Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XXXXXXXXX

Test Asked : Healthy 2026 Package

Report Status : Complete 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~

Dummy Report

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 : XXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXXX

Tests Done : **HEALTHY 2026 PACKAGE**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
HEALTHY 2026 PACKAGE	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
CHLORIDE	Ready
25-OH VITAMIN D (TOTAL)	Ready
FERRITIN	Ready
FOLATE	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
Lipoprotein (a) [Lp(a)]	Ready
MAGNESIUM	Ready
SERUM COPPER	Ready
SERUM ZINC	Ready
SODIUM	Ready
VITAMIN B-12	Ready
COMPLETE URINE ANALYSIS	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
APOLIPROTEIN RATIO	Ready

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Referred By : XXXXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXXXX

Tests Done : **HEALTHY 2026 PACKAGE**

Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
APO B / APO A1 RATIO (APO B/A1)	**1.3**	Ratio	0.40 - 1.26
APOLIPOPROTEIN - A1 (APO-A1)	**78**	mg/dL	86 - 152
COMPLETE HEMOGRAM			
BASOPHILS - ABSOLUTE COUNT	**0.01**	X 10³ / µL	0.02 - 0.1
EOSINOPHILS	**0.2**	%	1-6
EOSINOPHILS - ABSOLUTE COUNT	**0.01**	X 10³ / µL	0.02 - 0.5
HEMATOCRIT(PCV)	**35**	%	40.0-50.0
MONOCYTES	**0.2**	%	2-10
MONOCYTES - ABSOLUTE COUNT	**0.01**	X 10³ / µL	0.2 - 1.0
PLATELETCRIT(PCT)	**0.15**	%	0.19-0.39
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**15**	%	11.6-14
ELECTROLYTES			
CHLORIDE	**111**	mmol/L	98 - 107
IRON DEFICIENCY			
IRON	**56**	µg/dL	65 - 175
LIPID			
HDL CHOLESTEROL - DIRECT	**67**	mg/dL	40-60
LDL / HDL RATIO	**0.8**	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	**2.5**	Ratio	3 - 5
LIVER			
ASPARTATE AMINOTRANSFERASE (SGOT)	**55**	U/L	< 35
BILIRUBIN (INDIRECT)	**1.46**	mg/dL	0-0.9
BILIRUBIN - TOTAL	**1.66**	mg/dL	0.3-1.2
VITAMIN			
FOLATE	**2**	ng/mL	> 5.38

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5	%

Bio. Ref. Interval. :

As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	97	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

Tests Done : ESR,HBA PROFILE,HEMOGRAM

Report Remarks : Labcode:2612001235/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	MODIFIED WESTERGREN	2	mm / hr

Bio. Ref. Interval. :-

Male : 0-15 Female : 0-20

Clinical Significance:

- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :
https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/

Please correlate with clinical conditions.

Method:- MODIFIED WESTERGREN

Tests Done : ESR,HBA PROFILE,HEMOGRAM

Report Remarks : Labcode:2612001235/IT001

Doctor 1 Sign **Doctor 2 Sign**

Dummy Report

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

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	14	g/dL	13.0-17.0
Hematocrit (PCV)	**CPH Detection**	**35**	**%**	**40.0-50.0**
Total RBC	HF & EI	5	X 10^6/µL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	85	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	32	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	45	fL	39-46
Red Cell Distribution Width (RDW - CV)	**Calculated**	**15**	**%**	**11.6-14**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	255	-	*Refer Note below
MENTZER INDEX	Calculated	17	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	5	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	69.2	%	40-80
Lymphocytes Percentage	Flow Cytometry	30	%	20-40
Monocytes Percentage	**Flow Cytometry**	**0.2**	**%**	**2-10**
Eosinophils Percentage	**Flow Cytometry**	**0.2**	**%**	**1-6**
Basophils Percentage	Flow Cytometry	0.1	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.46	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.5	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	**Calculated**	**0.01**	**X 10^3 / µL**	**0.2 - 1.0**
Basophils - Absolute Count	**Calculated**	**0.01**	**X 10^3 / µL**	**0.02 - 0.1**
Eosinophils - Absolute Count	**Calculated**	**0.01**	**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	160	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	12	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	11	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	35	%	19.7-42.4
Plateletcrit (PCT)	**Calculated**	**0.15**	**%**	**0.19-0.39**

Remarks : Alert!!! RBCs:Mild anisopoikilocytosis. Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

***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 : ESR,HBA PROFILE,HEMOGRAM

Report Remarks : Labcode:2612001235/IT001

Doctor 1 Sign **Doctor 2 Sign**

Dummy Report

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	66	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.

Please correlate with clinical conditions.

Method:- Fully Automated Chemi Luminescent Immuno Assay

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	**IMMUNOTURBIDIMETRY**	**78**	**mg/dL**

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	99	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**	**1.3**	**Ratio**

Bio. Ref. Interval. :

Male : 0.40 - 1.26
Female : 0.38 - 1.14

Clinical Significance :

- Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.
- Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.
- The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.
- An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.
- All results have to be interpreted in Conjunction with clinical history and other findings.

Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	**C.L.I.A**	**2**	**ng/mL**

Bio. Ref. Interval. :
> 5.38 ng/ml

Clinical Significance: Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency.3 Folate deficiency is also associated with chronic alcoholism. Serum folate measurement provides an early index of folate status.

Specifications: Precision: Intra assay (%CV): 7.93, Inter assay (%CV): 7.19, Sensitivity: 0.35 ng/mL.

Kit Validation References: Steinkamp RC. Vitamin B12 and folic acid: clinical and pathophysiological considerations. In: Brewster MA, Naito HK, eds. Nutritional Elements and Clinical Biochemistry. New York: Plenum Publishing Corp.; 1980:169–240

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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	TECHNOLOGY	VALUE	UNITS
FERRITIN	C.L.I.A	22	ng/mL
Bio. Ref. Interval. : Men: 22-322 ng/ml Women: 10-291 ng/ml			
Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay			
IRON	**PHOTOMETRY**	**56**	**µg/dL**
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	333	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	17	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	277	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	666	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.

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	11	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

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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Referred By	: XXXXXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	100	µg/dL

Bio. Ref. Interval. :-

Male : 63.5 - 150
Female : 80 - 155

Clinical significance:
Copper is an important trace element and a component of numerous enzymes and proteins involved in energy production, connective tissue formation, melanin synthesis, iron metabolism, development of central nervous system, angiogenesis as well as an antioxidant. Deficiency can cause- Malnourishment, cardiovascular disease, anemia & neuropathy, toxicity may be manifested as acute renal failure, gastroenteritis & chronic liver disease.

Specifications:
Precision: Intra assay (%CV): 1.17, Inter assay (%CV): 2.32.

Kit validation references:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 337-8

Please correlate with clinical conditions.
Method:- 3,5-DIBR-PAESA

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	67	µg/dL

Bio. Ref. Interval. :-

52 - 286

Clinical Significance:
Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key rple in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:
Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.88	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

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	167	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**67**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	55	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	54	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.5**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	0.81	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**0.8**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	1.22	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	100	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	10.8	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
LDL - Direct Measure
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
TRI/H - Derived from TRIG and HDL Values
LDL/ - Derived from serum HDL and LDL Values
HD/LD - Derived from HDL and LDL values.
NHDL - Derived from serum Cholesterol and HDL values
VLDL - Derived from serum Triglyceride values

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

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	99	U/L	45-129
BILIRUBIN - TOTAL	**PHOTOMETRY**	**1.66**	**mg/dL**	**0.3-1.2**
BILIRUBIN -DIRECT	PHOTOMETRY	0.2	mg/dL	0 - 0.20
BILIRUBIN (INDIRECT)	**CALCULATED**	**1.46**	**mg/dL**	**0-0.9**
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	45	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**55**	**U/L**	**< 35**
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	45	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.22	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.5	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.5	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.8	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Diazonium salt DPD method
BILD - Diazonium salt DPD method
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 Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2	mg/dL

Bio. Ref. Interval. :-

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnsemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

Please correlate with clinical conditions.

Method:- MODIFIED XYLIDYL BLUE REACTION METHOD

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
CHLORIDE	**I.S.E - INDIRECT**	**111**	**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 - INDIRECT

SODIUM	I.S.E - INDIRECT	144	mmol/L

Bio. Ref. Interval. :
Adults: 136-145 mmol/l

Method : ION SELECTIVE ELECTRODE - INDIRECT

Please correlate with clinical conditions.

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	13	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.78	mg/dL	0.72-1.18
BUN / Sr.CREATININE RATIO	CALCULATED	16.67	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	27.82	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	35.67	Ratio	< 52
CALCIUM	PHOTOMETRY	9	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6	mg/dL	4.2 - 7.3

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

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	122	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.M.I.A	3	µIU/mL	0.35-4.94

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

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

Disclaimer : 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.

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	112	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
<15 : Kidney Failure

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:- 2021 CKD EPI Creatinine Equation

Dummy Report

Tests Done : HEALTHY 2026 PACKAGE

Report Remarks : Labcode:2612064373/IT001

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.
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	1.003	-	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	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	ABSENT	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**)**

Dummy Report

Tests Done : COMPLETE URINE ANALYSIS

Report Remarks : Labcode:2612064375/IT001

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	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	90	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.

Method:- GOD-POD METHOD

~~ End of report ~~

Dummy Report

Tests Done : BLOOD SUGAR (F)

Report Remarks : Labcode:2612064374/IT001

Doctor 1 Sign **Doctor 2 Sign**

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXXXXXX
Sample_Type/Tests	:	XXXXXXXXXXXXXXXXXXXX
Sample Collected At	:	XXXXXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXXXXXX**

Thyrocare,D-37/1,MIDC,Turbhe,Navi Mumbai - 400703. | Phone:022 - 6712 3400 |www.thyrocare.com | info@thyrocare.com

Dummy Report

CONDITIONS OF REPORTING

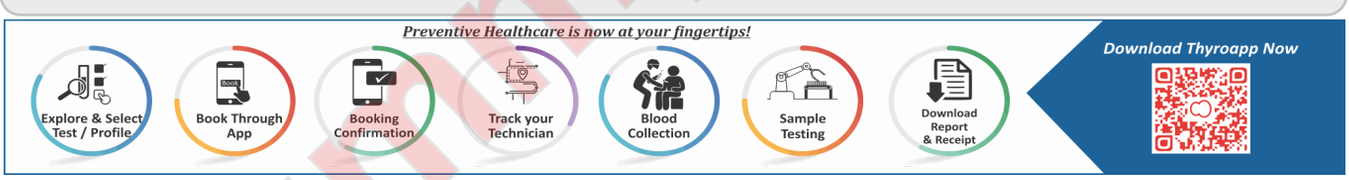
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for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