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Tests you can trust

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NAME : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**6.2**	**%**

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**	**131**	**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

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 :

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REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	5.38	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	57.3	%	40-80
LYMPHOCYTE	30.7	%	20-40
MONOCYTES	2.4	%	2-10
EOSINOPHILS	**8.7**	**%**	**1-6**
BASOPHILS	0.6	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	3.08	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.65	X 10^3 / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**0.13**	**X 10^3 / µL**	**0.2 - 1.0**
BASOPHILS - ABSOLUTE COUNT	0.03	X 10^3 / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.47	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10^3 / µL	0.0-0.3
TOTAL RBC	4	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	0.01	X 10^3 / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	**11.2**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	**35.5**	**%**	**36.0-46.0**
MEAN CORPUSCULAR VOLUME(MCV)	88.8	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	31.5	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**47.3**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**14.6**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	**19**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**13.4**	**fL**	**6.5-12**
PLATELET COUNT	187	X 10^3 / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	**51.6**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	0.25	%	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)

Dummy Report

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TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**5.89**	**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	302	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

Disclaimer :
Please note that the reported values are for the non-fasting samples. These parameters might show variations in the fasting state. Results to be correlated clinically.

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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TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	106	mg/dL
Bio. Ref. Interval. : Male : 86 - 152 Female : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	95	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			

Disclaimer :
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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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NAME	: XXXXXXXXXXXXXXXXXXXXXXXXX	**HOME COLLECTION :**	
REF. BY	: XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: AAROGYAM 24X7 (NON FASTING) - BASIC		

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	3	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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TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	15.8	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

Disclaimer :
Please note that the reported values are for the non-fasting samples. These parameters might show variations in the fasting state. Results to be correlated clinically.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Dummy Report

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Labcode :
Barcode :

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TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	60.7	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.38	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.06	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.32	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	12.9	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	15.9	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	13.2	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.21	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.34	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.75	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.59	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.45	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

Disclaimer :
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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	139.2	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L
Method : ION SELECTIVE ELECTRODE

CHLORIDE	**I.S.E**	**108.8**	**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

Disclaimer :
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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	14.18	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.56	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	**CALCULATED**	**25.32**	**Ratio**	**9:1-23:1**
UREA (CALCULATED)	CALCULATED	30.35	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	**CALCULATED**	**54.19**	**Ratio**	**< 52**
CALCIUM	PHOTOMETRY	9.14	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.47	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

Disclaimer :
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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	178	mg/dL	< 200

Please correlate with clinical conditions.

Method :

CHOL - CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)
DESIRABLE	<200
BORDERLINE HIGH	200-239
HIGH	>240

Disclaimer :
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Dummy Report

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Labcode :
Barcode :

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HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	86	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	5.89	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	3.67	µIU/mL	0.35-4.94

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3,T4,USTSH - FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

Disclaimer :

Please note that the reported values are for the non-fasting samples. These parameters might show variations in the fasting state. Results to be correlated clinically.

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.

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HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	103	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

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Sample Type : SERUM
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TEST ASKED : AAROGYAM 24X7 (NON FASTING) - BASIC

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
Complete Urinogram			
Physical Examination			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	6	-	5-8
Chemical Examination			
URINARY PROTEIN	ABSENT	mg/dL	Absent
URINARY GLUCOSE	ABSENT	mg/dL	Absent
URINE KETONE	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	ABSENT	mg/dL	Absent
UROBILINOGEN	Normal	mg/dL	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	**PRESENT**	**-**	**Absent**
NITRITE	ABSENT	-	Absent
LEUCOCYTE ESTERASE	**PRESENT**	**-**	**Absent**
Microscopic Examination			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	4	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	**223**	**cells/HPF**	**0-5**
EPITHELIAL CELLS	**39**	**cells/HPF**	**0-5**
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Automated Urine dipstick, image analysis and manual microscopy

Dummy Report

~~ 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 : URINE
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

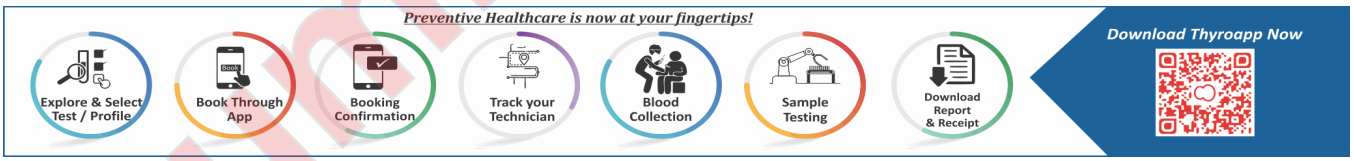
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 / 61 30 00**
- SMS:<Labcode No.> to **9666333**





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

Dummy Report