Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXX

Date : XXXXXXXXX

Test Asked : Jaanch Dengue Profile

Report Status : Complete Report

Dummy Report







Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703. 9870666333 wellness@thyrocare.com

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

Patient Name : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Address : XXXXXXXXXXXX

Tests Done : **JAANCH DENGUE PROFILE**

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 DENGUE PROFILE	Ready
DENGUE-IGG - ELISA	Ready
DENGUE-IGM - ELISA	Ready
DENGUE NS1 ANTIGEN - ELISA	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
IMMATURE PLATELET FRACTION (IPF)	Ready

Dummy Report

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Patient Name	: XXXXXXXXXXXX	Tests Done	: JAANCH DENGUE PROFILE
Referred By	: XXXXXXXXXXXX		
Address	: XXXXXXXXXXXX		

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	: 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
DENGUE-IGG - ELISA	E.L.I.S.A	< 4.5	Ab units

Bio. Ref. Interval. :
Negative : < 9
Equivocal: 9 - 11
Positive : > 11

Clinical Significance
The clinical diagnosis must be interpreted with clinical signs and symptoms of the patient. The results should be considered in association with other clinical data and patient symptoms. Serological cross-reactivity across the Flavivirus group is common (ie between St. Louis encephalitis, Murray Valley encephalitis, Japanese encephalitis, West Nile and yellow fever viruses). These diseases must be excluded before confirmation of diagnosis.

Specifications:
Sensitivity: 98.66% & Specificity:99.93%

Reference:
Pinherio FP, Corber SJ : Global situation of dengue haemorrhagic fever and its emergence in the American.World Health Stat! 50(3/4):161-169, 1997.

Method : SOLID PHASE CAPTURE ENZYME IMMUNOASSAY

DENGUE-IGM - ELISA	E.L.I.S.A	< 4.5	Ab Units

Bio. Ref. Interval. :
Negative : < 9
Equivocal: 9 - 11
Positive : > 11

Clinical Significance
Diagnosis of an infectious disease should not be established on the basis of a single test result. A precise diagnosis should take into consideration clinical history, symptomatology as well as serological data. The Flaviviridae family includes the serotypes of Dengue virus as well as yellow fever and Japanese encephalitis viruses. There is a cross reactivity among flaviviruses, due to the presence of common antigenic determinants.

Reference: Pinheiro FP, CorberSJ : Global situation of Dengue and Dengue haemorrhagic fever and its emergence in the Americas. World Health Stat ! 50(3/4):161-169, 1997

Method : SOLID PHASE CAPTURE ENZYME IMMUNOASSAY

Please correlate with clinical conditions.

Dummy Report

Tests Done : JAANCH DENGUE PROFILE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:1805002987/IT011

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
DENGUE NS1 ANTIGEN - ELISA	E.L.I.S.A	< 4.5	Ag Units

Bio. Ref. Interval. :-

Negative : < 9
Equivocal : 9 - 11
Positive : > 11

Clinical Significance:
The detection of highly specific dengue NS1 antigen is possible in the serum of dengue virus infected individuals from the onset of clinical symptoms in primary as well as secondary infections. Therefore this antigen detection is an important tool for diagnosis of acute dengue virus infection. It allows rapid detection on the first day of fever, before antibodies appear some 5 or more days late.

Specifications:
Sensitivity: 99.5% & Specificity:100%

Kit Validation Reference:
Gubler DJ Trent DW: Emergence of epidemic dengue/dengue haemorrhage fever as a public health problem in the Americans Infect Agents Dis 2:383-393, 1993

Please correlate with clinical conditions.
Method:- SOLID PHASE ENZYME IMMUNOASSAY

Dummy Report

Tests Done : JAANCH DENGUE PROFILE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:1805002987/IT011

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
IMMATURE PLATELET FRACTION (IPF)	FLUORESCENCE FLOWCYTOMETRY	< 100	%

Bio. Ref. Interval. :-

Normal Range: 1.0 - 7.0

Clinical Significance:

1. The Immature Platelet Fraction is the percentage of newly released immature (reticulated) platelets in the bloodstream.
2. A high IPF indicates that the bone marrow is responding to an increased demand for platelets due to peripheral loss, like in acute blood loss following trauma or surgery, hemorrhage, thrombocytopenia conditions like ITP (Idiopathic thrombocytopenia) , TTP (Thrombotic Thrombocytopenic purpura) , HIT (Heparin induced thrombocytopenia Type II) and infections.
3. A low IPF suggest inadequate bone marrow response or a failure to produce platelets, which might occur in conditions like aplastic anaemia, bone marrow suppression (chemotherapy, radiation), bone marrow infiltration (leukemia, lymphoma), severe nutritional deficiencies (B12, folate), and myelodysplastic syndrome.
4. IPF interpretation should be done in conjuction with other parameters like platelet count, MPV, peripheral smear, and coagulation profile for better clinical diagnosis.
5. In some cases, interference due to cold agglutinins, platelet clumps, recent transfusion and high WBC counts can be seen.
6. MPV (Mean platelet volume), PDW (Platelet distribution width), and P-LCR (Platelet large cell ratio) are also other indices to study thrombocytopenia, however these indices are affected by sample integrity issues/ phlebotomy issues etc. Hence IPF which measures the stained platelet RNAs is unaffected by these factors & is more accurate and reliable indicator.
7.For diagnostic purposes the results should always be interpreted in conjunction with clinical history and other findings.

Please correlate with clinical conditions.

Method:- Analysed using fluorescence platelet count

Dummy Report

Tests Done : HEMOGRAM,IPF

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:1805002988/IT011

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	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 10^3 / 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 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.35	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.21	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.3	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	260	X 10^3 / 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

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

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)

~~ End of report ~~

Tests Done : HEMOGRAM,IPF

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:1805002988/IT011

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