**PROCESSED AT :**
**Thyrocare**

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** :HbA1c,HEMOGRAM
**PATIENTID** :XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **HbA1c - (HPLC - NGSP Certified)** | | | |
| | H.P.L.C | 5 | % |

**Bio. Ref. Interval. :**

| Bio. Ref. Interval.: As per ADA Guidelines | Guidance For Known Diabetics |
|---|---|
| Below 5.7% : Normal<br>5.7% - 6.4% : Prediabetic<br>>=6.5% : Diabetic | Below 6.5% : Good Control<br>6.5% - 7% : Fair Control<br>7.0% - 8% : Unsatisfactory Control<br>>8% : Poor Control |

**Method :** Fully Automated H.P.L.C method

| | | | |
|---|---|---|---|
| AVERAGE BLOOD GLUCOSE (ABG) | CALCULATED | 97 | mg/dL |

**Bio. Ref. Interval. :**

| |
|---|
| 90 - 120 mg/dl : Good Control<br>121 - 150 mg/dl : Fair Control<br>151 - 180 mg/dl : Unsatisfactory Control<br>> 180 mg/dl : Poor Control |

**Method :** Derived from HBA1c values

**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** :EDTA
**Labcode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign

**PROCESSED AT :**
**Thyrocare**

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** : HbA1c,HEMOGRAM
**PATIENTID** : XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|
| **TOTAL LEUCOCYTES COUNT (WBC)** | **10.98** | **X 10³ / µL** | **4.0 - 10.0** |
| NEUTROPHILS | 67.6 | % | 40-80 |
| LYMPHOCYTE | 26.8 | % | 20-40 |
| MONOCYTES | 4.2 | % | 2-10 |
| **EOSINOPHILS** | **0.9** | **%** | **1-6** |
| BASOPHILS | 0.2 | % | 0-2 |
| IMMATURE GRANULOCYTE PERCENTAGE(IG%) | 0.3 | % | 0-0.5 |
| **NEUTROPHILS - ABSOLUTE COUNT** | **7.4** | **X 10³ / µL** | **2.0-7.0** |
| LYMPHOCYTES - ABSOLUTE COUNT | 2.94 | X 10³ / µL | 1.0-3.0 |
| MONOCYTES - ABSOLUTE COUNT | 0.46 | X 10³ / µL | 0.2 - 1.0 |
| BASOPHILS - ABSOLUTE COUNT | 0.02 | X 10³ / µL | 0.02 - 0.1 |
| EOSINOPHILS - ABSOLUTE COUNT | 0.1 | X 10³ / µL | 0.02 - 0.5 |
| IMMATURE GRANULOCYTES(IG) | 0.06 | X 10³ / µL | 0-0.3 |
| TOTAL RBC | 5.39 | X 10^6/µL | 4.5-5.5 |
| NUCLEATED RED BLOOD CELLS | 0.01 | X 10³ / µL | 0.0-0.5 |
| NUCLEATED RED BLOOD CELLS % | 0.01 | % | 0.0-5.0 |
| HEMOGLOBIN | 14.2 | g/dL | 13.0-17.0 |
| HEMATOCRIT(PCV) | 44.9 | % | 40.0-50.0 |
| MEAN CORPUSCULAR VOLUME(MCV) | 83.3 | fL | 83.0-101.0 |
| **MEAN CORPUSCULAR HEMOGLOBIN(MCH)** | **26.3** | **pq** | **27.0-32.0** |
| MEAN CORP.HEMO.CONC(MCHC) | 31.6 | g/dL | 31.5-34.5 |
| RED CELL DISTRIBUTION WIDTH - SD(RDW-SD) | 41.7 | fL | 39-46 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | 13.6 | % | 11.6-14 |
| PLATELET DISTRIBUTION WIDTH(PDW) | 11.5 | fL | 9.6-15.2 |
| MEAN PLATELET VOLUME(MPV) | 10.4 | fL | 6.5-12 |
| PLATELET COUNT | 233 | X 10³ / µL | 150-410 |
| PLATELET TO LARGE CELL RATIO(PLCR) | 27.3 | % | 19.7-42.4 |
| PLATELETCRIT(PCT) | 0.24 | % | 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)**
**(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)**

**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
**Labcode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign



Dummy Report

**NAME** :XXXXXXXXXXXXXXXX
**REF. BY** :XXXXXXXXXXXXXXXX
**TEST ASKED** : AAROGYAM CAMP PROFILE 2

**PATIENTID** :XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| 25-OH VITAMIN D (TOTAL) | C.L.I.A | 45 | ng/mL |

**Bio. Ref. Interval. :**
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

**Method :** FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

| | | | |
|---|---|---|---|
| VITAMIN B-12 | C.L.I.A | 444 | pg/mL |

**Bio. Ref. Interval. :**

Normal : 211 - 911 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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

**Method :** COMPETITIVE CHEMI LUMINESCENT IMMUNO 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** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign

**PROCESSED AT :**
**Thyrocare**

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** : AARAGYAM CAMP PROFILE 2

**PATIENTID** :XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **APOLIPOPROTEIN - A1 (APO-A1)** | **IMMUNOTURBIDIMETRY** | **32** | **mg/dL** |
| **Bio. Ref. Interval. :** Male : 86 - 152 Female : 94 - 162 | | | |
| **Method :** FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER | | | |
| **APOLIPOPROTEIN - B (APO-B)** | **IMMUNOTURBIDIMETRY** | **34** | **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 | 1.1 | Ratio |
| **Bio. Ref. Interval. :** Male : 0.40 - 1.26 Female : 0.38 - 1.14 | | | |
| **Method :** DERIVED FROM SERUM APO A1 AND APO B VALUES | | | |

**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
**Labode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign

**PROCESSED AT :**
**Thyrocare**

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** : AAROGYAM CAMP PROFILE2

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**PATIENTID** XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)** | **IMMUNOTURBIDIMETRY** | **4** | **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

**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

**PROCESSED AT :**
**Thyrocare**

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** : AAROGYAM CAMP PROFILE 2

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**PATIENTID** XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| LIPOPROTEIN (A) [LP(A)] | IMMUNOTURBIDIMETRY | 5 | 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

**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

**PROCESSED AT :**
**Thyrocare**

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** : AAROGYAM CAMP PROFILE 2

**PATIENTID** : XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| TOTAL CHOLESTEROL | PHOTOMETRY | 167 | mg/dL | < 200 |
| **HDL CHOLESTEROL - DIRECT** | **PHOTOMETRY** | **66** | **mg/dL** | **40-60** |
| LDL CHOLESTEROL - DIRECT | PHOTOMETRY | 67 | mg/dL | < 100 |
| TRIGLYCERIDES | PHOTOMETRY | 45 | mg/dL | < 150 |
| **TC/ HDL CHOLESTEROL RATIO** | **CALCULATED** | **2.5** | **Ratio** | **3 - 5** |
| TRIG / HDL RATIO | CALCULATED | 0.68 | Ratio | < 3.12 |
| **LDL / HDL RATIO** | **CALCULATED** | **1** | **Ratio** | **1.5-3.5** |
| HDL / LDL RATIO | CALCULATED | 0.98 | Ratio | > 0.40 |
| NON-HDL CHOLESTEROL | CALCULATED | 101 | mg/dL | < 160 |
| VLDL CHOLESTEROL | CALCULATED | 9 | mg/dL | 5 - 40 |

**Please correlate with clinical conditions.**

**Method :**

CHOL - CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE
HCHO - DIRECT ENZYMATIC COLORIMETRIC
LDL - DIRECT MEASURE
TRIG - ENZYMATIC, END POINT
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.**

**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
**Labode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign



Dummy Report

**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : AAROGYAM CAMP PROFILE 2

**PATIENTID** : XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| ALKALINE PHOSPHATASE | PHOTOMETRY | 123 | U/L | 45-129 |
| BILIRUBIN - TOTAL | PHOTOMETRY | 1 | mg/dL | 0.3-1.2 |
| **BILIRUBIN -DIRECT** | **PHOTOMETRY** | **0.31** | **mg/dL** | **< 0.3** |
| BILIRUBIN (INDIRECT) | CALCULATED | 0.69 | mg/dL | 0-0.9 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | PHOTOMETRY | 45 | U/L | < 55 |
| ASPARTATE AMINOTRANSFERASE (SGOT ) | PHOTOMETRY | 12 | U/L | < 35 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 13 | U/L | < 45 |
| SGOT / SGPT RATIO | CALCULATED | 0.92 | Ratio | < 2 |
| PROTEIN - TOTAL | PHOTOMETRY | 7 | gm/dL | 5.7-8.2 |
| ALBUMIN - SERUM | PHOTOMETRY | 4 | gm/dL | 3.2-4.8 |
| SERUM GLOBULIN | CALCULATED | 3 | gm/dL | 2.5-3.4 |
| SERUM ALB/GLOBULIN RATIO | CALCULATED | 1.33 | 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
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
OT/PT - DERIVED FROM SGOT AND SGPT VALUES.
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

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** : AAROGYAM CAMP PROFILE 2

**PATIENTID** : XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| BLOOD UREA NITROGEN (BUN) | PHOTOMETRY | 12 | mg/dL | 7.94 - 20.07 |
| **CREATININE - SERUM** | **PHOTOMETRY** | **0.66** | **mg/dL** | **0.72-1.18** |
| BUN / SR.CREATININE RATIO | CALCULATED | 18.18 | Ratio | 9:1-23:1 |
| UREA (CALCULATED) | CALCULATED | 25.68 | mg/dL | Adult : 17-43 |
| UREA / SR.CREATININE RATIO | CALCULATED | 38.91 | Ratio | < 52 |
| CALCIUM | PHOTOMETRY | 9 | mg/dL | 8.8-10.6 |
| URIC ACID | PHOTOMETRY | 6 | mg/dL | 4.2 - 7.3 |

**Please correlate with clinical conditions.**

**Method :**

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
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 - URICASE / PEROXIDASE METHOD

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

**PROCESSED AT :**

**Thyrocare**

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** : AAROGYAM CAMP PROFILE 2

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**PATIENTID** : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| TOTAL TRIIODOTHYRONINE (T3) | C.L.I.A | 111 | ng/dL | 60-200 |
| TOTAL THYROXINE (T4) | C.L.I.A | 9 | µg/dL | 4.5-12 |
| TSH - ULTRASENSITIVE | C.M.I.A | 1 | µIU/mL | 0.35-4.94 |

**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
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.

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

**PROCESSED AT :**
**Thyrocare**

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** : AAROGYAM CAMP PROFILE 2

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**PATIENTID** : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| EST. GLOMERULAR FILTRATION RATE (eGFR) | CALCULATED | 128 | 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

**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

## CUSTOMER DETAILS

**As declared in our data base**

**Name:** xxxxxxxxxxxxxxxx **Age:** xxxxx **Sex:** xxxxxxxxxxxxxxxxx

| | | |
|---|---|---|
| **Barcodes/Sample_Type** | : | xxxxxxxxxxxxxxxxx |
| **Labcode** | : | xxxxxxxxxxxxxxxxx |
| **Ref By** | : | SELF |
| **Sample_Type/Tests** | : | EDTA:HBA , HEMOGRAM - 6 PART (DIFF)<br>SERUM:AAROGYAM CAMP PROFILE 2 |
| **Sample Collected At** | : | xxxxxxxxxxxxxxxxx |
| **Sample Collected on (SCT)** | : | Sample collection time |
| **Report Released on (RRT)** | : | Report release time |
| **Amount Collected** | : | |

Dummy Report

## CONDITIONS OF REPORTING

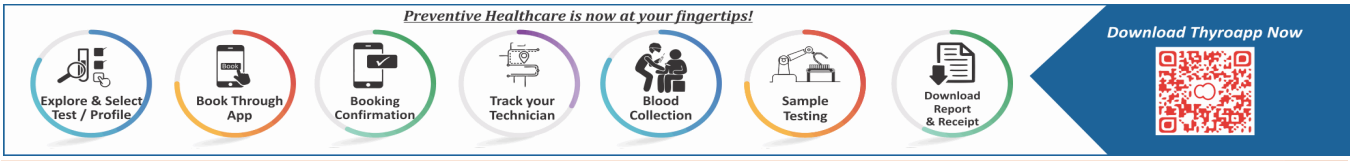
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 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 / 62 340**
- SMS:<Labcode No.>to **9[illegible]666333**



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


**As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*