Thyrocare

Tests you can trust

Name : XXXXXXXX

Date : XXXXXXXXX

Test Asked : Triple H

Report Status : Complete Report

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 :

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

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

Patient Name : **XXXXXXXXXXXXX**
Referred By : **XXXXXXXXXXXXX**
Sample Collected At : **XXXXXXXXXXXXX**

Tests Done : **TRIPLE H**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
TRIPLE H	Ready
HIV I and II	Ready
HEPATITIS B SURFACE ANTIGEN (HBSAG)	Ready
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	Ready

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Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	C.M.I.A	< 0.45	OD ratio

Reference range :

NON REACTIVE : < 1.0
REACTIVE : > = 1.0

Method:
FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Clinical significance:
Hepatitis C Virus (HCV) is now recognized as the primary cause of transfusion-associated Non-A, Non-B Hepatitis. The biochemical changes occurring in a Hepatitis C Virus-infected person are increased levels of serum transaminases. The acute presentation of HCV infection is generally mild, often clinically asymptomatic, with only 10 - 25 % of patients developing jaundice, greater than 50% of infected individuals go on to develop chronic hepatitis with serious and possibly life threatening sequel such as cirrhosis and Hepatocellular Carcinoma..

Note: Repeatedly reactive anti HCV specimens should be investigated further in supplemental tests such as other HCV specific immunoassays and immunoblot assays or a combination thereof and/or NAT tests.

Specifications: Precision: Intra assay (%cv): 3.9 %, Inter assay (%cv): 4.5 % Sensitivity: 99.10 % ; Specificity: 99.60%

Kit validation reference
Engvall E,Perlman P .Enzyme-LinkedImmunosobent Assay (ELISA)QuantitativeAssay of Immunoglobulin.G Immunochemistry 1971;8:871-4

Dummy Report

Tests Done : TRIPLE H

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	C.M.I.A	< 0.45	OD ratio

Reference range :

NON REACTIVE : < 1 (Indicates absence of Hepatitis B surface antigen)
REACTIVE : >=1 (Indicates presence of Hepatitis B surface antigen)

Clinical Significance:
A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR. HBsAgcan 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 subclinicalhepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. False positive results seen in patients with high titre of heterophile antibodies, On Mouse monoclonal antibody therapy, biotin therapy or HBV vaccination for a transient period of time. False negative cases seen if testing done in early course of disease and in patients with immunosuppression .

References: Neurath AR, Kent SB et al. Identification and chemical synthesis of a host cell receptor binding site on hepatitis B virus. Cell 1986; 46, 429-436. National Laboratory guidelines for viral hepatitis.

NOTE : Result Rechecked. Kindly correlate clinically.

Dummy Report

Tests Done : TRIPLE H

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	INTERPRETATION
HIV I and II	C.M.I.A	< 0.49	OD ratio	NEGATIVE

Reference Ranges:

NON REACTIVE : < 1
REACTIVE : >=1

Method:
FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Clinical Significance
HIV is a screening test being performed as per NACO guidelines. The kits utilize a mixture of recombinant proteins for detection of antibodies to all subtypes of HIV-1 and HIV-2 in human serum or plasma. A positive report does not confirm diagnosis of HIV infection at any point of time and all positive cases should be confirmed by confirmatory test like western blot or PCR. Similarly, a non-reactive test doesnt exclude the possibility of HIV infection and must be interpreted by a medical practitioner in light of the exposure and possible window period.

Specifications:
Precision: Intra-Assay (%CV) :4.76%, Inter-Assay (%CV):6.01%, Sensitivity : 100%, Specificity : >=99.5%

Kid validation reference :
Barre-Sinoussi F, Chermann JC, Rey F, et al.Isolation of a T-Lymphotropic Retrovirus from a Patient at Risk for Acquired Immune Deficiency Syndrome(AIDS). Science 1983;220:868-871.

~~ End of report ~~

Dummy Report

Tests Done : TRIPLE H

Doctor 1 Sign **Doctor 2 Sign**

CONDITIONS OF REPORTING

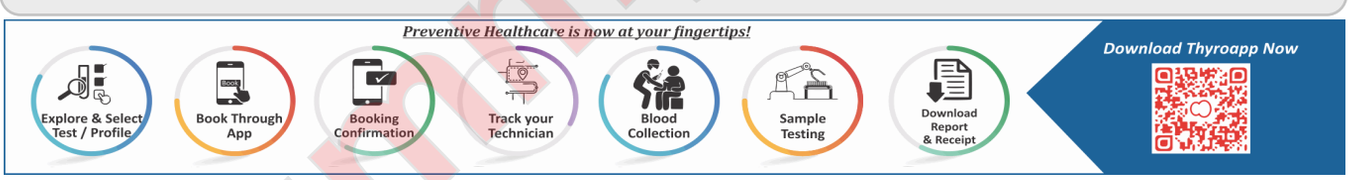
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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: (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

Dummy Report