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Tests you can trust

Name : xxxxxxxxxxxxxxxx

Date : xxxxxxxxxxxxxxxx

Test Asked : Jaanch Cancer Screening Female Advanced

Report Status: Complete Report

Report

100% NABL ACCREDITATION

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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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH CANCER SCREENING FEMALE ADVANCED	Ready
CA 15.3	Ready
CA 19.9	Ready
CARCINO EMBRYONIC ANTIGEN (CEA)	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
ROMA (RISK OF OVARIAN MALIGNANCY)	Ready
ALPHA FETO PROTEIN	Ready
BETA HCG	Ready

Dummy Report

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	33.6	%	40.0-50.0
HEMOGLOBIN	10.4	g/dL	13.0-17.0
LYMPHOCYTE	17.4	%	20-40
MEAN CORP.HEMO.CONC(MCHC)	31	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.8	pq	27.0-32.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	15.4	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	48.9	fL	39-46
TOTAL RBC	3.88	X 10^6/µL	4.5-5.5

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 : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HUMAN EPIDIDYMIS PROTEIN 4	C.M.I.A	< 100	pmol/L

Bio. Ref. Interval. :-

Females :
Pre Menopausal : <=70 pmol/L
Post Menopausal : <=140 pmol/L

Interpretation:-
The level of HE4 cannot be used as an absolute evidence for presence or absence of malignant disease and HE4 assay should not be used as a cancer screening test.
The results obtained should be interpreted in conjunction with other methods in accordance with standard clinical management guidelines. If HE4 results are inconsistent with clinical evidence, additional testing is recommended.
Patients with confirmed ovarian cancer may have HE4 values similar to normal healthy women. The use of this assay is not recommended in monitoring patients with known mucinous or germ cell tumors (as these rarely produce HE4) . Elevated levels of HE4 antigen may be seen in patients with non malignant disease.
Specimens containing HAMA (Human anti mouse antibodies), heterophile antibodies etc may give anomalous values . The values may show variation if different methodologies, technologies, reagent brand, calibrators used and also variation seen due to various pathological and physiological factors

Reference - Abbott HE4 Reagent Kit insert

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

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.

Dummy Report

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 15.3	C.L.I.A	< 14.3	U/mL

Bio. Ref. Interval. :-

Less than 32.4 U/ml

Clinical Significance:
CA 15.3 is elevated in about 30% of women with localized breast cancer and in about 75% of those with metastatic breast cancer. CA 15.3 also may be elevated in Healthy people and in individuals with other cancers or diseases, Such as Colorectal Cancer, Lung Cancer, Cirrhosis, Hepatitis, and Benign Breast Disease. In General, the higher the CA 15-3 level the more advanced the Breast Cancer and the larger the Tumor Burden.

Specifications: Precision: Intra Assay (%CV): 3.7 %, Inter Assay (%CV): 2.2 %; Sensitivity:0.5 U/ml

Kit Validation References: Reddish MA, Helbrecht N, Almeida AF, ET AL. Epitope mapping of MAB B27.29 Within the peptide core for the Malignant Breast Varcinoma-Associated mucin antigen coded for by the human Muc-1 Gene. J Tumor Marker Oncol. 1992, 7:19-27.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 19.9	C.L.I.A	< 17	U/mL

Bio. Ref. Interval. :-

Adults : < 37.0 U/mL

Clinical Significance:

CA 19-9 is elevated in most patients with advanced Pancreatic Cancer, But it may also be elevated in other cancers, conditions, and diseases such as Colorectal cancer, Lung Cancer, Gall Bladder Cancer, Gallstones, Pancreatitis, Cystic Fibrosis, and Liver Disease. Bile duct obstruction may also cause very high CA 19-9 levels. Very small amounts of CA 19-9 may also be found in healthy patients.

For Diagnostic Purpose, Results should always be assessed in conjunction with the patients medical history, Clinical Examination and other findings.

Specifications:

Intra assay (%CV): 8.71 %, Inter assay(%CV) : 5.00% & Sensitivity: 1.2 U/ml

Kit Validation References:

Steinberg W. The clinical utility of the CA 19.9 Tumor-Associated antigen. AM J Gastroenterol 1990; 85(4): 350

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED TWO STEP SANDWICH 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

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA125	C.M.I.A	< 100	U/mL

Bio. Ref. Interval. :-

Less than 35 U/mL

Clinical Significance:

CA125 is used in monitoring response to therapy for patients with epithelial ovarian cancer. CA125 is also detects or monitors whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). The test is used for follow up in High-Risk cases, where family history of Ovarian Cancer is noted. CA125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the Liver.

Kit validation Reference :
Bast RC Jr., Feeney M, Lazarus H, et al. Reactivity of a Monoclonal Antibody with Human Ovarian Carcinoma. J Clin Invest 1981;68:1331-7.

Please correlate with clinical conditions.

Method:- Fully Automated Chemi Luminescent Microparticle 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 :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ALPHA FETO PROTEIN	E.C.L.I.A	< 100	IU/mL

Bio. Ref. Interval. :-

Men: 0.5 - 5.5 IU/ml
Non-Pregnant Women: 0.5 - 5.5 IU/ml Pregnancy:
Week Range
14th : 10.41 - 49.40
15th : 13.11 - 57.08
16th : 15.12 - 64.45
17th : 17.72 - 76.11
18th : 19.26 - 91.51
19th : 23.26 - 101.80
20th : 28.05 - 125.85
21st : 33.30 - 92.75

Clinical Significance:
AFP has been used as a cancer marker. AFP testing during pregnancy in combination with Beta HCG and E3, Is recommended as an effective way to determine potential fetal risk of open neural tube defect (NTD).

Specifications: Precision: Intra assay (%CV): 4.1, Inter assay (%CV): 4.2, Sensitivity: 1.5 IU/mL

Refrences : Kaur G, Srivastav J, Sharma S, Huria A, Goel P, Chavan BS. Maternal serum median levels of alpha-foetoprotein, human chorionic gonadotropin & unconjugated estriol in second trimester in pregnant women from north-west India. Indian J Med Res. 2013;138(1):83-8.

Please correlate with clinical conditions.
Method:- SANDWHICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Report
Dummy

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 : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	C.L.I.A	< 1.25	ng/mL

Bio. Ref. Interval. :-

Non-Smokers : < 2.50 ng/mL
Smokers : < 5.00 ng/mL

Clinical Significance :

CEA is often used to monitor patients with cancers of the gastrointestinal tract (GI). Increased CEA levels can indicate some Non-Cancer related conditions, Such as some forms of inflammation, Cirrhosis, and Peptic Ulcer. Also, Smokers tend to have Higher CEA levels than Non-Smokers. When cancer spreads to other organs, CEA levels rise and may be present in other types of bodily fluids besides blood.

For Diagnostic Purpose, Results should always be assessed in Conjunction with the patients medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 3.6 %, Inter Assay (%CV): 4.1 %; Sensitivity: 0.5 ng/ml

Kit Validation References:

Statland Be, Winkel P. Neoplasia. In: Kaplan LA, Resc AJ, Editors. Clinical Chemistry, Theory, Analysis and Correlation. 2nd Ed. St. Louis: Cv Mosby, 1989.p 734-5.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED TWO STEP SANDWICH 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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
BETA HCG	C.M.I.A	< 100	mIU/mL

Bio. Ref. Interval. :-

Negative : < 10 mIU/ml

Pregnancy:

Week	Range	Week	Range
1st - 2nd	10 - 94	6th - 7th	16380 - 139800
2nd - 3rd	61 - 2922	7th - 11th	12540 - 174600
3rd - 4th	666 - 18900	11th - 16th	3684 - 61800
4th - 5th	1536 - 49380	16th - 21st	2832 - 48060
5th - 6th	13860 - 90600	21st - 39th	1620 - 46860

(Multiply mIU/ml Values By 0.10769 to get ng/ml Values)

Clinical Significance:
Females : The rapid rise in HCG Serum levels after conception makes it an excellent marker for early confirmation and monitoring of pregnancy. HCG levels can be useful in prediction of spontaneous abortions, Aiding in the detection of ectopic pregnancy and multiple gestation. For diagnostic purpose, Results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Males and Females : . It may also be found in higher than normal amounts in patients with some types of cancer, including testicular, ovarian, liver, stomach, and lung cancers, and in other disorders. Measuring the amount of beta-hCG in the blood of cancer patients may help to diagnose cancer and find out how well cancer treatment is working. Beta-hCG is a type of tumor marker

Kit Validation References: Braunstein GD, Rasor J, Adler D, Danzer H, Wade Me. Serum Human Chorionic Gonadotropin Levels Throughout Normal Pregnancy. Am J Obstet Gynecol 1976: 126: 678-81.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE 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

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NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : JAANCH CANCER SCREENING FEMALE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ROMA - PREMENOPAUSAL	CALCULATED	< 100	%
Bio. Ref. Interval. : Pre menopausal : >=7.4 % High Risk < 7.4 % Low Risk **Method :** Derived from HE4 and CA125 values			
ROMA - POSTMENOPAUSAL	CALCULATED	< 100	%
Bio. Ref. Interval. : Post menopausal : >=25.3 % High Risk < 25.3 % Low Risk **Method :** Derived from HE4 and CA125 values			

Please correlate with clinical conditions.

Clinical significance :

ROMA (Risk of Malignancy Algorithm) is intended as an aid in assessing whether a premenopausal or postmenopausal woman who presenting with an ovarian adnexal mass is at high or low likelihood of having malignancy on surgery. ROMA is indicated for women who meet the following criteria: over age 18; ovarian adnexal mass present for which surgery is planned, and who has not yet referred to an oncologist. ROMA must be interpreted in conjunction with an independent clinical and radiological assessment. ROMA is not intended as a screening or stand-alone or tumor-monitoring assay. Tumor monitoring usingHE4and/or CA125 should be ordered separately.

FDA has approved ROMA for distinguishing malignant from benign pelvic masses recently in 2011

References :

1. Biomarkers and algorithms for diagnosis of ovarian cancer: CA125, HE4, RMI and ROMA, a review. J Ovarian Res. 2019;12:28. Published online 2019 Mar 27. doi: 10.1186/s13048-019-0503-7
2. Diagnostic Value of Risk of Malignancy Algorithm (ROMA) in adnexal masses. Obstet Gynaecol India. 2020 Jun; 70(3):214-219. Published online 2019 Dec 23. doi: 10.1007/s13224-019-01295-3

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**10.4**	**g/dL**	**13.0-17.0**
Hematocrit (PCV)	**CPH Detection**	**33.6**	**%**	**40.0-50.0**
Total RBC	**HF & EI**	**3.88**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	Calculated	86.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**26.8**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**31**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**48.9**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	**Calculated**	**15.4**	**%**	**11.6-14**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	343.7	-	*Refer Note below
MENTZER INDEX	Calculated	22.3	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	7.77	X 10³ / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	75.2	%	40-80
Lymphocytes Percentage	**Flow Cytometry**	**17.4**	**%**	**20-40**
Monocytes Percentage	Flow Cytometry	2.7	%	2-10
Eosinophils Percentage	Flow Cytometry	3.9	%	1-6
Basophils Percentage	Flow Cytometry	0.5	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.1	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	5.84	X 10³ / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.35	X 10³ / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.21	X 10³ / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10³ / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.3	X 10³ / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10³ / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10³ / µL	0.0-0.5
PLATELET COUNT	HF & EI	260	X 10³ / µL	150-410
Mean Platelet Volume (MPV)	Calculated	10.3	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	11.2	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	26.6	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.27	%	0.19-0.39

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**

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**)**

~~ End of 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

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

Dummy Report

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)*