# Thyrocare

Tests you can trust

**Name** : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

**Date** : xx xx xxxx

**Test Asked** : Jaanch Monsoon Fever Screen With Urine Analysis

**Report Status:** xxxxxxxxxxxxxxxx

Dummy Report




**First National Diagnostic Chain** to have
**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~

**PROCESSED AT :**

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Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH MONSOON FEVER SCREEN WITH URINE ANALYSIS

**Sample Collected At**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

## Report Availability Summary

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

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

| TEST DETAILS | REPORT STATUS |
|---|---|
| **JAANCH MONSOON FEVER SCREEN WITH URINE ANALYSIS** | Ready |
| COMPLETE URINE ANALYSIS | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |
| MALARIAL ANTIGEN | Ready |
| WIDAL | Ready |

Dummy Report

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| | | | |
|---|---|---|---|
| **NAME** | : XXXXXXXXXXXXXXXXX | **Sample Collected At** | |
| **REF. BY** | : XXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| **TEST ASKED** | : JAANCH MONSOON FEVER SCREEN WITH URINE ANALYSIS | | |

## 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 | pg | 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** : HEMOGRAM,MALARIAL ANTIGEN

**Sample Collected At**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | RESULT |
|---|---|---|
| PLASMODIUM FALCIPARUM | IMMUNOASSAY | NEGATIVE |
| **Method :** RAPID IMMUNOASSAY | | |
| PLASMODIUM VIVAX | IMMUNOASSAY | NEGATIVE |
| **Method :** RAPID IMMUNOASSAY | | |

**Please correlate with clinical conditions.**

**METHODOLOGY : RAPID CARD BASED ON THE PRINCIPLE OF IMMUNOCHROMATOGRAPHY**

**CLINICAL SIGNIFICANCE :** Malaria is caused by four species of Plasmodium:- P. falciparum, P. Vivax, P. ovale & P.malariae. The disease results from the multiplication of malaria parasites within red blood cells of the host causing symptoms that typically include fever, headache, joint pain, vomiting, anemia, hemoglobinuria, retinal damage, convulsions, in severe cases progressing to coma and death. Rapid Test can be used as an aid in detection of specific antigen to Plasmodium vivax (Pv) PLDH and Plasmodium falciparum (Pf) HRP-2 in human whole blood.

**SPECIFICATIONS :** Sensitivity: For PfHRP-II: 98.5% & For PvLDH: 100% Specificity: For PfHRP-II: 99% & For PvLDH: 99%

**KIT VALIDATION REFERENCE :** Makler, M. et al (1993) Parasite lactate assay for Plasmodium falciparum drug sensitivity AmJ. Trop. Med. Hyg. 48(6), 739-741

**Please correlate with clinical conditions.**

**Note :** This is a screening test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods

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

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : HEMOGRAM,MALARIAL ANTIGEN

**Sample Collected At**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| 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 $10^3$ / 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 $10^3$ / µL | 2.0-7.0 |
| Lymphocytes - Absolute Count | Calculated | 1.35 | X $10^3$ / µL | 1.0-3.0 |
| Monocytes - Absolute Count | Calculated | 0.21 | X $10^3$ / µL | 0.2 - 1.0 |
| Basophils - Absolute Count | Calculated | 0.04 | X $10^3$ / µL | 0.02 - 0.1 |
| Eosinophils - Absolute Count | Calculated | 0.3 | X $10^3$ / µL | 0.02 - 0.5 |
| Immature Granulocytes (IG) | Calculated | 0.02 | X $10^3$ / µL | 0-0.3 |
| Nucleated Red Blood Cells | Calculated | 0.01 | X $10^3$ / µL | 0.0-0.5 |
| **PLATELET COUNT** | HF & EI | 260 | X $10^3$ / 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)

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

**PROCESSED AT :**

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH MONSOON FEVER SCREEN WITH URINE ANALYSIS

**Sample Collected At**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | RESULT |
|---|---|---|
| WIDAL TEST | TITRATION | |
| SALMONELLA TYPHI - O | | 1:20 |
| SALMONELLA TYPHI – H | | 1:20 |
| SALMONELLA PARATYPHI – A (H) | | 1:20 |
| SALMONELLA PARATYPHI – B (H) | | 1:20 |

**Method :** AGGLUTINATION

**Interpretation:** The antibody titre of the test sample is its highest dilution that gives a visible agglutination. 80 µl corresponds to 1 in 20 dilution, 40 µl to 1 in 40, 20 µl to 1 in 80, 10 µl to 1 in 160 and
5 µl corresponds to 1 in 320 titre. Agglutinin titre greater than 1:80 is considered as significant infection and low titres indicate absence of infection.

**CLINICAL SIGNIFICANCE:** The organism Salmonella Typhosa is responsible for causing enteric fever or typhoid fever,Which is characterized generally by very high consistent fever, loss of appetite, transitory bacteraemia, Round or oval shaped ulcers on smooth peritoneal surface of Peyer's patches solitary lymphoid follicle of ileum etc. Widal slide test used for detection of specific antibodies produced in response to stimulation by specific antigen of Salmonella group.

**KIT VALIDATION REFFERENCE :** Felix A. (1942) Brit. Med. Jr. 11,597.

**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 :**

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : COMPLETE URINE ANALYSIS

**Sample Collected At**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interva |
|---|---|---|---|---|
| **Complete Urinogram** | | | | |
| **Physical Examination** | | | | |
| VOLUME | Visual Determination | 1 | mL | - |
| COLOUR | Visual Determination | PALE YELLOW | - | Pale Yellow |
| APPEARANCE | Visual Determination | CLEAR | - | Clear |
| SPECIFIC GRAVITY | pKa change | < 1.030 | - | 1.003-1.030 |
| PH | pH indicator | 5 | - | 5-8 |
| **Chemical Examination** | | | | |
| URINARY PROTEIN | PEI | ABSENT | mg/dL | Absent |
| URINARY GLUCOSE | GOD-POD | ABSENT | mg/dL | Absent |
| URINE KETONE | Nitroprusside | ABSENT | mg/dL | Absent |
| URINARY BILIRUBIN | Diazo coupling | ABSENT | mg/dL | Absent |
| UROBILINOGEN | Diazo coupling | Normal | mg/dL | <=0.2 |
| BILE SALT | Hays sulphur | ABSENT | - | Absent |
| BILE PIGMENT | Ehrlich reaction | ABSENT | - | Absent |
| URINE BLOOD | Peroxidase reaction | ABSENT | - | Absent |
| NITRITE | Diazo coupling | ABSENT | - | Absent |
| LEUCOCYTE ESTERASE | Esterase reaction | ABSENT | - | Absent |
| **Microscopic Examination** | | | | |
| MUCUS | Microscopy | ABSENT | - | Absent |
| RED BLOOD CELLS | Microscopy | 2.5 | cells/HPF | 0-5 |
| URINARY LEUCOCYTES (PUS CELLS) | Microscopy | 2.5 | cells/HPF | 0-5 |
| EPITHELIAL CELLS | Microscopy | 2.5 | cells/HPF | 0-5 |
| CASTS | Microscopy | ABSENT | - | Absent |
| CRYSTALS | Microscopy | ABSENT | - | Absent |
| BACTERIA | Microscopy | ABSENT | - | Absent |
| YEAST | Microscopy | ABSENT | - | Absent |
| PARASITE | Microscopy | ABSENT | - | Absent |

**(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



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

- 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 (Applicable for all company owned labs except Bhagalpur & Vijayawada),*
*• As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited*