Thyrocare

Tests you can trust

Name : XXXXXXXX

Date : XXXXXXXXX

Test Asked : Obesity Package Female

Report Status : Complete Report

Dummy Report



100% NABL ACCREDITATION

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

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Abnormal Values Re-Checked Twice

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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 : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXX

Tests Done : **OBESITY PACKAGE FEMALE**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
OBESITY PACKAGE FEMALE	Ready
CORTISOL	Ready
C-REACTIVE PROTEIN (CRP)	Ready
25-OH VITAMIN D (TOTAL)	Ready
DHEA - SULPHATE (DHEAS)	Ready
FOLLICLE STIMULATING HORMONE (FSH)	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
LUTEINISING HORMONE (LH)	Ready
Lipoprotein (a) [Lp(a)]	Ready
PROLACTIN (PRL)	Ready
HOMA INSULIN RESISTANCE INDEX	Ready
TESTOSTERONE	Ready
VITAMIN B-12	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
APOLIPROTEIN RATIO	Ready

Dummy Report

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

Tests Done : OBESITY PACKAGE FEMALE

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
DIABETES			
HOMA INSULIN RESISTANCE INDEX	**2.77**	Index	<2.0
INFERTILITY			
LUTEINISING HORMONE (LH)	**15.9**	mIU/mL	Refer Routine Report
LIPID			
LDL / HDL RATIO	**0.9**	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	**2.2**	Ratio	3 - 5
RENAL			
CREATININE - SERUM	**0.7**	mg/dL	0.72-1.18
VITAMIN			
25-OH VITAMIN D (TOTAL)	**11.62**	ng/mL	30-100
VITAMIN B-12	**981**	pg/mL	211-911

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.1	%

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	100	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:2302002948/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	MODIFIED WESTERGREN	< 7.5	mm / hr

Bio. Ref. Interval. :-

<50 yr : Male: 0-15 mm/hr Female: 0-20 mm/hr
>50 yr : Male: 0-20 mm/hr Female: 0-30 mm/hr
Children: <=10 mm/hr

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

Dummy Report

Tests Done : ESR,HBA PROFILE,HEMOGRAM

Report Remarks : Labcode:2302002948/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

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)

Tests Done : ESR,HBA PROFILE,HEMOGRAM

Report Remarks : Labcode:2302002948/IT001

Doctor 1 Sign **Doctor 2 Sign**

Dummy Report

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
DHEA - SULPHATE (DHEAS)	C.L.I.A	< 387.5	µg/dL

Bio. Ref. Interval. :-

Age (Years)	Females	Males
18 - 21	51 - 321	24 - 537
21 - 30	18 - 391	85 - 690
31 - 40	23 - 266	106 - 464
41 - 50	19 - 231	70 - 495
51 - 60	8 - 188	38 - 313
61 - 70	12 - 133	24 - 244
> 71	7 - 177	5 - 253

Clinical Significance :

Elevated levels of DHEA are found in the plasma of patients with Adrenal Tumors or Congenital Adrenal Hyperplasia or Polycystic Ovaries. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, Clinical Examination and other findings.

Specifications: Precision: Intra assay (%CV): 8.3 %, Inter assay (%CV): 11.3%; Sensitivity: < 2 µg/dl.

Kit Validation References:
Meikle AW dayens RA ,Araheo BA. Adrenal androgen secretion and biological effects Endocrinol Metab Clin North Am .1991 Jun:20 (2):331-400

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	10.8	µg/dL

Bio. Ref. Interval. :-

06.00 - 10.00 A.M.: 6.02 - 18.4 µg/dL
04.00 - 08.00 P.M.: 2.68 - 10.5 µg/dL

Clinical Significance:

Cortisol is the Primary Glucocorticoid Hormone synthesized and secreted by the Adrenal Cortex. Addison's Disease is caused by primary adrenal insufficiency of the Adrenal Cortex, While Secondary Adrenal insufficiency is caused by pituitary destruction or failure, resulting in loss of ACTH stimulation. Cushing's syndrome is caused by increased levels of Cortsol due to either primary (Adrenal Tumors and Nodular Adrenal Hyperplasia) or secondary Adrenal Hyperfunction (Pituitary Overproduction of ACTH or Ectopic production of ACTH by a Tumor). For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, Clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 1.40 %, Inter Assay (%CV): 1.9 %; Sensitivity: 0.05 µg/dl

Kit Validation References :

Turpeinen U,hamalainen E.Determination of cortisol in serum,saliva and urine.Best practise & research Cliical Endocrinology & metabolisum 2013.27(6);795-801

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**11.62**	**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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	< 119	mg/dL

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

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	< 101	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	0.8	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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	1.33	mg/L

Bio. Ref. Interval. :-

Acute phase determination : < 5 mg/L

Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

Reference:
Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	**C.L.I.A**	**981**	**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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN - FASTING	E.C.L.I.A	< 12.45	µU/mL

Bio. Ref. Interval. :-

Normal: 2.6 - 24.9 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 5.3%; Sensitivity: 0.4 µU/mL.

Kit validation references:

Lang DA, Matthews DR, Peto J, et al.Cyclic oscillations of basal plasma glucose and insulin concentrations in human beings. N Engl J Med 1979;301:1023-1027.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	< 14.95	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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	594.27	ng/dL

Bio. Ref. Interval. :-

Adult Male
21 - 49 Yrs : 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22
Adult Female
Pre-Menopause : 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
13 Years : 9.34 - 562.93
14 Years : 23.28 - 742.46
15 Years : 144.15 - 841.44
16-21 Years : 118.22 - 948.56
Girls
2-10 Years : < 7.00 - 108.30
11-15 Years : < 7.00 - 48.40
16-21 Years : 17.55 - 50.41

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657–662.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.1	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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	123	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	56	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	53.5	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	120	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.2**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	2.12	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**0.9**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	1.05	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	66.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	23.94	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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	6.17	mIU/mL

Bio. Ref. Interval. :
Female :
Follicular Phase : 2.5 to 10.2 | Mid cycle peak : 3.4 to 33.4 I Luteal Phase : 1.5 to 9.1
Pregnant : < 0.3 I Post Menopausal : 23 to 116.3
Males (13 - 70 Years) : 1.4 to 18.1

Method : Fully Automated Chemiluminescent Immunoassay

LUTEINISING HORMONE (LH)	**C.L.I.A**	**15.9**	**mIU/mL**

Bio. Ref. Interval. :
Female :
Follicular Phase : 1.9 to 12.5 I Mid cycle peak : 8.7 to 76.3
Luteal Phase : 0.5 to 16.9 I Pregnant : 0.1 to 1.5
Post Menopausal : 15.9 to 54 I Children : 0.1 to 6
Male
Age 20 to 70 : 1.5 to 9.3
Age >70 : 3.1 to 34.6

Method : Fully Automated Chemiluminescent Immunoassay

PROLACTIN (PRL)	C.L.I.A	< 11.43	ng/mL

Bio. Ref. Interval. :
Females :
Normally Menstruating : 2.8 - 29.2
Pregnant : 9.7 - 208.5
Postmenopausal : 1.8 - 20.3
Male : 2.1 - 17.7

Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

Please correlate with clinical conditions.

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	105.1	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.45	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	0 - 0.20
BILIRUBIN (INDIRECT)	CALCULATED	0.35	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.4	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	24.3	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	32.9	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.74	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.98	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.14	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.84	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.46	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 Bcg[1]method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	12.6	mg/dL	7.94 - 20.07
CREATININE - SERUM	**PHOTOMETRY**	**0.7**	**mg/dL**	**0.72-1.18**
BUN / Sr.CREATININE RATIO	CALCULATED	18	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	26.96	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	38.52	Ratio	< 52
CALCIUM	PHOTOMETRY	9.62	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6.8	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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXX vwlfv,201204	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	79	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	6.4	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.M.I.A	<2.92	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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	134	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 : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMA INSULIN RESISTANCE INDEX	**CALCULATED**	**2.77**	**Index**

Bio. Ref. Interval. :-

Normal : < 2.0

Clinical Significance:
Homeostatic Model Assessment for Insulin Resistance (HOMA-IR)-is an index used to determine insulin resistance .Obesity, lack of Physical activity are few of the factors which contribute to insulin resistance which may lead to increase the risk of Cardiovascular disease.It is recommended to see HOMA-IR index as a cause for concern, not as an exact diagnosis.

Kit Validation Reference:
Matthews, D. R.etc."Homeostasis model assessment: insulin resistance and beta-cell function from fasting plasma glucose and insulin concentrations in man" Diabetologia (July 1985).

Please correlate with clinical conditions.

Method:- Derived from Insulin and Blood Sugar values

Dummy Report

Tests Done : OBESITY PACKAGE FEMALE

Report Remarks : Labcode:2302117601/IT001

Doctor 1 Sign

Doctor 2 Sign

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	90.1	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:2302117610/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