Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Bad Obstetric History-Boh Mini

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 :
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First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
BAD OBSTETRIC HISTORY-BOH MINI	Ready
TSH - ULTRASENSITIVE	Ready
CARDIOLIPIN ANTIBODY (ACL) - IgA	Ready
CARDIOLIPIN ANTIBODY (ACL) -IGG	Ready
CARDIOLIPIN ANTIBODY (ACL) - IGM	Ready
CYTOMEGALO VIRUS (CMV) - IgG	Ready
CYTOMEGALO VIRUS (CMV) - IgM	Ready
HERPES SIMPLEX VIRUS I (HSV)-IGG	Ready
HERPES SIMPLEX VIRUS I (HSV)-IGM	Ready
HERPES SIMPLEX VIRUS II (HSV)-IGG	Ready
HERPES SIMPLEX VIRUS II (HSV)-IGM	Ready
RUBELLA - IgG	Ready
RUBELLA - IgM	Ready
TOXO GONDII - IgG	Ready
TOXO GONDII - IgM	Ready
ANTI NUCLEAR ANTIBODIES (ANA)	Ready
ANTI PHOSPHOLIPID ANTIBODY (APL) - IGG	Ready
ANTI PHOSPHOLIPID ANTIBODY (APL) - IGM	Ready

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TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI PHOSPHOLIPID ANTIBODY (APL) - IGG	E.L.I.S.A	< 5	AU/mL

Bio. Ref. Interval. :-

Normal : <10
Elevated : >10

Clinical Significance :
Anti-Phospholipid Antibodies are frequently found in Sera of patients Systemic Lupus Erythematosus (SLE) and related diseases. Many studies have shown a correlation between these Autoantibodies and an enhanced incidence of Thrombosis, Thrombocytopenia and Habitual Abortions. This assay is an aid in the diagnosis and risk estimation of Thrombosis in patients with systemic lupus erythematosus and Antiphospholipid Syndrome (APS).

Technical Note:
Antiphospholipid Antibody detection ELISA is a Solid Phase Enzyme Immunoassay for the quantitative detection of antibodies against Phospholipids in human serum. Each well is coated with highly purified bovine Cardiolipin + B2-Glycoprotein 1,Phosphatidyl Serine, Phosphatidyl Inositol, Phosphatidyl Ethanolamin, Phosphatidyl Choline and Sphingomyelin.

Specifications :
Precision: Intra Assay (%CV): 7.4 %, Inter Assay (%CV): 11.7 %; Sensitivity: 92.30% , Specificity : 86.40%

External Quality Control Program Participation: College of American Pathologists (CAP): Special Immunology Survey; CAP Certification Number: 7193855-01

Please correlate with clinical conditions.

Method:- INDIRECT SOLID PHASE 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

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI PHOSPHOLIPID ANTIBODY (APL) - IGM	E.L.I.S.A	< 5	AU/mL

Bio. Ref. Interval. :-

Normal : <10
Elevated : >10

Clinical Significance
Anti-Phospholipid Antibodies are frequently found in Sera of patients Systemic Lupus Erythematosus (SLE) and related diseases. Many studies have shown a correlation between these Autoantibodies and an enhanced incidence of Thrombosis, Thrombocytopenia and Habitual Abortions. This assay is an aid in the diagnosis and risk estimation of Thrombosis in patients with systemic lupus erythematosus and Antiphospholipid Syndrome (APS).

Technical Note:
Antiphospholipid Antibody detection ELISA is a Solid Phase Enzyme Immunoassay for the quantitative detection of antibodies against Phospholipids in human serum. Each well is coated with highly purified bovine Cardiolipin + B2-Glycoprotein 1,Phosphatidyl Serine, Phosphatidyl Inositol, Phosphatidyl Ethanolamin, Phosphatidyl Choline and Sphingomyelin.

Specifications : Precision: Intra Assay (%CV): 7.6%, Inter Assay (%CV): 7.1%; Sensitivity: 68.80% , Specificity : 99.0%

External Quality Control Program Participation: College of American Pathologists (CAP): Special Immunology Survey; CAP Certification Number: 7193855-01

Please correlate with clinical conditions.

Method:- INDIRECT SOLID PHASE IMMUNOASSAY

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CARDIOLIPIN ANTIBODY (ACL) - IgA	E.L.I.S.A	< 5.96	APL/mL
CARDIOLIPIN ANTIBODY (ACL) -IGG	E.L.I.S.A	< 6	GPL/ml
CARDIOLIPIN ANTIBODY (ACL) - IGM	E.L.I.S.A	< 6	MPL/ml

Bio. Ref. Interval. :-

Negative : < 12
Equivocal: 12 - 18
Positive : > 18

Clinical Significance:

Measurement of anti cardilipin autoantibodies is considered to b one of the most important markers to support diagnosis of antiphospholipid syndrome(APS), APS is a systemic autoimmune disorder characterized by a combination of arterior and /or venous thromboses,pregnancy complications, such as recurrent fetal loss, together with elevated levels of antiphospjolipid antibodies.

Kit Validation Reference: Dusse LM, Silva FD, Freitas LG, Rios DR, Et al. Antiphospholipid Syndrome: a clinical and laboratorial challenge, Rev Assoc Med Bras (1992) 2014 Mar-Apr; 60(2):181-6

Please correlate with clinical conditions.

Method :

AC_A - Solid Phase Enzyme Immunoassay
AC_G - Solid Phase Enzyme Immunoassay
AC_M - Solid Phase Enzyme Immunoassay

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 : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	< 25	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

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TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYTOMEGALO VIRUS (CMV) - IgG	C.M.I.A	< 5	AU/mL

Bio. Ref. Interval. :
Negative : < 10
Equivocal : 10 - 14
Positive : > 14
Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

CYTOMEGALO VIRUS (CMV) - IgM	C.M.I.A	< 4	AU/mL

Bio. Ref. Interval. :
Negative : < 8
Equivocal : 8 - 12
Positive : > 12
Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Please correlate with clinical conditions.

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Labcode :
Barcode :

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TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS I (HSV)-IGG	C.M.I.A	< 7	AU/mL

Bio. Ref. Interval. :
Negative : < 14
Equivocal : 14 - 19
Positive : > 19

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

HERPES SIMPLEX VIRUS I (HSV)-IGM	C.M.I.A	< 3	AU/mL

Bio. Ref. Interval. :
Negative : < 6
Equivocal : 6 - 10
Positive : > 10

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Please correlate with clinical conditions.

Dummy Report

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TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS II (HSV)-IGG	C.M.I.A	< 4.5	AU/mL

Bio. Ref. Interval. :
Negative : < 9
Equivocal : 9 - 13
Positive : > 13

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

HERPES SIMPLEX VIRUS II (HSV)-IGM	C.M.I.A	< 3	AU/mL

Bio. Ref. Interval. :
Negative : < 6
Equivocal : 6 - 10
Positive : > 10

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
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TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
RUBELLA - IgG	C.M.I.A	< 2.5	IU/mL

Bio. Ref. Interval. :
Negative : < 5 || Equivocal : 5 - 10 || Positive : > 10

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

RUBELLA - IgM	C.M.I.A	< 2.5	AU/mL

Bio. Ref. Interval. :
Negative : < 5 || Equivocal : 5 - 8 || Positive : > 8

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Please correlate with clinical conditions.

Dummy Report

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TOXO GONDII - IgG	C.M.I.A	< 0.41	IU/mL

Bio. Ref. Interval. :
Negative : < 0.81
Equivocal : 0.81 - 1.20
Positive : > 1.20
Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

TOXO GONDII - IgM	C.M.I.A	< 3	AU/mL

Bio. Ref. Interval. :
Negative : < 6
Equivocal : 6 - 10
Positive : > 10
Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Please correlate with clinical conditions.

Dummy Report

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REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : BAD OBSTETRIC HISTORY-BOH MINI

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE	C.M.I.A	<2.92	µIU/mL	0.35-4.94

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

Method :

USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

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.

~~ End of report ~~

Dummy Report

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Sample Type : SERUM

Labcode :

Barcode :

Doctor 1 Sign Doctor 2 Sign

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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**

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*+T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*