Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XXXXXXXXX

Test Asked : Detox Diet Impact Health Checkup

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

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

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

Tests Done : **DETOX DIET IMPACT HEALTH CHECKUP**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
DETOX DIET IMPACT HEALTH CHECKUP	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
SELENIUM	Ready
25-OH VITAMIN D (TOTAL)	Ready
MAGNESIUM	Ready
SERUM COPPER	Ready
SERUM ZINC	Ready
VITAMIN A	Ready
VITAMIN B-12	Ready
VITAMIN B9/FOLIC ACID	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
SERUM ELECTROLYTES	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
AMYLASE	Ready

Dummy Report

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

Tests Done : DETOX DIET IMPACT HEALTH CHECKUP

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			
BASOPHILS - ABSOLUTE COUNT	**0.01**	X 10^3 / µL	0.02 - 0.1
MEAN CORPUSCULAR VOLUME(MCV)	**82**	fL	83.0-101.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**17**	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**60**	fL	39-46
LIPID			
LDL CHOLESTEROL - DIRECT	**104.4**	mg/dL	< 100
LIVER			
BILIRUBIN (INDIRECT)	**0.98**	mg/dL	0-0.9
METABOLIC			
MAGNESIUM	**1.82**	mg/dL	1.90 - 3.10

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
VITAMIN A	LC-MS/MS	555.09	ng/mL

Bio. Ref. Interval. :-

Age	Reference range
1 - 6 Years	200 - 400
7 - 12 Years	260 - 490
13 - 19 Years	260 - 720
Above 18 Years	300 - 800

Clinical Significance:

Vitamin A or Retinol plays important role in the function retinal vision, growth, reproduction, embryonic development as well as in immune function.Vitamin A is also required for adaptive immunity and plays a role in the development of both T- helper cells and B-cells. Retinol and its metabolites and synthetic retinoids provide protective effects against the development of certain types of cancer by blocking tumor promotion, by inhibiting proliferation,by inducing apoptosis, by inducing differentiation or by performing combination of these actions.

Fat malabsorption, particularly caused by celiac disease or chronic pancreatitis and protein -energy malnutrition predispose to vitamin A deficiency.Clinical features of vitamin A deficiency include degenerative changes in eyes and skin and poor dark adaptation or night blindness.Vitamin A deficiency impairs innate immunity by impeding normal regeneration of mucosal bariers damaged by infection and by diminishing the function of neutrophils,macrophages and natural killer cells.

Toxic effects of hypervitaminosis A have occurred as a result of ingestion of excess vitamin or as a side effect of inappropriate therapy.Symptoms of acute toxicity from single massive dose present as abdominal pain,nausea,vomiting,severe headache, dizziness,sluggishness and irritability.Chronic toxicity shows symptoms like bone, join pain, hair loss, dryness and fissures of the lips, anorexia, benign intracranial hypertension, weight loss an hepatomegaly.

Clinical reference:

Tietz Textbok of clinical chemistry and Molecular diagnostic, Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Fifth edition., Elsevier.

Please correlate with clinical conditions.

Method:- LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

Tests Done : DETOX DIET IMPACT HEALTH CHECKUP

Report Remarks : Labcode:2802002187/IT001

Doctor 1 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 B9/FOLIC ACID	LC-MS/MS	0.49	ng/mL
Bio. Ref. Interval. :-			
0.2 - 20			

Please correlate with clinical conditions.

Method:- LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	80	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	388	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

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		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	123.83	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 : DETOX DIET IMPACT HEALTH CHECKUP

Report Remarks : Labcode:2802002187/IT001

Doctor 1 Sign

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		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	81.05	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 : DETOX DIET IMPACT HEALTH CHECKUP

Report Remarks : Labcode:2802002187/IT001

Doctor 1 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
AMYLASE	PHOTOMETRY	43.9	U/L

Bio. Ref. Interval. :-

Adults : 28-100 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:
Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC TEST

Dummy Report

Tests Done : DETOX DIET IMPACT HEALTH CHECKUP

Report Remarks : Labcode:2802002187/IT001

Doctor 1 Sign

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Sample Collected At	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	99	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	308	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	32	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	208.9	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Dummy Report

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Sample Collected At	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	174	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	57	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**104.4**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	77	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.1	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.36	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.8	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.54	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	116.9	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	15.4	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 : DETOX DIET IMPACT HEALTH CHECKUP

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		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	86.1	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	1.17	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.19	mg/dL	0 - 0.20
BILIRUBIN (INDIRECT)	**CALCULATED**	**0.98**	**mg/dL**	**0-0.9**
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	15.7	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	17.9	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	11.2	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.6	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.68	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.16	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.52	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.65	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

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Sample Collected At	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	**PHOTOMETRY**	**1.82**	**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

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		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	136.6	mmol/L

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

Method : ION SELECTIVE ELECTRODE - INDIRECT

POTASSIUM	I.S.E - INDIRECT	4.38	mmol/L

Bio. Ref. Interval. :
ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. 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 Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

Method : ION SELECTIVE ELECTRODE - INDIRECT

CHLORIDE	I.S.E - INDIRECT	106.6	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

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	15	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.92	mg/dL	0.72-1.18
BUN / Sr.CREATININE RATIO	CALCULATED	16.3	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	32.1	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	34.89	Ratio	< 52
CALCIUM	PHOTOMETRY	9.6	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6.5	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	100	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.M.I.A	3.54	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	105	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 : DETOX DIET IMPACT HEALTH CHECKUP

Report Remarks : Labcode:2802002187/IT001

Doctor 1 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
SELENIUM	ICP-MS	111	µg/L
Bio. Ref. Interval. :-			
60-340			

Please correlate with clinical conditions.
Method:- ICP - MASS SPECTROMETRY

Dummy Report

Tests Done : HBA PROFILE,HEMOGRAM,SELENIUM

Report Remarks : Labcode:2802087900/IT001

Doctor 1 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
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 : HBA PROFILE,HEMOGRAM,SELENIUM

Report Remarks : Labcode:2802087900/IT001

Doctor 1 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	15	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	44	%	40.0-50.0
Total RBC	HF & EI	5	X 10^6/µL	4.5-5.5
Mean Corpuscular Volume (MCV)	**Calculated**	**82**	**fL**	**83.0-101.0**
Mean Corpuscular Hemoglobin (MCH)	Calculated	28	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	32	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**60**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	**Calculated**	**17**	**%**	**11.6-14**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	278.8	-	*Refer Note below
MENTZER INDEX	Calculated	16.4	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	5	X 10³ / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	70	%	40-80
Lymphocytes Percentage	Flow Cytometry	20	%	20-40
Monocytes Percentage	Flow Cytometry	5	%	2-10
Eosinophils Percentage	Flow Cytometry	5	%	1-6
Basophils Percentage	Flow Cytometry	0.2	%	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	3.5	X 10³ / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1	X 10³ / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.25	X 10³ / µL	0.2 - 1.0
Basophils - Absolute Count	**Calculated**	**0.01**	**X 10³ / µL**	**0.02 - 0.1**
Eosinophils - Absolute Count	Calculated	0.25	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	200	X 10³ / 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	30	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.3	%	0.19-0.39

Remarks : Alert!!! RBCs:Moderate anisocytosis mild poikilocytosis. 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 : HBA PROFILE,HEMOGRAM,SELENIUM

Report Remarks : Labcode:2802087900/IT001

Doctor 1 Sign

Dummy Report

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	83	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:2802087905/IT001

Doctor 1 Sign

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXX
Sample_Type/Tests	:	SERUM:DETOX DIET IMPACT HEALTH CHECKUP EDTA:BTESE, HBA PROFILE, HEMOGRAM - 6 PART (DIFF) FLUORIDE:FBS
Sample Collected At	:	XXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXX**

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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