Thyrocare

Tests you can trust

Name : XXXXXXXX

Date : XXXXXXXXX

Test Asked : Jaanch Winter Fever Mini

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
Tests you can trust

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 : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXX

Tests Done : JAANCH WINTER FEVER MINI

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
JAANCH WINTER FEVER MINI	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
MALARIAL ANTIGEN	Ready
WIDAL	Ready

Dummy Report

Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXX

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

Tests Done : HEMOGRAM,MALARIAL ANTIGEN

Doctor 1 Sign Doctor 2 Sign

Patient Name : XXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXXX

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**)**

Tests Done : **HEMOGRAM,MALARIAL ANTIGEN**

Doctor 1 Sign **Doctor 2 Sign**

Dummy Report

Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXXX

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

Interpretaton: 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.

~~ End of report ~~

Dummy Report

Tests Done : JAANCH WINTER FEVER MINI

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

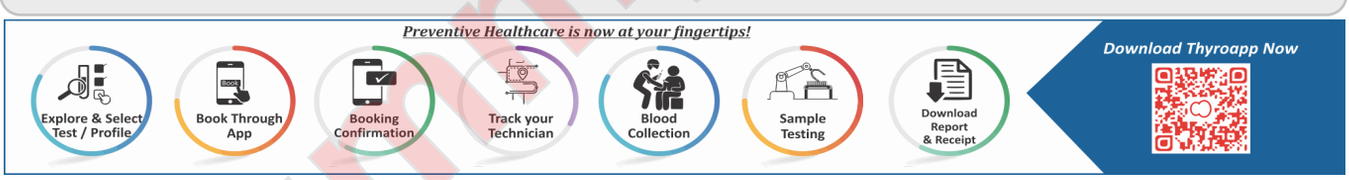
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for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