Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXX

Date : XXXXXXXXX

Test Asked : Jaanch Dengue Profile (rapid)

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 (RAPID)

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH DENGUE PROFILE (RAPID)	Ready
DENGUE NS1 ANTIGEN RAPID TEST	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
DENGUE RAPID TEST (IGG/IGM)	Ready

Dummy Report

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Patient Name	: XXXXXXXXXXXX	Tests Done	: JAANCH DENGUE PROFILE (RAPID)
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
DENGUE NS1 ANTIGEN RAPID TEST	IMMUNOASSAY	NEGATIVE

Positive : Presence of Dengue Ns1 Antigen
Negative : Absence of Dengue Ns1 Antigen

Clinical Significance :
1. This is a screening and Qualitative test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatorymethods like ELISA.
2. A false negative test can be seen in early course of the disease
3. The tests should be interpreted in conjunction with patient's clinical history and other findings
4. All positive tests should be reconfirmed after 7-10 days of fever onset with Dengue IgG and IgM test
5. Dengue NS1 antigen can be detected in first five days of fever.

Sensitivity : 92.9% ; Specificity : 98.7%

References :
Dengue Guidelines for Diagnosis and treatment, prevention and control. WHO . New edition 2009"

Note: This is a screening test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

Dummy Report

Tests Done : JAANCH DENGUE PROFILE (RAPID)

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:2105000800/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
DENGUE - IGG RAPID TEST	IMMUNOASSAY	NEGATIVE

Bio. Ref. Interval. :-

Positive : Presence of Dengue IgG antibody
Negative : Absence of Dengue IgG antibody

Clinical significance :
1. This is a screening and Qualitative test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods like ELISA.
2. Presence of IGG dengue antibodies indicates patient is recently exposed to or currently infected with Dengue virus
3. Cross reactivity seen in flavivirus group between dengue virus, yellow fever etc
4. Recommended test is Dengue NS1 antigen in first 5 days of fever and Dengue IgG and IgM after 7-10 days of fever.

Sensetivity : 97.2% ; Specificity : 96.2%

References :
Dengue Guidelines for Diagnosis and treatment, prevention and control. WHO . New edition 2009"

Please correlate with clinical conditions.
Method:- LATERAL FLOW IMMUNOASSAY

Dummy Report

Tests Done : JAANCH DENGUE PROFILE (RAPID)

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:2105000800/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
DENGUE - IGM RAPID TEST	IMMUNOASSAY	NEGATIVE

Bio. Ref. Interval. :-

Positive : Presence of Dengue IgM antibody
Negative : Absence of Dengue IgM antibody

Clinical significance :
1. This is a screening and Qualitative test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods like ELISA.
2. Presence of IGM dengue antibodies indicates patient is recently exposed to or currently infected with Dengue virus
3. Cross reactivity seen in flavivirus group between dengue virus, yellow fever etc
4. Recommended test is Dengue NS1 antigen in first 5 days of fever and Dengue IgG and IgM after 7-10 days of fever.

Sensetivity : 97.5% ; Specificity : 96.6%

References : Dengue Guidelines for Diagnosis and treatment, prevention and control. WHO . New edition 2009"

Please correlate with clinical conditions.
Method:- LATERAL FLOW IMMUNOASSAY

Dummy Report

Tests Done : JAANCH DENGUE PROFILE (RAPID)

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:2105000800/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

***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

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:2105073526/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*

During Report