Thyrocare

Tests you can trust

Name :

Date :

Test Asked : Women Cancer Screening Package Advanced

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
WOMEN CANCER SCREENING PACKAGE ADVANCED	Ready
CA 15.3	Ready
CA 19.9	Ready
CARCINO EMBRYONIC ANTIGEN (CEA)	Ready
CHROMOGRANIN A	Ready
LACTATE DEHYDROGENASE (LDH)	Ready
THYROGLOBULIN (TG)	Ready
ROMA (RISK OF OVARIAN MALIGNANCY)	Ready
ALPHA FETO PROTEIN	Ready
BETA HCG	Ready

Dummy Report

Doctor 1 Sign Doctor 2 Sign

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SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
THYROID			
THYROGLOBULIN (TG)	0.75	ng/mL	1.59 - 50.03

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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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CHROMOGRANIN A	E.L.I.S.A	40.71	ng/mL

Bio. Ref. Interval. :-

Less than 100 ng/mL

Clinical Significance:

- Elevated levels of Chromogranin A is a marker of tumors of neuroendocrine origin.
- It is a very sensitive and specific marker in diagnosis, prognosis and monitoring of Pheochromocytoma.
- Drugs employed in diagnosis and treatment of Pheochromocytoma has little effect on chromogranin A , which makes it a better marker than Catecholamines.
- It also aids in the diagnosis of endocrine tumors that do not produce their specific hormones, for example - calcitonin negative but chromogranin A positive C Cell carcinoma , zero cell carcinoma, beta cell carcinoma, parathyroid carcinoma.
- It is recommended to establish a base level of this parameter for cancer patients after surgery , especially if this assay is used for monitoring prostate cancer patients, an increase in this assay from baseline would indicate an increase in cancer cell activity.
- Interferences : Some conditions like Primary and secondary hyperparathyroidism , hyperthyroidism , SLE, autoimmune diseases, rheumatoid arthritis, would also cause higher chromogranin A levels and some therapeutic drugs like sex hormone releasing hormones may also cause higher chromogranin values.
- Hence, the Chromogranin A results obtained should be interpreted in correlation with patients clinical history, other investigations, radiological findings etc.

Specifications : Precision : Intra-assay 4.9% ; Inter-assay 5.9% ; Sensitivity : 1.4 ng/mL

Kit Validation Reference : Pirker RA, Pont J, Pöhnl R, Schütz W, Griesmacher A, Müller MM. Usefulness of chromogranin A as a marker for detection of relapses of carcinoid tumours. Clin Chem Lab Med 1998;36:837-40.

Please correlate with clinical conditions.

Method:- Two site sandwich 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
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

Dummy Report

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TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HUMAN EPIDIDYMIS PROTEIN 4	C.M.I.A	39.9	pmol/L

Bio. Ref. Interval. :-

Females :
Pre Menopausal : <=70 pmol/L
Post Menopausal : <=140 pmol/L

Interpretation:-
The level of HE4 cannot be used as an absolute evidence for presence or absence of malignant disease and HE4 assay should not be used as a cancer screening test.
The results obtained should be interpreted in conjunction with other methods in accordance with standard clinical management guidelines. If HE4 results are inconsistent with clinical evidence, additional testing is recommended.
Patients with confirmed ovarian cancer may have HE4 values similar to normal healthy women. The use of this assay is not recommended in monitoring patients with known mucinous or germ cell tumors (as these rarely produce HE4) . Elevated levels of HE4 antigen may be seen in patients with non malignant disease.
Specimens containing HAMA (Human anti mouse antibodies), heterophile antibodies etc may give anomalous values . The values may show variation if different methodologies, technologies, reagent brand, calibrators used and also variation seen due to various pathological and physiological factors

Reference - Abbott HE4 Reagent Kit insert

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

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 :

Doctor 1 Sign Doctor 2 Sign

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 15.3	C.M.I.A	10.6	U/mL

Bio. Ref. Interval. :-

Less than 32.4 U/ml

Clinical Significance:
CA 15.3 is elevated in about 30% of women with localized breast cancer and in about 75% of those with metastatic breast cancer. CA 15.3 also may be elevated in Healthy people and in individuals with other cancers or diseases, Such as Colorectal Cancer, Lung Cancer, Cirrhosis, Hepatitis, and Benign Breast Disease. In General, the higher the CA 15-3 level the more advanced the Breast Cancer and the larger the Tumor Burden.

Specifications:
Precision: Intra Assay (%CV): 3.7 %, Inter Assay (%CV): 2.2 %; Sensitivity:<=0.5 U/ml

Kit Validation References:
eddish MA, Helbrecht N, Almeida AF, ET AL. Epitope mapping of MAB B27.29 Within the peptide core for the Malignant Breast Varcinoma-Associated mucin antigen coded for by the human Muc-1 Gene. J Tumor Marker Oncol. 1992, 7:19-27.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE 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
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 19.9	C.L.I.A	12.23	U/mL

Bio. Ref. Interval. :-

Adults : < 37.0 U/mL

Clinical Significance:

CA 19-9 is elevated in most patients with advanced Pancreatic Cancer, But it may also be elevated in other cancers, conditions, and diseases such as Colorectal cancer, Lung Cancer, Gall Bladder Cancer, Gallstones, Pancreatitis, Cystic Fibrosis, and Liver Disease. Bile duct obstruction may also cause very high CA 19-9 levels. Very small amounts of CA 19-9 may also be found in healthy patients.

For Diagnostic Purpose, Results should always be assessed in conjunction with the patients medical history, Clinical Examination and other findings.

Specifications:

Intra assay (%CV): 8.71 %, Inter assay(%CV) : 5.00% & Sensitivity: 1.2 U/ml

Kit Validation References:

Steinberg W. The clinical utility of the CA 19.9 Tumor-Associated antigen. AM J Gastroenterol 1990; 85(4): 350

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED TWO STEP SANDWICH 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 :

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TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
THYROGLOBULIN (TG)	**C.L.I.A**	**0.75**	**ng/mL**

Bio. Ref. Interval. :-

Normal: 1.59 - 50.03 ng/ml

Clinical Significance

The Thyroglobulin test is primarily used as a tumor marker to evaluate the effectiveness of treatment for thyroid cancer and to monitor for recurrence. Not every thyroid cancer will produce Thyroglobulin, but the most common types (papillary and follicular thyroid cancer) that arise from the follicle cells frequently do - resulting in increased levels of Thyroglobulin in the blood. Thyroglobulin levels also tend to be elevated in regions of endemic goiter.

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): 4.4 %, Inter Assay (%CV): 4.9 %
Sensitivity: 0.1 ng/mL.

Kit Validation References

Torrens JI, Hentry BB, Serum thyroglobulin measurement: Utility in clinical practice. The Endocrinologist 1996;6;125-144.

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

Dummy Report

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

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA125	C.M.I.A	14	U/mL

Bio. Ref. Interval. :-

Less than 35 U/mL

Clinical Significance:

CA125 is used in monitoring response to therapy for patients with epithelial ovarian cancer. CA125 is also detects or monitors whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). The test is used for follow up in High-Risk cases, where family history of Ovarian Cancer is noted. CA125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the Liver.

Kit validation Reference :
Bast RC Jr., Feeney M, Lazarus H, et al. Reactivity of a Monoclonal Antibody with Human Ovarian Carcinoma. J Clin Invest 1981;68:1331-7.

Please correlate with clinical conditions.

Method:- Fully Automated Chemi Luminescent Microparticle Immunoassay

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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SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ALPHA FETO PROTEIN	E.C.L.I.A	1.33	IU/mL

Bio. Ref. Interval. :-

Men: 0.5 - 5.5 IU/ml
Non-Pregnant Women: 0.5 - 5.5 IU/ml Pregnancy:
Week Range
14th : 10.41 - 49.40
15th : 13.11 - 57.08
16th : 15.12 - 64.45
17th : 17.72 - 76.11
18th : 19.26 - 91.51
19th : 23.26 - 101.80
20th : 28.05 - 125.85
21st : 33.30 - 92.75

Clinical Significance:
AFP has been used as a cancer marker. AFP testing during pregnancy in combination with Beta HCG and E3, Is recommended as an effective way to determine potential fetal risk of open neural tube defect (NTD).

Specifications: Precision: Intra assay (%CV): 4.1, Inter assay (%CV): 4.2, Sensitivity: 1.5 IU/mL

Refrences : Kaur G, Srivastav J, Sharma S, Huria A, Goel P, Chavan BS. Maternal serum median levels of alpha-foetoprotein, human chorionic gonadotropin & unconjugated estriol in second trimester in pregnant women from north-west India. Indian J Med Res. 2013;138(1):83-8.

Please correlate with clinical conditions.

Method:- SANDWHICH ELECTROCHEMILUMINESCENCE 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
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	C.L.I.A	0.68	ng/mL

Bio. Ref. Interval. :-

Non-Smokers : < 2.50 ng/mL
Smokers : < 5.00 ng/mL

Clinical Significance :

CEA is often used to monitor patients with cancers of the gastrointestinal tract (GI). Increased CEA levels can indicate some Non-Cancer related conditions, Such as some forms of inflammation, Cirrhosis, and Peptic Ulcer. Also, Smokers tend to have Higher CEA levels than Non-Smokers. When cancer spreads to other organs, CEA levels rise and may be present in other types of bodily fluids besides blood.

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): 3.6 %, Inter Assay (%CV): 4.1 %; Sensitivity: 0.5 ng/ml

Kit Validation References:

Statland Be, Winkel P. Neoplasia. In: Kaplan LA, Resc AJ, Editors. Clinical Chemistry, Theory, Analysis and Correlation. 2nd Ed. St. Louis: Cv Mosby, 1989.p 734-5.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED TWO STEP SANDWICH 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
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
BETA HCG	C.M.I.A	3.48	mIU/mL

Bio. Ref. Interval. :-

Negative : < 10 mIU/ml

Pregnancy:

Week	Range	Week	Range
1st - 2nd	10 - 94	6th - 7th	16380 - 139800
2nd - 3rd	61 - 2922	7th - 11th	12540 - 174600
3rd - 4th	666 - 18900	11th - 16th	3684 - 61800
4th - 5th	1536 - 49380	16th - 21st	2832 - 48060
5th - 6th	13860 - 90600	21st - 39th	1620 - 46860

(Multiply mIU/ml Values By 0.10769 to get ng/ml Values)

Clinical Significance:
Females : The rapid rise in HCG Serum levels after conception makes it an excellent marker for early confirmation and monitoring of pregnancy. HCG levels can be useful in prediction of spontaneous abortions, Aiding in the detection of ectopic pregnancy and multiple gestation. For diagnostic purpose, Results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Males and Females : . It may also be found in higher than normal amounts in patients with some types of cancer, including testicular, ovarian, liver, stomach, and lung cancers, and in other disorders. Measuring the amount of beta-hCG in the blood of cancer patients may help to diagnose cancer and find out how well cancer treatment is working. Beta-hCG is a type of tumor marker

Kit Validation References: Braunstein GD, Rasor J, Adler D, Danzer H, Wade Me. Serum Human Chorionic Gonadotropin Levels Throughout Normal Pregnancy. Am J Obstet Gynecol 1976: 126: 678-81.

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

Dummy Report

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TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
LACTATE DEHYDROGENASE (LDH)	PHOTOMETRY	144.1	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; 331

Please correlate with clinical conditions.
Method:- LACTATE / NAD METHOD

Dummy Report

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TEST ASKED : WOMEN CANCER SCREENING PACKAGE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ROMA - PREMENOPAUSAL	CALCULATED	4.47	%
Bio. Ref. Interval. : Pre menopausal : >=7.4 % High Risk < 7.4 % Low Risk			
Method : Derived from HE4 and CA125 values			
ROMA - POSTMENOPAUSAL	CALCULATED	8.91	%
Bio. Ref. Interval. : Post menopausal : >=25.3 % High Risk < 25.3 % Low Risk			
Method : Derived from HE4 and CA125 values			

Please correlate with clinical conditions.

~~ 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 : SERUM

Labcode :

Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v 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.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

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

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v 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)*