Thyrocare

Tests you can trust

**Name** : xxxxxxxxxxxxxxxx

**Date** : xxxxxxxxxxxxxxxx

**Test Asked** : Aarogyam C Pro Including Crm With Utsh

**Report Status:** xxxxxxxxxxxxxxxx

100% NABL ACCREDITATION

**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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

## 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 |
|---|---|
| **AAROGYAM C PRO INCLUDING CRM WITH UTSH** | Ready |
| CHLORIDE | Ready |
| HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP) | Ready |
| Lipoprotein (a) [Lp(a)] | Ready |
| SODIUM | Ready |
| TESTOSTERONE | Ready |
| HBA PROFILE | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |
| LIVER FUNCTION TESTS | Ready |
| IRON DEFICIENCY PROFILE | Ready |
| KIDPRO | Ready |
| LIPID PROFILE | Ready |
| T3-T4 USTSH | Ready |
| VITAMIN D TOTAL AND B12 COMBO | Ready |
| APOLIPROTEIN RATIO | Ready |

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

## Tests Outside Reference Range

**Note:** Please refer to the table below for tests outside reference range.

| Test Name | Observed Value | Units | Bio. Ref. Interval. |
|---|---|---|---|
| **COMPLETE HEMOGRAM** | | | |
| HEMOGLOBIN | **10.8** | g/dL | 12.0-15.0 |
| MEAN CORP.HEMO.CONC(MCHC) | **29.8** | g/dL | 31.5-34.5 |
| MEAN CORPUSCULAR HEMOGLOBIN(MCH) | **24.7** | pq | 27.0-32.0 |
| MEAN CORPUSCULAR VOLUME(MCV) | **82.6** | fL | 83.0-101.0 |
| MONOCYTES - ABSOLUTE COUNT | **0.18** | X $10^3$ / µL | 0.2 - 1.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | **14.6** | % | 11.6-14.0 |
| **IRON DEFICIENCY** | | | |
| % TRANSFERRIN SATURATION | **7.09** | % | 13 - 45 |
| IRON | **30.6** | µg/dL | 50 - 170 |
| UNSAT.IRON-BINDING CAPACITY(UIBC) | **401** | µg/dL | 162 - 368 |
| **LIPID** | | | |
| LDL CHOLESTEROL - DIRECT | **104** | mg/dL | <100 |
| **LIVER** | | | |
| BILIRUBIN - TOTAL | **0.24** | mg/dL | 0.3-1.2 |
| SERUM GLOBULIN | **2.45** | gm/dL | 2.5-3.4 |
| **RENAL** | | | |
| BLOOD UREA NITROGEN (BUN) | **5.4** | mg/dL | 7.94 - 20.1 |
| CALCIUM | **8.68** | mg/dL | 8.8-10.6 |
| UREA (CALCULATED) | **11.56** | mg/dL | Adult : 17-43 |
| **VITAMINS** | | | |
| 25-OH VITAMIN D (TOTAL) | **13.8** | ng/mL | 30-100 |
| VITAMIN B-12 | **180** | pg/mL | 197-771 |

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
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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **HbA1c** | H.P.L.C | 5.3 | % |

**Bio. Ref. Interval. :**

| As per ADA Guidelines |
|---|
| Below 5.7% : Normal |
| 5.7% - 6.4% : Prediabetic |
| >=6.5% : Diabetic |

| Guidance For Known Diabetics |
|---|
| 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 | 105 | 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

Tests Done : **HBA PROFILE,HEMOGRAM**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| **HEMOGLOBIN** | **SLS-Hemoglobin Method** | **10.8** | **g/dL** | **12.0-15.0** |
| Hematocrit (PCV) | CPH Detection | 36.2 | % | 36.0-46.0 |
| Total RBC | HF & EI | 4.38 | X 10^6/µL | 3.8-4.8 |
| **Mean Corpuscular Volume (MCV)** | **Calculated** | **82.6** | **fL** | **83.0-101.0** |
| **Mean Corpuscular Hemoglobin (MCH)** | **Calculated** | **24.7** | **pq** | **27.0-32.0** |
| **Mean Corp.Hemo. Conc (MCHC)** | **Calculated** | **29.8** | **g/dL** | **31.5-34.5** |
| Red Cell Distribution Width - SD (RDW-SD) | Calculated | 44.3 | fL | 39.0-46.0 |
| **Red Cell Distribution Width (RDW - CV)** | **Calculated** | **14.6** | **%** | **11.6-14.0** |
| RED CELL DISTRIBUTION WIDTH INDEX (RDWI) | Calculated | 275.3 | - | *Refer Note below |
| MENTZER INDEX | Calculated | 18.9 | - | *Refer Note below |
| **TOTAL LEUCOCYTE COUNT (WBC)** | HF & FC | 6.4 | X $10^3$ / µL | 4.0 - 10.0 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| Neutrophils Percentage | Flow Cytometry | 57.1 | % | 40-80 |
| Lymphocytes Percentage | Flow Cytometry | 37.7 | % | 20-40 |
| Monocytes Percentage | Flow Cytometry | 2.8 | % | 2-10 |
| Eosinophils Percentage | Flow Cytometry | 1.7 | % | 1-6 |
| Basophils Percentage | Flow Cytometry | 0.5 | % | 0-2 |
| Immature Granulocyte Percentage (IG%) | Flow Cytometry | 0.2 | % | 0.0-0.4 |
| Nucleated Red Blood Cells % | Flow Cytometry | 0.01 | % | 0.0-5.0 |
| **ABSOLUTE LEUCOCYTE COUNT** | | | | |
| Neutrophils - Absolute Count | Calculated | 3.65 | X $10^3$ / µL | 2.0-7.0 |
| Lymphocytes - Absolute Count | Calculated | 2.41 | X $10^3$ / µL | 1.0-3.0 |
| **Monocytes - Absolute Count** | **Calculated** | **0.18** | **X $10^3$ / µL** | **0.2 - 1.0** |
| Basophils - Absolute Count | Calculated | 0.03 | X $10^3$ / µL | 0.02-0.1 |
| Eosinophils - Absolute Count | Calculated | 0.11 | X $10^3$ / µL | 0.02-0.5 |
| Immature Granulocytes (IG) | Calculated | 0.01 | X $10^3$ / µL | 0.0-0.3 |
| Nucleated Red Blood Cells | Calculated | 0.01 | X $10^3$ / µL | 0.0-0.5 |
| **PLATELET COUNT** | HF & EI | 306 | X $10^3$ / µL | 150-410 |
| Mean Platelet Volume (MPV) | Calculated | 11.2 | fL | 6.5-12 |
| Platelet Distribution Width (PDW) | Calculated | 13.5 | fL | 9.6-15.2 |
| Platelet to Large Cell Ratio (PLCR) | Calculated | 35.3 | % | 19.7-42.4 |
| Plateletcrit (PCT) | Calculated | 0.34 | % | 0.19-0.39 |

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

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**

**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**)**

Tests Done : **HBA PROFILE,HEMOGRAM**

Doctor 1 Sign Doctor 2 Sign

Dummy Report

Processed At :

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **25-OH VITAMIN D (TOTAL)** | **E.C.L.I.A** | **13.8** | **ng/mL** |

**Bio. Ref. Interval. :**
Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 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):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

**Method :** Fully Automated Electrochemiluminescence Compititive Immunoassay

| | | | |
|---|---|---|---|
| **VITAMIN B-12** | **E.C.L.I.A** | **180** | **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

**Method :** Fully Automated Electrochemiluminescence Compititive Immunoassay

**Please correlate with clinical conditions.**

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| APOLIPOPROTEIN - A1 (APO-A1) | IMMUNOTURBIDIMETRY | 141 | mg/dL |

**Bio. Ref. Interval. :**
Male : 86 - 152
Female : 94 - 162

**Method :** FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

| | | | |
|---|---|---|---|
| APOLIPOPROTEIN - B (APO-B) | IMMUNOTURBIDIMETRY | 84 | 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 | 0.6 | Ratio |

**Bio. Ref. Interval. :**

Male : 0.40 - 1.26
Female : 0.38 - 1.14

Clinical Significance :

- Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.
- Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.
- The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.
- An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.
- All results have to be interpreted in Conjunction with clinical history and other findings.

**Method :** Derived from serum Apo A1 and Apo B values

**Please correlate with clinical conditions.**

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| LIPOPROTEIN (A) [LP(A)] | IMMUNOTURBIDIMETRY | 10.8 | 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

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| TESTOSTERONE | E.C.L.I.A | 9.91 | ng/dL |

**Bio. Ref. Interval. :-**

6 - 82

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): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.
Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Piladelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

**Please correlate with clinical conditions.**

**Method:-** Fully Automated Electrochemiluminescence Compitive Immunoassay

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

Processed At :

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP) | IMMUNOTURBIDIMETRY | 1.06 | 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

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **IRON** | **PHOTOMETRY** | **30.6** | **µg/dL** |
| **Bio. Ref. Interval. :** Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization | | | |
| TOTAL IRON BINDING CAPACITY (TIBC) | PHOTOMETRY | 431.6 | µg/dL |
| **Bio. Ref. Interval. :** Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay | | | |
| **% TRANSFERRIN SATURATION** | **CALCULATED** | **7.09** | **%** |
| **Bio. Ref. Interval. :** 13 - 45 **Method :** Derived from IRON and TIBC values | | | |
| **UNSAT.IRON-BINDING CAPACITY(UIBC)** | **PHOTOMETRY** | **401** | **µg/dL** |
| **Bio. Ref. Interval. :** 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY | | | |

**Please correlate with clinical conditions.**

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| TOTAL CHOLESTEROL | PHOTOMETRY | 169 | mg/dL | <200 |
| HDL CHOLESTEROL - DIRECT | PHOTOMETRY | 50 | mg/dL | 40-60 |
| **LDL CHOLESTEROL - DIRECT** | **PHOTOMETRY** | **104** | **mg/dL** | **<100** |
| TRIGLYCERIDES | PHOTOMETRY | 80 | mg/dL | <150 |
| TC/ HDL CHOLESTEROL RATIO | CALCULATED | 3.4 | Ratio | 3 - 5 |
| TRIG / HDL RATIO | CALCULATED | 1.62 | Ratio | < 3.12 |
| LDL / HDL RATIO | CALCULATED | 2.1 | Ratio | 1.5-3.5 |
| HDL / LDL RATIO | CALCULATED | 0.48 | Ratio | > 0.40 |
| NON-HDL CHOLESTEROL | CALCULATED | 118.9 | mg/dL | < 160 |
| VLDL CHOLESTEROL | CALCULATED | 16.08 | mg/dL | 5 - 40 |

**Please correlate with clinical conditions.**

**Method :**

CHOL - "CHOD-PAP" enzymatic photometric test
HCHO - Direct HDL measurement by Homogenous Method
LDL - Direct LDL measurement by Homogenous Method
TRIG - Colorimetric GPO
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

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| ALKALINE PHOSPHATASE | PHOTOMETRY | 56.3 | U/L | 33-98 |
| **BILIRUBIN - TOTAL** | **PHOTOMETRY** | **0.24** | **mg/dL** | **0.3-1.2** |
| BILIRUBIN -DIRECT | PHOTOMETRY | 0.05 | mg/dL | < 0.3 |
| BILIRUBIN (INDIRECT) | CALCULATED | 0.19 | mg/dL | 0-0.9 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | PHOTOMETRY | 12.89 | U/L | <40 |
| ASPARTATE AMINOTRANSFERASE (SGOT ) | PHOTOMETRY | 15.1 | U/L | < 31 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 15 | U/L | <34 |
| SGOT / SGPT RATIO | CALCULATED | 1.01 | Ratio | < 2 |
| PROTEIN - TOTAL | PHOTOMETRY | 6.68 | gm/dL | 6.6 to 8.3 |
| ALBUMIN - SERUM | PHOTOMETRY | 4.23 | gm/dL | 3.5 - 5.2 |
| **SERUM GLOBULIN** | **CALCULATED** | **2.45** | **gm/dL** | **2.5-3.4** |
| SERUM ALB/GLOBULIN RATIO | CALCULATED | 1.73 | Ratio | 0.9 - 2 |

**Please correlate with clinical conditions.**

**Method :**

ALKP - Kinetic Photometric test as per Modified IFCC
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Kinetic Photometric test Szasz/Persijn standardized as per IFCC
SGOT - Optimized UV Test IFCC modified
SGPT - Optimized UV test as per IFCC Modified
OT/PT - Derived from SGOT and SGPT values.
PROT - Biuret Method
SALB - Photometric test using Bromocresol Green
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| **BLOOD UREA NITROGEN (BUN)** | **PHOTOMETRY** | **5.4** | **mg/dL** | **7.94 - 20.1** |
| CREATININE - SERUM | PHOTOMETRY | 0.56 | mg/dL | 0.51 - 0.95 |
| BUN / SR.CREATININE RATIO | CALCULATED | 9.64 | Ratio | 9:1-23:1 |
| **UREA (CALCULATED)** | **CALCULATED** | **11.56** | **mg/dL** | **Adult : 17-43** |
| UREA / SR.CREATININE RATIO | CALCULATED | 20.64 | Ratio | < 52 |
| **CALCIUM** | **PHOTOMETRY** | **8.68** | **mg/dL** | **8.8-10.6** |
| URIC ACID | PHOTOMETRY | 3.54 | mg/dL | 2.3-6.1 |
| SODIUM | I.S.E - INDIRECT | 137.34 | mmol/L | 136 - 145 |
| CHLORIDE | I.S.E - INDIRECT | 106.9 | mmol/L | 98 - 107 |

**Please correlate with clinical conditions.**

**Method :**

BUN - "Urease-GLDH": Enzymatic UV test
SCRE - Enzymatic colorimetric test
B/CR - Derived from serum Bun and Creatinine values
UREAC - Derived from BUN Value.
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
URIC - Enzymatic Photometric test using TOOS
SOD - ION SELECTIVE ELECTRODE - INDIRECT
CHL - ION SELECTIVE ELECTRODE - INDIRECT

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| TOTAL TRIIODOTHYRONINE (T3) | E.C.L.I.A | 117 | ng/dL | 80-200 |
| TOTAL THYROXINE (T4) | E.C.L.I.A | 5.36 | µg/dL | 4.8-12.7 |
| TSH - ULTRASENSITIVE | E.C.L.I.A | 5.15 | µIU/mL | 0.54-5.30 |

**Comments :** IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

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

**Method :**

T3,T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Pregnancy reference ranges for TSH/USTSH :

Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)
1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5
2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0
3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References :

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243
2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

**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.

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

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#*

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Home Collection : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| EST. GLOMERULAR FILTRATION RATE (eGFR) | CALCULATED | 113 | 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

**~~ End of report ~~**

Dummy Report

Tests Done : **AAROGYAM C PRO INCLUDING CRM WITH UTSH**

Doctor 1 Sign Doctor 2 Sign

## CUSTOMER DETAILS

**As declared in our data base**

**Name:** xxxxxxxxxxxxxxxxx **Age:** xxxx **Sex:** xxxxxxxxxxxxxxxxx

| | | |
|---|---|---|
| **Barcodes/Sample_Type** | : | xxxxxxxxxxxxxxxx |
| **Labcode** | : | xxxxxxxxxxxxxxxx |
| **Ref By** | : | xxxxxxxxxxxxxxxx |
| **Sample_Type/Tests** | : | EDTA:HBA PROFILE , HEMOGRAM - 6 PART (DIFF)<br>SERUM:AAROGYAM C PRO INCLUDING CRM WITH UTSH |
| **Sample Collected At** | : | xxxxxxxxxxxxxxxx |
| **Sample Collected on (SCT)** | : | xxxxxxxxxxxxxxxx |
| **Report Released on (RRT)** | : | xxxxxxxxxxxxxxxx |
| **Amount Collected** | : | xxxxxxxxxxxxxxxx |

Dummy Report

## 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**


*Preventive Healthcare is now at your fingertips!*

Explore & Select Test / Profile | Book Through App | Booking Confirmation | Track your Technician | Blood Collection | Sample Testing | Download Report & Receipt

*Download Thyroapp Now*

*Launching*

Jaanch

*For a closer look at your health with*



**Doctor-Curated Specialised Packages All Under One Roof**

Heart | Fever | Cancer | Women's - Reproductive Health | Thyroid | Diabetes | STDs | Skin Care | Hair Fall

Thyrocare
Tests you can trust

+ *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*