Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XX XX XXXX

Test Asked : Male Hormone Screening Panel

Report Status: XXXXXXXXXXXXXXXXX



9 out of 10 Doctors trust that Thyrocare **reports are accurate & reliable***

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

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

Dummy Report

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : MALE HORMONE SCREENING PANEL

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
INFERTILITY			
ANDROSTENEDIONE (A4)	< 0.3	ng/mL	0.6 - 3.1

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.

PROCESSED AT :
Thyrocare

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : MALE HORMONE SCREENING PANEL

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIHYDROTESTOSTERONE (DHT)	E.L.I.S.A	342.2	pg/mL

Bio. Ref. Interval. :-

Male:

(1-9 yrs): 0 - 85.7 pg/mL || (10-14 yrs): 11.1 - 875.6 pg/mL
(15-18 yrs): 70.3 - 1260.9 pg/mL || (19-89 yrs): 143 - 842 pg/mL

Female:

(2-9 yrs): 0 - 88.9 pg/mL || (10-14 yrs): 22.5- 280.6 pg/mL
(15-18 yrs): 62.6- 760.3 pg/mL || (18-50 yrs): 0 - 596 pg/mL
(51-83 yrs): 0 - 431 pg/mL

Clinical Significance:

5a-dihydrotestosterone is steroid similar to testosterone and androstenedione. Some of the main clinical indications of the DHT measurement in serum are investigations of Delayed puberty in men and evaluation of the presence of active testicular tissues
Women with too much Dihydrotestosterone may develop increased body, facial and pubic hair growth (called hirsutism), stopping of menstrual periods (amenorrhoea),increased acne and abnormal changes to the genitalia.
Clinical Trends :
1. In Klinefelter's syndrome the DHT level is much more lower than that found in normal men.
2. In polycystic ovaries (PCO) about 35 % of the patients have an increased DHT level.
3. The DHT level in young is much higher than those found in normal older people, hence androgen production increases at puberty which gives rise to masculinizing characteristic.
4. There is very low level of Plasma DHT in patients with anorchia.

Please correlate with clinical conditions.
Method:- COMPETITIVE ENZYME IMMUNOASSAY

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
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TEST ASKED : MALE HORMONE SCREENING PANEL

HOME COLLECTION :
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PATIENTID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SEX HORMONE BINDING GLOBULIN (SHBG)	C.L.I.A	10	nmol/L

Bio. Ref. Interval. :-

Males 10 - 57 nmol/L

Females
Non-Pregnant : 18 - 144

Clinical Significance:

Sex hormone binding globulin (SHBG) has a high affinity for testosterone and Estradiol, and is a major factor regulating their distribution between the protein-bound and free states. The ratio of testosterone to SHBG is also known as the free androgen index (FAI) or the free testosterone index (FTI). This ratio correlates well with both measured and calculated values of free testosterone and helps to discriminate subjects with excessive androgen activity from normal individuals. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications:

Precision: Intra assay (%CV): 5.30 %, Inter assay (%CV):6.60%
Sensitivity: < 0.02 nmol/l and Specificity: no detectable cross- reactivity

Kit validation reference:

Bond A, Davis C. Sex Hormone binding globulin in clinical perspective, ActaObset Gynecol Scand 1987;66:255-62

Please correlate with clinical conditions.
Method:- SOLID-PHASE TWO-SITE CHEMILUMINESCENT IMMUNOMETRIC ASSAY

Dummy Report

Sample Collected on (SCT) : Sample collection time
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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
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TEST ASKED : MALE HORMONE SCREENING PANEL

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANDROSTENEDIONE (A4)	**C.L.I.A**	**< 0.3**	**ng/mL**

Bio. Ref. Interval. :-

Adult males : 0.60 - 3.10 ng/mL
Adult females : 0.30 - 3.30 ng/mL

Interpretation :
Serum levels of androstenedione acts as a useful marker of androgen biosynthesis. Elevated androstenedione levels have been demonstrated in virilizing congenital adrenal hyperplasia; androstenedione levels in addition to 17- hydroxyprogesterone levels are very useful in monitoring treatment of this condition. Serum androstenedione level is high in fetal and neonatal serum, decrease during childhood, and increase in puberty. Serum androstenedione levels can also show significant diurnal variation dependent on the secretion of acth.

Specifications
Precision: intra assay (%cv): 11.3, inter assay (%cv): 13.2, sensitivity: 0.3 ng/mL

Kit validation references :
1. Dorfman ri, shipley ra: androgens, john wiley and sons, new york, pp. 116-128, 1956.
2. Androstenedione production and interconversion rates measured in peripheral blood and studies on the possible site of its conversion to testosterone. J endrocrinol invest 45: 301-313, 1966.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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Doctor 1 Sign Doctor 2 Sign

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TEST ASKED : MALE HORMONE SCREENING PANEL

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	E.L.I.S.A	10.01	pg/mL

Bio. Ref. Interval. :-

Male
< 12 Yrs : < 4.60
12-18 Yrs : 0.18 - 23.08
19-55 Yrs : 1.00 - 28.28
> 55 Yrs : 0.70 - 21.45
Female
< 12 Yrs : < 1.46
12-18 Yrs : < 2.24
19-55 Yrs : < 2.85
> 55 Yrs : < 1.56

Please correlate with clinical conditions.
Method:- SOLID PHASE ENZYME IMMUNOASSAY

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HOME COLLECTION :
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PATIENTID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HUMAN GROWTH HORMONE (HGH)	C.L.I.A	0.02	ng/mL

Bio. Ref. Interval. :-

Males
0-2 years : 0.12-8.24 ng/ml || 2-7 years : 0.04-3.01 ng/ml || 7-12 years : 0.02-4.76 ng/ml
12-14 years : 0.01-6.20 ng/ml || 14-19 years : 0.01-3.73 ng/ml || Adults : 0.003-0.97 ng/ml

Females
0-2 years : 0.12-8.24 ng/ml || 2-7 years : 0.03-6.24 ng/ml || 7-12 years : 0.02-4.76 ng/ml
12-14 years : 0.01-6.20 ng/ml || 14-19 years : 0.03-5.22 ng/ml || Adults : 0.01-3.60 ng/ml

Clinical Significance:
Caution must be exercised in the clinical interpretation of growth hormone levels. These vary throughout the day, making it difficult to define a reference range or to judge an individuals status based on single determination. Many factors are known to influence the rate of growth hormone secretion, including periods of sleep and wakefulness, exercise, stress hypoglycemia, estrogens, corticosteroids, l-Dopa and others. 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): 11.26 %, Inter assay (%CV): 14.40 %; Sensitivity: up to 0.002 ng/ml

Kit validation references: Iranmanesh A, Grisso B, Veldhuis JD, Low basal and persistent pulsatile growth hormone secretion are revealed in normal and hyposomatotropic men studied with a new ultra sensitive Chemiluminescence assay. J Clin Endocrinol Metab 1994;78:526-535.

Please correlate with clinical conditions.

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TEST ASKED : MALE HORMONE SCREENING PANEL

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	232.56	ng/dL

Bio. Ref. Interval. :-

Adult Male
21 - 49 Yrs : 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22
Adult Female
Pre-Menopause : 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
13 Years : 9.34 - 562.93
14 Years : 23.28 - 742.46
15 Years : 144.15 - 841.44
16-21 Years : 118.22 - 948.56
Girls
2-10 Years : < 7.00 - 108.30
11-15 Years : < 7.00 - 48.40
16-21 Years : 17.55 - 50.41

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657–662.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

~~ End of report ~~

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign