Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Arthritis Profile - Advanced

Dummy Report



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

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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 : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
BASOPHILS - ABSOLUTE COUNT	0.02	X 10^3 / µL	0.02 - 0.1
LYMPHOCYTE	41	%	20-40
LYMPHOCYTES - ABSOLUTE COUNT	3.24	X 10^3 / µL	1.0-3.0
LIPID			
HDL / LDL RATIO	0.3	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	34	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	114	mg/dL	< 100
TC/ HDL CHOLESTEROL RATIO	5.6	Ratio	3 - 5
TRIG / HDL RATIO	5.5	Ratio	< 3.12
TRIGLYCERIDES	18	mg/dL	< 150
LIVER			
SERUM GLOBULIN	2.45	gm/dL	2.5-3.4

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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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

Test Description : HLA-B27

Result : Negative

Method : FLOWCYTOMETRY

Interpretation :

There is a strong association between the presence of HLAB27 antigen and an increased incidence of ankylosing spondylitis (AS) as well as others disorders, such as Reiter's Syndrome , psoriatic arthritis and arthropathies associated with inflamatory bowel diease. These disorders are collectively called Seronegative Spondyloarthritis.

HLAB27 positive patient is more likely to exhibit spondyloarthritis.

Please correlate with clinical conditions.

Method : Done on Fully Automated Three Laser Beckman Navios Flowcytometer U.S.A

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 Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.3	%

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	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.

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Labcode :
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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED
PATIENTID : XXXXXXXXXXXXXXXX

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	7.9	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	54	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**41**	**%**	**20-40**
MONOCYTES	Flow Cytometry	2.7	%	2-10
EOSINOPHILS	Flow Cytometry	1.8	%	1-6
BASOPHILS	Flow Cytometry	0.2	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	4.27	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**Calculated**	**3.24**	**X 10^3 / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	Calculated	0.21	X 10^3 / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	**Calculated**	**0.02**	**X 10^3 / µL**	**0.02 - 0.1**
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.14	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10^3 / µL	0-0.3
TOTAL RBC	HF & EI	4.95	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10^3 / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	15.6	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	47.8	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	96.6	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	31.5	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	32.6	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	42.6	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	11.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	10.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	9.8	fL	6.5-12
PLATELET COUNT	HF & EI	313	X 10^3 / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	23.7	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.31	%	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)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

Dummy Report

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Sample Type : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	2.17	AU/mL

Bio. Ref. Interval. :
Negative : < 15
Borderline : 15 - 25
Positive : > 25

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	4.09	AU/mL

Bio. Ref. Interval. :

Negative : < 50
Borderline : 50 - 70
Positive : > 70

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 :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI STREPTOLYSIN - O (ASO)	IMMUNOTURBIDIMETRY	101	IU/mL

Bio. Ref. Interval. :

Normal Range: < 166

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

COMPLEMENT 3 (C3)	IMMUNOTURBIDIMETRY	1.5	gm/L

Bio. Ref. Interval. :
Adults : 0.80 - 1.70

Method : FULLY AUTOMATED IMMUNO TURBIDOMETRY

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 : XXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL

Bio. Ref. Interval. :-

ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:
Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:
Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Please correlate with clinical conditions.
Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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 : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	1.8	mg/L

Bio. Ref. Interval. :-

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 mg/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, it is a nonspecific marker and cannot be interpreted without other clinical information.

Reference:
Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

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

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	113.4	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	347.1	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	32.67	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	233.7	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

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 : ARTHRITIS PROFILE - ADVANCED

PATIENTID : XXXXXXXXXXXXXXXX

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	189	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**34**	**mg/dL**	**40-60**
HDL / LDL RATIO	**CALCULATED**	**0.3**	**Ratio**	**> 0.40**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**114**	**mg/dL**	**< 100**
TRIG / HDL RATIO	**CALCULATED**	**5.5**	**Ratio**	**< 3.12**
TRIGLYCERIDES	**PHOTOMETRY**	**187**	**mg/dL**	**< 150**
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**5.6**	**Ratio**	**3 - 5**
LDL / HDL RATIO	CALCULATED	3.4	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	155.3	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	37.32	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
HD/LD - Derived from HDL and LDL values.
LDL - Direct Measure
TRI/H - Derived from TRIG and HDL Values
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
LDL/ - Derived from serum 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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Sample Type : SERUM
Labode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	61.5	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.46	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.36	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	34.3	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	0.59	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.2	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	37.5	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	6.8	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.35	gm/dL	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**2.45**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.78	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

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

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

PATIENTID : XXXXXXXXXXXXXXXX

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	CALCULATED	29.4	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	13.74	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	30.95	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.95	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	14.46	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.07	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.55	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

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

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COLLEGE of AMERICAN PATHOLOGISTS

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HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	99	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7	µg/dL	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.97	µIU/mL	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

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

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - Sandwich Chemi Luminescent Immuno Assay

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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ARTHRITIS PROFILE - ADVANCED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	110	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:- CKD-EPI Creatinine Equation

~~ End of report ~~

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
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 / 61 300**
- SMS:<Labcode No.>to **9[illegible]666333**





*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*