ng/ml || TOXICITY : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health. Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome. Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12	C.L.I.A	562	pg/mL

Bio. Ref. Interval. :

Normal : 211 - 911 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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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 :

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TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TROPONIN I HEART ATTACK RISK	C.M.I.A	0.9	pg/mL

Bio. Ref. Interval. :-

Cutoff values (Precision at 99th percentile) : Male : <= 26.2 || Female : <= 15.6
Clinical Significance:
The Cardiac Troponin I is cardiac specific and highly sensitive marker for myocardial damage. In acute myocardial damage the Troponin I values are raised 4-6 hrs after cardiac symptom onset and may remain elevated for a period of 7-12 days of cardiac injury. It is an independent risk marker that can predict near, mid and long term outcome in patients with Acute coronary syndrome. A single Troponin I result may not be sufficient to evaluate MI. Serial Blood draws are recommended to evaluate Acute coronary syndrome (ACS) patients.Increased levels of Cardiac troponin I can be seen in Myocarditis,heart contusion, cardiomyopathy,congestive heart failure,interventional therapy like cardiac surgery and drug induced cardiomyopathy. Any condition resulting in myocardial injury can potentially increase Troponin I levels.
Hence The results should always be used in conjunction with ECG changes, Clinical symptoms, other findings etc. to Diagnose MI.
The various interfering factors / limitations of the Troponin I assay are - presence of heterophile antibodies, Patients on Human anti mouse monoclonal antibody (HAMA) therapy, Rheumatoid factor (RF), high total protein levels etc. The Coronary vascular disease risk stratification in Asymptomatic patients is as given in the below table, which can be suggested for preventive clinical management in conjunction with other clinical findings, investigations and clinical symptoms.

The following cut-off points may be used to aid in stratifying the risk of cardiovascular disease in asymptomatic individuals.

HIGH SENSITIVE TROPONIN-I LEVEL		
MALE	**FEMALE**	**INTERPRETATION**
<6	<4	Low risk of future heart attack
≥6 to ≤12	≥4 to ≤10	Moderate risk of future heart
>12	>10	Elevated risk of future heart

Specifications: Precision at the 99th Percentiles
Females = 15.6 pg/mL -5.3% CV || Males = 34.2pg/mL - 3.5% CV

Kit validation reference :
1. Risk-Stratification of the Apparently Healthy Population for Future Cardiac Events With ARCHITECT High Sensitive Troponin-I(https://dam.abbott.com/de-de/documents/pdf/ADD- 00064393-hsTnI-Risk-Stratification-Sell-Sheet.pdf)
2. ARCHITECT STAT High Sensitive Troponin-I [package insert] Lake Bluff, IL: Abbott Laboratories;2018. G97079R01.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

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
Labode :
Barcode :

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	136	mg/dL
Bio. Ref. Interval. : Male : 86 - 152 Female : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	67	mg/dL
Bio. Ref. Interval. : Male : 56 - 145 Female : 53 - 138			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.5	Ratio
Bio. Ref. Interval. : Male : 0.40 - 1.26 Female : 0.38 - 1.14			
Method : DERIVED FROM SERUM APO A1 AND APO B VALUES			

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**3.35**	**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

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
Labode :
Barcode :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	3.35	mg/L

Bio. Ref. Interval. : (mg/L)

Acute phase determination : < 5 mg/L

Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms.

CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction,stress,trauma,infection,inflammation,surgery, or neoplastic proliferation.

Concentrations >5 to 10mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, its is a nonspecific marker and cannot be interpreted without other

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 :

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REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	23.78	mg/dL

Bio. Ref. Interval. :-

Adults : < 30.0 mg/dl

Clinical Significance:
Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:
Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:
Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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 :

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
LP-PLA2	PHOTOMETRY	94	nmol/min/mL

Bio. Ref. Interval. :-

Low Risk : < 225 nmol/min/mL
High Risk : >= 225 nmol/min/mL

Clinical Significance:

Lp-PLA2, is an enzyme produced by inflammatory cells. It is predominantly associated with low-density lipoprotein (LDL) and high-density lipoprotein (HDL). Lp-PLA2 is a specific marker of vascular inflammation and found to be upregulated in atherosclerotic lesions especially in complex plaque prone to rupture. A meta-analysis found that Lp-PLA2 levels are positively correlated with increased risk of developing coronary heart disease and stroke. Lp-PLA2 is not an acute phase reactant and thus is unaffected by systemic inflammatory processes. Lp-PLA2 activity should be interpreted in conjunction with clinical evaluation and other risk factor assessment.

Specification:

Precision %CV : Intra assay %CV- 1.50% , Inter assay %CV-3.80%

Kit Validation Reference:

Alexander Thompson etal., The Lp-PLA2 Studies Collaboration (2010). "Lipoprotein-associated phospholipase A2 and risk of coronary disease, stroke, and mortality: collaborative analysis of 32 prospective studies". The Lancet 375 (9725): 1536-1544

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

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 :

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NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	96	µg/dL

Bio. Ref. Interval. :-

Male : 63.5 - 150
Female : 80 - 155

Clinical significance:
Copper is an important trace element and a component of numerous enzymes and proteins involved in energy production, connective tissue formation, melanin synthesis, iron metabolism, development of central nervous system, angiogenesis as well as an antioxidant. Deficiency can cause- Malnourishment, cardiovascular disease, anemia & neuropathy, toxicity may be manifested as acute renal failure, gastroenteritis & chronic liver disease.

Specifications:
Precision: Intra assay (%CV): 1.17, Inter assay (%CV): 2.32.

Kit validation references:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 337-8

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

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

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REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	61	µg/dL

Bio. Ref. Interval. :-

52 - 286

Clinical Significance:
Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key rple in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:
Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.

Method:- NITRO - PAPS

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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE PHOSPHOKINASE	PHOTOMETRY	82	U/L

Bio. Ref. Interval. :-

Female : < 167 U/L
Male : < 190 U/L

Clinical Significance:
Serum Creatinine kinase (CK) levels have proven valuable in the assessment of cardiac and skeletal muscle diseases, including myocardial infarction and muscular dystrophy.

Specifications:
Precision %CV :- Intra assay %CV- 0.62% , Inter assay %CV-0.52 % Sensitivity : 3.0 U/L

Kit Validation Reference:
Tietz, N. W, Textbook of Clinical Chemistry, W.B. Saunders Co. ,Philadelphia, 1986, p. 678-6863.

Please correlate with clinical conditions.

Method:- DGKC

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 :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE PHOSPHOKINASE (MUSCLE/BRAIN)	PHOTOMETRY	7.1	U/L

Bio. Ref. Interval. :-

< 25

Clinical significance:
Detecting the activity of creatinine kinase isoenzymes in serum is one of the most valuable enzymatic indicators for clinical diagnosis of acute myocardial infarction.

Secifications:
Precision: Intra assay (%CV): 0.93, Inter assay (%CV): 4.7, Sensitivity: >=0.010.

Kt validation references
Wurzburg, U, et al, Clin. Chem. 1976; 54: 357.

Please correlate with clinical conditions.

Method:- DGKC

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	131	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	50	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	62	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	75	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.6**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	1.48	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**1.2**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	0.82	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	80.4	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	14.92	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.

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :
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MC-3759

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.01	mg/dL

Bio. Ref. Interval. :-

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnsemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

Please correlate with clinical conditions.
Method:- MODIFIED XYLIDYL BLUE REACTION METHOD

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :

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REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
LACTATE DEHYDROGENASE (LDH)	PHOTOMETRY	181	U/L

Bio. Ref. Interval. :-

120-250

Clinical Significance:
Lactate Dehydrogenase occurs in the cytoplasm of all cells;there are five isoenzymes. The highest concentration are found in heart,liver,skeletal muscle,kidney, and the RBCs,with lesser amounts in lung,smooth muscle, and brain . LD catalyzes the interconversion of lactate and pyruvate. Marked elevations in lactate dehydrogenase (LD) activity can be observed in megaloblastic anemia, untreated pernicious anemia, Hodgkins disease, abdominal and lung cancers, severe shock, and hypoxia. Moderate to slight increases in LD levels are seen in myocardial infarction (MI), pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infectious mononucleosis, progressive muscular dystrophy (especially in the early and middle stages of the disease), liver disease, and renal disease. In liver disease, elevations of LD are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT). Increased levels of the enzyme are found in about one third of patients with renal disease, especially those with tubular necrosis or pyelonephritis. However, these elevations do not correlate well with proteinuria or other parameters of renal disease. On occasion a raised LD level may be the only evidence to suggest the presence of a hidden pulmonary embolus.

Specifications: Precision: Intra assay (%CV): 0.76, Inter assay (%CV): 1.8, Sensitivity: >=0.01

Kit validation references:

Amador E. Dorfman L. E. Wacker W. E., Clin. Chem., 1963, 3

Please correlate with clinical conditions.

Method:- LACTATE / NAD METHOD

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	139	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L
Method : ION SELECTIVE ELECTRODE

POTASSIUM	I.S.E	4.83	mmol/L

Bio. Ref. Interval. :
ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. 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 Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.
Method : ION SELECTIVE ELECTRODE

CHLORIDE	I.S.E	107	mmol/L

Bio. Ref. Interval. :
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).
Method : ION SELECTIVE ELECTRODE

Please correlate with clinical conditions.

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	**PHOTOMETRY**	**41**	**U/L**	**45-129**
CALCIUM	PHOTOMETRY	9.19	mg/dL	8.8-10.6
PHOSPHOROUS	PHOTOMETRY	3.88	mg/dL	2.4 - 5.1
URIC ACID	PHOTOMETRY	4.91	mg/dL	4.2 - 7.3
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL	<=18

Please correlate with clinical conditions.

Method :

ALKP - MODIFIED IFCC METHOD
CALC - ARSENAZO III METHOD, END POINT.
PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD
URIC - URICASE / PEROXIDASE METHOD
RFAC - LATEX ENHANCED IMMUNOTURBIDIMETRY

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	24.1	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	37.8	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.64	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

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**6.2**	**%**

Bio. Ref. Interval. :

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

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

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**131**	**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

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
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BONE PROFILE - ADVANCED,CRP,HIGH SENSITIVITY TROPONIN I,JAANCH - HEALTHY HEART

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	8.83	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	49.7	%	40-80
LYMPHOCYTE	**41.8**	**%**	**20-40**
MONOCYTES	3.9	%	2-10
EOSINOPHILS	3.7	%	1-6
BASOPHILS	0.7	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.39	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**3.69**	**X 10³ / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	0.34	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.06	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.33	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0-0.3
TOTAL RBC	5.38	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	15.5	g/dL	13.0-17.0
HEMATOCRIT(PCV)	46.5	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	86.4	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.8	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	33.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	41.3	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.2	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.6	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.3	fL	6.5-12
PLATELET COUNT	250	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	27	%	19.7-42.4
PLATELETCRIT(PCT)	0.26	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

Please Correlate with clinical conditions.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

~~ End of report ~~

Dummy Report

Sample Collected on (SCT) : Sample collection time
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Report Released on (RRT) : Report release time
Sample Type : EDTA
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

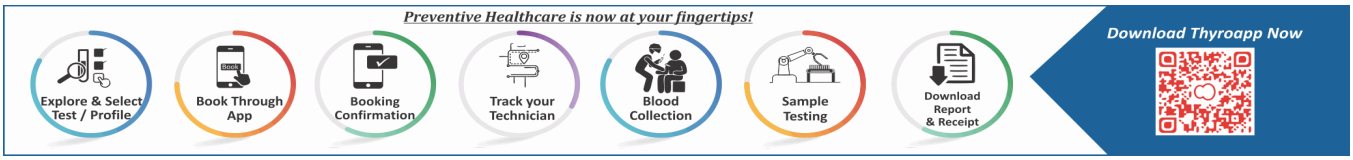
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

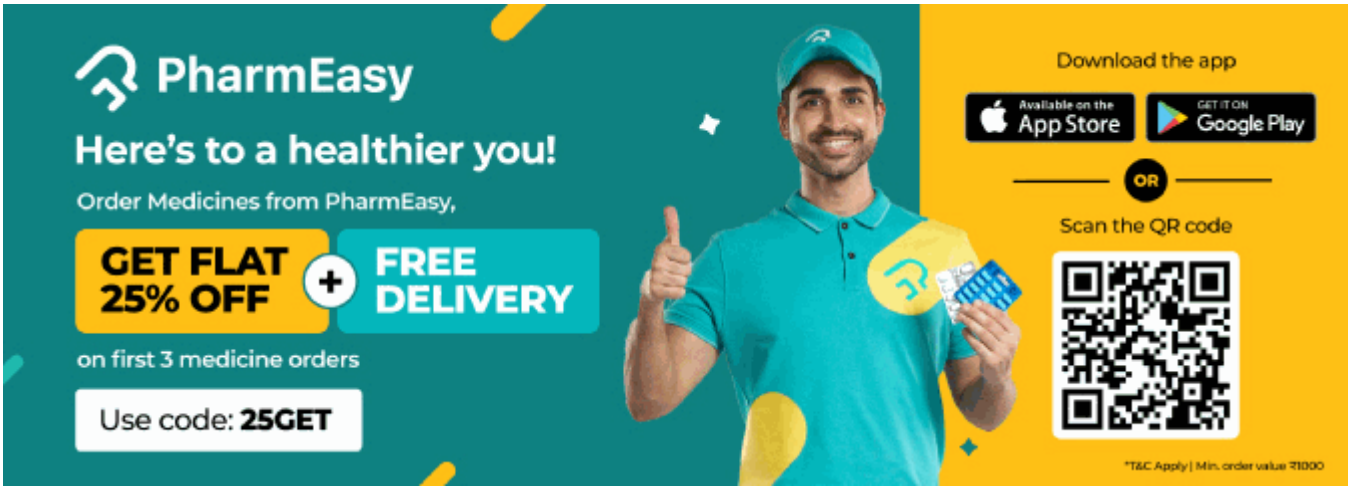
EXPLANATIONS

- 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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6[illegible] 3[illegible]00**
- SMS:<Labcode No.>to **9[illegible]666333**





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