Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXX

Date : XXXXXXXXX

Test Asked : Torch Panel Igm

Report Status: Complete Report



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













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 : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXX
TEST ASKED : TORCH PANEL IGM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
TORCH PANEL IGM	Ready
CYTOMEGALO VIRUS (CMV) - IgM	Ready
HERPES SIMPLEX VIRUS I (HSV)-IGM	Ready
HERPES SIMPLEX VIRUS II (HSV)-IGM	Ready
RUBELLA - IgM	Ready
TOXO GONDII - IgM	Ready

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NAME : XXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : TORCH PANEL IGM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYTOMEGALO VIRUS (CMV) - IgM	C.M.I.A	0.12	AU/mL

Bio. Ref. Interval. :
Negative : < 8
Equivocal : 8 - 12
Positive : > 12

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE 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

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

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NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : TORCH PANEL IGM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS I (HSV)-IGM	ELISA	0.67	OD Ratio

Bio. Ref. Interval. :
Negative : < 0.80
Equivocal : 0.80- 1.20
Positive : >1.20
Method : Immunoenzymatic assay

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 :
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Doctor 1 Sign Doctor 2 Sign

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NAME : XXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXX
TEST ASKED : TORCH PANEL IGM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS II (HSV)-IGM	ELISA	0.23	OD Ratio

Bio. Ref. Interval. :
Negative : < 0.80
Equivocal : 0.80- 1.20
Positive : >1.20
Method : Immunoenzymatic assay

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 :
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Doctor 1 Sign Doctor 2 Sign

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REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : TORCH PANEL IGM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
RUBELLA - IgM	C.M.I.A	0.66	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

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

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NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TORCH PANEL IGM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TOXO GONDII - IgM	C.M.I.A	0.43	AU/mL

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

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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

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

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXX
Labcode	:	XXXXXXX
Ref By	:	XXXXXXXXXXXXX
Sample_Type/Tests	:	SERUM:TORCH PANEL IGM
Sample Collected At	:	XXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXXXXXX**

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Dummy Report

CONDITIONS OF REPORTING

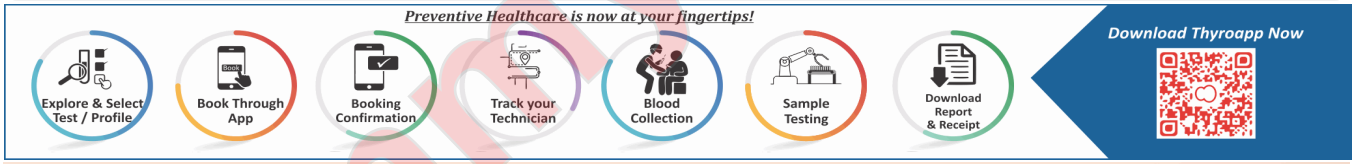
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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: (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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

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, 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)*

Dummy Report