Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Aarogyam B Pro - Package

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

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Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Address : XXXXXXXXXXXXXX

Tests Done : **AAROGYAM B PRO - PACKAGE**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
AAROGYAM B PRO - PACKAGE	Ready
25-OH VITAMIN D (TOTAL)	Ready
TSH - ULTRASENSITIVE	Ready
VITAMIN B-12	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIPID PROFILE	Ready
KIDPRO WITHOUT CALCIUM	Ready
SERUM ALBUMIN-GLOBULIN RATIO	Ready
SERUM SGOT-SGPT RATIO	Ready
INDIRECT BILIRUBIN	Ready
ALKALINE PHOSPHATASE	Ready

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Patient Name : XXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXX
Address : XXXXXXXXXXXXXXX

Tests Done : **AAROGYAM B PRO - 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.
COMPLETE HEMOGRAM			
BASOPHILS - ABSOLUTE COUNT	**0.01**	X 10³ / µL	0.02 - 0.1
EOSINOPHILS	**0.1**	%	1-6
EOSINOPHILS - ABSOLUTE COUNT	**0.01**	X 10³ / µL	0.02 - 0.5
HEMATOCRIT(PCV)	**35**	%	40.0-50.0
MEAN CORP.HEMO.CONC(MCHC)	**35**	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**33**	pq	27.0-32.0
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
LIVER			
SERUM GLOBULIN	**2**	gm/dL	2.5-3.4
RENAL			
BLOOD UREA NITROGEN (BUN)	**6**	mg/dL	7.94 - 20.07
CREATININE - SERUM	**0.4**	mg/dL	0.72-1.18
UREA (CALCULATED)	**12.84**	mg/dL	Adult : 17-43
THYROID			
TSH - ULTRASENSITIVE	**5**	µIU/mL	0.35-4.94
VITAMIN			
25-OH VITAMIN D (TOTAL)	**5**	ng/mL	30-100
VITAMIN B-12	**200**	pg/mL	211-911

Report
Dummy

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.

MC-2407

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Patient Name	: XXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: 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

Report Remarks : Labcode:0104108002/IT011

Doctor 1 Sign **Doctor 2 Sign**

MC-2407

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

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	16	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**	**33**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**35**	**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	69.3	%	40-80
Lymphocytes Percentage	Flow Cytometry	30	%	20-40
Monocytes Percentage	**Flow Cytometry**	**0.2**	**%**	**2-10**
Eosinophils Percentage	**Flow Cytometry**	**0.1**	**%**	**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 : HBA PROFILE,HEMOGRAM

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0104108002/IT011

Dummy Report

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**5**	**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 : AAROGYAM B PRO - PACKAGE

Report Remarks : Labcode:0104108005/IT011

Doctor 1 Sign **Doctor 2 Sign**

MD(Path)

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	**C.L.I.A**	**200**	**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 : AAROGYAM B PRO - PACKAGE

Report Remarks : Labcode:0104108005/IT011

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	120	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	40	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	60	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	100	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.5	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.5	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.67	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	80	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	20	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 : AAROGYAM B PRO - PACKAGE

Report Remarks : Labcode:0104108005/IT011

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	120	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.5	mg/dL	0.3-1.2
ALBUMIN - SERUM	PHOTOMETRY	4	gm/dL	3.2-4.8
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22	U/L	< 35
BILIRUBIN -DIRECT	PHOTOMETRY	0.2	mg/dL	0 - 0.20
SERUM GLOBULIN	**CALCULATED**	**2**	**gm/dL**	**2.5-3.4**
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	22	U/L	< 45
SERUM ALB/GLOBULIN RATIO	CALCULATED	2	Ratio	0.9 - 2
BILIRUBIN (INDIRECT)	CALCULATED	0.3	mg/dL	0-0.9
SGOT / SGPT RATIO	CALCULATED	1	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6	gm/dL	5.7-8.2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Diazonium salt DPD method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SGOT - IFCC* Without Pyridoxal Phosphate Activation
BILD - Diazonium salt DPD method
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
SGPT - IFCC* Without Pyridoxal Phosphate Activation
A/GR - Derived from serum Albumin and Protein values
BILI - Derived from serum Total and Direct Bilirubin values
OT/PT - Derived from SGOT and SGPT values.
PROT - Biuret Method

Dummy Report

Tests Done : AAROGYAM B PRO - PACKAGE

Report Remarks : Labcode:0104108005/IT011

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA / SR.CREATININE RATIO	CALCULATED	32.1	Ratio	< 52
UREA (CALCULATED)	**CALCULATED**	**12.84**	**mg/dL**	**Adult : 17-43**
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**6**	**mg/dL**	**7.94 - 20.07**
BUN / Sr.CREATININE RATIO	CALCULATED	15	Ratio	9:1-23:1
CREATININE - SERUM	**PHOTOMETRY**	**0.4**	**mg/dL**	**0.72-1.18**

Please correlate with clinical conditions.

Method :

UR/CR - Derived from UREA and Sr.Creatinine values.
UREAC - Derived from BUN Value.
BUN - Kinetic UV Assay.
B/CR - Derived from serum Bun and Creatinine values
SCRE - Creatinine Enzymatic Method

Dummy Report

Tests Done : AAROGYAM B PRO - PACKAGE

Report Remarks : Labcode:0104108005/IT011

Doctor 1 Sign **Doctor 2 Sign**

MC-2407

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE	C.M.I.A	5	µIU/mL	0.35-4.94

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

Method :

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 : AAROGYAM B PRO - PACKAGE

Report Remarks : Labcode:0104108005/IT011

Doctor 1 Sign **Doctor 2 Sign**

Patient Name : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Address : 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
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	121	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

~~ End of report ~~

Dummy Report

Tests Done : AAROGYAM B PRO - PACKAGE

Report Remarks : Labcode:0104108005/IT011

Doctor 1 Sign **Doctor 2 Sign**

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXXXX
Sample_Type/Tests	:	EDTA:HBA PROFILE, HEMOGRAM - 6 PART (DIFF) SERUM:AAROGYAM B PRO - PACKAGE
Address	:	XXXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXXXX
Amount Collected	:	XXXXXXXXXXXXXXXXXX

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**

Preventive Healthcare is now at your fingertips!





+ 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