Thyrocare

Tests you can trust

Name : XXXXXXXX

Date : XXXXXXXXX

Test Asked : Jaanch Celiac Disease Screening Panel

Report Status : Complete Report

Dummy Report



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



Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2011~

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

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

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 CELIAC DISEASE SCREENING PANEL**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH CELIAC DISEASE SCREENING PANEL	Ready
ANTI DEAMIDATED GLIADIN PEPTIDE - IGA	Ready
ANTI DEAMIDATED GLIADIN PEPTIDE - IGG	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
IRON DEFICIENCY PROFILE	Ready
TISSUE TRANSGLUTAMINASE (TTG) ANTIBODY, IGA (CLIA)	Ready

Dummy Report

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

Tests Done : **JAANCH CELIAC DISEASE SCREENING PANEL**

Tests Outside Reference Range

Note: Please refer to the table below for 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**	pq	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.

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
TISSUE TRANSGLUTAMINASE (TTG) ANTIBODY, IGA (CLIA)	CLIA	< 100	AU/mL

Bio. Ref. Interval. :-

<8AU/mL: Negative for autoantibodies of IgA class directed against tissue transglutaminase (tTG)
> or=8AU/mL: Positive for autoantibodies of IgA class directed against tissue transglutaminase (tTG)

NOTE
-Negative results do not fully exclude disease, especially in patients with IgA deficiency or in children < 2 years.
-A positive result requires confirmation with additional tests. False positives may occur in Type 1 Diabetes, chronic liver disease, rheumatoid arthritis, psoriatic arthritis.
-Results in range of 7.2 to 8.8 AU/mL are retested and reported only after thorough correlation to rule out assay variability and should be interpreted in conjunction with clinical history
CLINICAL SIGNIFICANCE
-Gluten-sensitive enteropathy or celiac disease is a chronic condition affecting genetically-susceptible children and adults.The disease is HLA-associated, and may strike at any age with peak onset in early childhood.
-Tissue transglutaminase has been identified as the major autoantigen associated with celiac disease.
-Anti-tTG IgA is a highly specific and sensitive marker for Celiac disease.
-Results should always be interpreted together with clinical presentation, dietary history, HLA typing (DQ2/DQ8), Anti EMA, Anti Gliadin and Anti Reticulin Antibodies and histological examination of the duodenal mucosa.
-Diagnosis of a disease should not be established on the basis of a single test result, but should be determined in conjunction with clinical findings and other diagnostic procedures as well as in association with medical judgement. Any therapeutic decision must also be taken on a case-by-case basis.

REFERENCES
1. E. BODIL ROTH et al. Biochemical and immuno-pathological aspects of tissue transglutaminase in coeliac disease. Autoimmunity, 36 : 221-226 (2003).
2. W. DIETERICH et al. Identification of tissue transglutaminase as the autoantigen of celiac disease. Nature Med., 3 : 797-801 (1997)

Please correlate with clinical conditions.
Method:- INDIRECT CHEMILUMINESCENT IMMUNOASSAY (CLIA)

Dummy Report

Tests Done : JAANCH CELIAC DISEASE SCREENING PANEL

Report Remarks : Labcode:1602002174/IT001

Doctor 1 Sign **Doctor 2 Sign**

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 DEAMIDATED GLIADIN PEPTIDE - IGA	E.L.I.S.A	< 5	U/mL

Bio. Ref. Interval. :-

Negative : <10 Positive : >10

Clinical Significance:

1. Celiac disease, also known as gluten sensitive enteropathy. It is a primary disease of the small intestine. It is caused by hypersensitivity reaction in response to gliadin.
2. Individuals with family members who have celiac disease are at increased risk of developing the disease. Genetic susceptibility is related to specific human leukocyte antigen (HLA) markers.
3. Gliadin is a portion of gluten, found in cereals like rye, barley and wheatmeal. Anti Gliadin antibodies, IgA and IgG are generated against dietary gliadin causing gastrointestinal inflammation include abdominal pain, malabsorption, diarrhea, and/or constipation.
4. False positive results can be observed in Crohn's disease, ulcerative colitis, esophagitis, food protein (cow milk) intolerance and post infection malabsorption.
5. False negative or low levels may be seen in celiac disease due to a selective IgA deficiency. In such cases, simultaneous testing with IgG Anti Gliadin antibodies is recommended.
6. Other serological tests for celiac disease include endomysial antibody, tissue transglutaminase (tTG), and deamidated gliadin antibodies.
7. A definitive diagnosis of celiac disease requires a duodenal biopsy demonstrating villous atrophy.

Please correlate with clinical conditions.

Method:- SOLID PHASE ENZYME IMMUNOMETRIC ASSAY

Dummy Report

Tests Done : JAANCH CELIAC DISEASE SCREENING PANEL

Report Remarks : Labcode:1602002174/IT001

Doctor 1 Sign **Doctor 2 Sign**

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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 DEAMIDATED GLIADIN PEPTIDE - IGG	E.L.I.S.A	< 7.5	AU/mL

Bio. Ref. Interval. :-

Negative : <15
Equivocal: 15-30
Positive : > 30

Clinical Significance:
Celiac disease, also known as gluten sensitive enteropathy. It is a primary disease of the small intestine.
It is caused by hypersensitivity reaction in response to gliadin, a protein present in many cereals.

Specification:
Sensitivity:94.10 %, Specificity: 100%, Intra Assay Precision: <=3.8% (%CV), Inter Assay Precision:<=7.80% (%CV)

Kit Validation References:
Chatranand LJ, seidman EG. Celiac disease is a lifelong disorder, Clin. Invest. Med. Vol. 19, 357-361,1996

Please correlate with clinical conditions.

Method:- SOLID PHASE ENZYME IMMUNOMETRIC ASSAY

Tests Done : JAANCH CELIAC DISEASE SCREENING PANEL

Report Remarks : Labcode:1602002174/IT001

Doctor 1 Sign **Doctor 2 Sign**

Dummy Report

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
IRON	PHOTOMETRY	98	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	334	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	29	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	236.2	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Dummy Report

Tests Done : JAANCH CELIAC DISEASE SCREENING PANEL

Report Remarks : Labcode:1602002174/IT001

Doctor 1 Sign **Doctor 2 Sign**

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	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 10³ / 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 10³ / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.35	X 10³ / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.21	X 10³ / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10³ / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.3	X 10³ / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10³ / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10³ / µL	0.0-0.5
PLATELET COUNT	HF & EI	260	X 10³ / 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)

~~ End of report ~~

Dummy Report

Tests Done : HEMOGRAM

Report Remarks : Labcode:1602101988/IT001

Doctor 1 Sign **Doctor 2 Sign**

CONDITIONS OF REPORTING

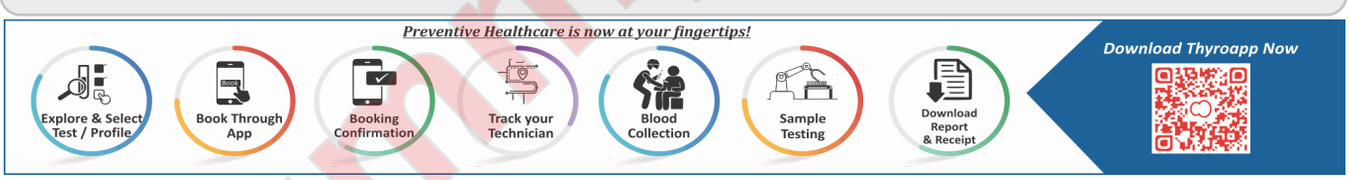
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for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