Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Aarogyam Companion 1

Report Status: Complete 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

PROCESSED AT :

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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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 : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMOGLOBIN	11.3	g/dL	12.0-15.0
MEAN CORP.HEMO.CONC(MCHC)	30.6	g/dL	31.5-34.5
PLATELET DISTRIBUTION WIDTH(PDW)	9.1	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	18.7	%	19.7-42.4
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.7	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	48.2	fL	39.0-46.0
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	126	mg/dL	90-120
HbA1c	6	%	< 5.7
LIPID			
HDL / LDL RATIO	0.37	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	38	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	103	mg/dL	< 100
OTHER COUNTS			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm / hr	0 - 20
RENAL			
BLOOD UREA NITROGEN (BUN)	27.1	mg/dL	7.94 - 20.07
BUN / SR.CREATININE RATIO	23.98	Ratio	9:1-23:1
CREATININE - SERUM	1.13	mg/dL	0.55-1.02
EST. GLOMERULAR FILTRATION RATE (eGFR)	43	mL/min/1.73 m2	>= 90
UREA (CALCULATED)	57.99	mg/dL	Adult : 17-43
URIC ACID	6.25	mg/dL	3.2 - 6.1
TOXIC ELEMENTS			
BERYLLIUM	0.04	µg/L	0.10 - 0.80
VITAMINS			
25-OH VITAMIN D (TOTAL)	11.1	ng/mL	30-100
VITAMIN B-12	1135	pg/mL	187 - 883

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 : XXXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM
PATIENTID : XXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.59	µg/L	< 5
CADMIUM	ICP-MS	0.71	µg/L	< 1.5
MERCURY	ICP-MS	0.32	µg/L	< 5
LEAD	ICP-MS	37.11	µg/L	< 150
CHROMIUM	ICP-MS	1.37	µg/L	< 30
BARIUM	ICP-MS	1.08	µg/L	< 30
COBALT	ICP-MS	0.49	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	2.18	µg/L	< 5
THALLIUM	ICP-MS	0.04	µg/L	< 1
URANIUM	ICP-MS	0.03	µg/L	< 1
STRONTIUM	ICP-MS	26.39	µg/L	8 - 38
ANTIMONY	ICP-MS	7.57	µg/L	0.10 - 18
TIN	ICP-MS	0.6	µg/L	< 2
MOLYBDENUM	ICP-MS	1.91	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.4	µg/L	< 4
VANADIUM	ICP-MS	0.42	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.04**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.49	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	123.92	µg/L	60 - 340
ALUMINIUM	ICP-MS	10.87	µg/L	< 30
NICKEL	ICP-MS	2.13	µg/L	< 15
MANGANESE	ICP-MS	9.98	µg/L	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

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

NAME : XXXXXXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXXXXXX

TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM

PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**6**	**%**

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**	**126**	**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

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Doctor 1 Sign Doctor 2 Sign

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NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXX
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**MODIFIED WESTERGREN**	**45**	**mm / hr**

Bio. Ref. Interval. :-

Male : 0-15
Female : 0-20

Please correlate with clinical conditions.
Method:- MODIFIED WESTERGREN

Dummy Report

Sample Collected on (SCT) : Sample collection time
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Report Released on (RRT) : Report release time
Sample Type : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXX
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	6.52	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	63.8	%	40-80
LYMPHOCYTE	Flow Cytometry	28.5	%	20-40
MONOCYTES	Flow Cytometry	4.1	%	2-10
EOSINOPHILS	Flow Cytometry	2.9	%	1-6
BASOPHILS	Flow Cytometry	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	4.16	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.86	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.27	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.03	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.19	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	HF & EI	4.16	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	**SLS-Hemoglobin Method**	**11.3**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	CPH Detection	36.9	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	88.7	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	27.2	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**Calculated**	**30.6**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**48.2**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**14.7**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	**Calculated**	**9.1**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	Calculated	9.4	fL	6.5-12
PLATELET COUNT	HF & EI	327	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	**Calculated**	**18.7**	**%**	**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.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.
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**)**

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Sample Type : EDTA Whole Blood
Labcode :
Barcode :

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NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	91.34	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.
Method:- GOD-PAP 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 : FLUORIDE
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1

PATIENTID : XXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.M.I.A**	**11.1**	**ng/mL**

Bio. Ref. Interval. :
DEFICIENCY : <10 ng/ml
INSUFFICIENCY : 10 - 30 ng/ml
SUFFICIENCY : 30 - 100 ng/ml
TOXICITY : >100 ng/ml

Method : Fully Automated Chemi Luminescent Microparticle Immunoassay

VITAMIN B-12	**C.M.I.A**	**1135**	**pg/mL**

Bio. Ref. Interval. :

Normal : 187 - 883 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): 5.6, Inter assay (%CV): 6.8, Sensitivity: 125 pg/mL

Kit validation references: Lee DSC, Griffiths BW. Human Serum Vitamin B12 Assay Methods - A Review. Clin. Biochem 1985; 18:261-6

Method : Fully Automated Chemi Luminescent Microparticle Intrinsic factor 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 :

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NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1
PATIENTID : XXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	E.C.L.I.A	0.41	OD ratio

Non reactive: < 0.90
Border line : >=0.90 to < 1.0
Reactive : >= 1.0

Clinical Significance:
Hepatitis B Surface Antigen test is a screening test and is being performed using solid phase enzyme immunoassay. A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR. Type B viral hepatitis is usually accompanied by the appearance of hepatitis B surface antigen in the serum. HBsAg can be detected in the serum as early as 2 to 3 weeks before the onset of the illness and reaches a peak titre at the time when the characteristic symptoms like jaundice and changes in the liver-specific enzymes appear. This is normally followed by a gradual elimination of the antigen. In some cases and in an unknown percentage of subclinical hepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. Despite the high sensitivity of HBsAg assays, a risk of the transmission of hepatitis B by an HBsAg -negative sample cannot be ruled out.

Specifications:
Precision: Intra assay (%CV): 14.6 %, Inter assay (%CV): 11.6 % ,Sensitivity: 99.90%; Specificity:100%

Kit validation references: Proposal for the validation of Anti HIV 1/2 or HIV Ag/Ab combination Assays Anti HCV Assays HBsAg and Anti HBc assay for Use with cadaveric Samples PEI 08/05/2014.

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NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1
PATIENTID : XXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	126.6	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	311.4	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	40.66	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	184.8	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 : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1

PATIENTID : XXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	171	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**38**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**103**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	112	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.93	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.7	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.37**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	CALCULATED	133.3	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	22.36	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.

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 : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1

PATIENTID : XXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	68.2	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.72	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.58	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	12.1	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	21.9	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	13.8	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.59	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.16	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.06	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.1	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.31	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 Bcg[1]method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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 : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1
PATIENTID : XXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	138.9	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L

Method : ION SELECTIVE ELECTRODE

POTASSIUM	I.S.E	4.75	mmol/L

Bio. Ref. Interval. :
ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

Method : ION SELECTIVE ELECTRODE

CHLORIDE	I.S.E	105.7	mmol/L

Bio. Ref. Interval. :
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE

Please correlate with clinical conditions.

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1

PATIENTID : XXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**27.1**	**mg/dL**	**7.94 - 20.07**
CREATININE - SERUM	**PHOTOMETRY**	**1.13**	**mg/dL**	**0.55-1.02**
BUN / SR.CREATININE RATIO	**CALCULATED**	**23.98**	**Ratio**	**9:1-23:1**
UREA (CALCULATED)	**CALCULATED**	**57.99**	**mg/dL**	**Adult : 17-43**
UREA / SR.CREATININE RATIO	CALCULATED	51.32	Ratio	< 52
CALCIUM	PHOTOMETRY	9.45	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**6.25**	**mg/dL**	**3.2 - 6.1**

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 :

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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 : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	118	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	6.29	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.42	µIU/mL	0.54-5.30

Comments : SUGGESTING THYRONORMALCY

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

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

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NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM COMPANION 1

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**43**	**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

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 :

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NAME :XXXXXXXXXXXXXXXXXXX
REF. BY :XXXXXXXXXXXXXXXXXXX
TEST ASKED : UROG

PATIENTID :XXXXXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
SPECIFIC GRAVITY	pKa change	1.015	-	1.003-1.030
PH	pH indicator	6	-	5-8
Chemical Examination				
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
NITRITE	Diazo coupling	ABSENT	-	Absent
Microscopic Examination				
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	3	cells/HPF	0-5

Remarks : Alert!!! 2-3 Pus cells seen/ HPF. 2-3 epithelial cells seen/HPF. # Clinically Correlate.

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase**)**

~~ 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 : URINE
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXXX
Sample_Type/Tests	:	FLUORIDE:FBS EDTA:ELEMENTS 22 (TOXIC AND NUTRIENTS) , ESR , HBA PROFILE , HEMOGRAM - 6 PART (DIFF) URINE:URINOGRAM SERUM:AAROGYAM COMPANION 1
Sample Collected At	:	XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXXX
Amount Collected	:	XXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXX

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 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**





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

Dummy Report