PROCESSED AT :

MC-6227

Thyrocare
Tests you can trust

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*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME	: XXXXXXXXXXXXXXXX	**SAMPLE COLLECTED AT :**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: CARDIAC RISK MARKERS - ADVANCED		
PATIENTID	: XXXXXXXXXXXXXXXX		

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	**PHOTOMETRY**	**29.75**	**µmol/L**

Bio. Ref. Interval. :-

Normal Levels : <15 µmol/L
Mild Hyperhomocysteinemia : 15-30 µmol/L
Moderate Hyperhomocysteinemia : 30-100 µmol/L
Severe Hyperhomocysteinemia : >100 µmol/L

Clinical Significance:
Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimers disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels. The results should be interpreted in conjunction with clinical history and other findings.

High Values:
Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Specifications:
Kit Validation Reference:
Eikelboom JW, et al Ann Intern Med 131 : 363-75 (1999)
https://www.healthline.com/health/homocysteine-levels

Please correlate with clinical conditions.

Method:- SMALL MOLECULE CAPTURE TECHNOLOGY (SMT)

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 : CARDIAC RISK MARKERS - ADVANCED

PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	123	mg/dL
Bio. Ref. Interval. : Male : 86 - 152 Female : 94 - 162 **Method :** FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	105	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	0.9	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
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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : CARDIAC RISK MARKERS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**3.6**	**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 :

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NAME	: XXXXXXXXXXXXXXXX	**SAMPLE COLLECTED AT :**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: CARDIAC RISK MARKERS - ADVANCED		
PATIENTID	: XXXXXXXXXXXXXXXX		

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	**IMMUNOTURBIDIMETRY**	**58.91**	**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

~~ 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