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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
Complete Urinogram			
Physical Examination			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	6	-	5 - 8
Chemical Examination			
URINARY PROTEIN	ABSENT	mg/dL	Absent
URINARY GLUCOSE	ABSENT	mg/dL	Absent
URINE KETONE	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	ABSENT	mg/dL	Absent
UROBILINOGEN	< 0.2	mg/dL	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
MICROALBUMIN	10	mg/L	< 30
Microscopic Examination			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	3	cells/HPF	0-5
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Fully Automated Matrix AVE Urinalysis Dipstick Method, Microscopy

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : URINE
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI MULLERIAN HORMONE (AMH)	C.L.I.A	6.62	ng/mL

Reference Range :-

Female

18 - 25 Years	0.96 - 13.34
26 - 30 Years	0.17 - 7.37
31 - 35 Years	0.07 - 7.35
36 - 40 Years	0.03 - 7.15
41 - 45 Years	< 3.27
> 45 Years	< 1.15

Male

> 18	Years	0.73 - 16.05

Clinical Significance:
Antimullerian hormone (AMH), also known as mullerian -inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females.AMH is expressed in the follicles of female of reproductive age and inhibits the transition of follicles from primordial to primary stages. Because of the gender differences in AMH concentration, its changes in circulating concentrations with sexual development, and its specificity for Sertoli and granulosa cells, measurement of AMH has utility in the assessment of gender,gonadal function, fertility, and as a gonadal tumor marker. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycles, it is superior to the episodically released gonadotropins and ovarian steroids as a marker of ovarian reserve.

Specifications: Precision: Intra assay (%CV): 1.7 %, Inter assay (%CV): 2.8 %; Sensitivity: < 0.02 ng/ml

Kit Validation reference:
Picard JY Benarous R .Guerrier D Josson Kahn A cloning and expression of DNA for anti-mullerian hormone proc Nath Acad Sci USA 1986;83(15):5468-8

Please correlate with clinical conditions.
Method:- ONE-STEP IMMUNOENZYMATIC ("SANDWICH") ASSAY

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	LC-MS/MS	7.91	µg/dL

Reference Range :
Adult
08.00 AM : 5 - 23 µg/dL
04.00 PM : 3 - 16 µg/dL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

ANDROSTENEDIONE	LC-MS/MS	67.6	ng/dL

Reference Range :
Child, Prepubertal : < 5
Adults : 75 - 205
Postmenopausal : 82 - 275
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

CORTICOSTERONE	LC-MS/MS	107.8	ng/dL

Reference Range :
Age (Years)

<= 18 Years 18 - 1970 ng/dL
> 18 Years 53 - 1560 ng/dL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
ALDOSTERONE	C.L.I.A	10.7	ng/dL

Reference Range :-

Upright : 2.21 - 35.3 ng/dL
Supine : 1.17 - 23.6 ng/dL

Clinical Significance:

Aldosterone, a steroid hormone of adrenal cortex, has recently attracted much interest not only due to its primary role to promote unidirectional salt reabsorption in variety of epithelial cells and also due to pathophysiological effects in the reno cardiovascular system causing endothelial dysfunction, inflammation and remodeling. The elevated aldosterone level increases reabsorption of sodium (salt) and loss of potassium by the kidneys, often resulting in an electrolyte imbalance thus leading to high blood pressure, headache and muscle weakness, especially if potassium levels are very low. The decrease causes dehydration, low blood pressure, a low blood sodium level and a high potassium level. It also has a small effect on the metabolism of fats, carbohydrates and proteins.

Specifications: Precision: Intra Assay (%CV): 4.2 %, Inter Assay (%CV): 10.5%; Sensitivity: 1.45 ng/dL

Kit Validation References: Cartledge S, Lawson N.; Aldosterone and renin measurements,.Ann Clin Biochem 37: 262-278 (2000

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	4.54	mIU/mL

Reference Range :
FEMALES :
NORMALLY MENSTRUATING :
FOLLICULAR PHASE : 2.5-10.2 | MIDCYCLE PEAK: 3.4 - 33.4 | LUTEAL PHASE :1.5-9.1
PREGNANT : < 0.3 | POSTMENOPAUSAL : 23.0 - 116.3
MALES (13 - 70 YEARS) : 1.4-18.1
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

LUTEINISING HORMONE (LH)	C.L.I.A	14.08	mIU/mL

Reference Range :
Females:
Normally Menstruating:
Follicular Phase : 1.9 - 12.5 | Midcycle Peak : 8.7 - 76.3
Luteal Phase :0.5 - 16.9 | Pregnant : 0.1 - 1.5
Postmenopausal : 15.9 - 54.0
Children : 0.1 - 6.0
Males (20 - 70 Years) : 1.5 - 9.3
>70 Years : 3.1 - 34.6
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

PROLACTIN (PRL)	C.L.I.A	37.18	ng/mL

Reference Range :
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

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	128	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	9.78	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	0.922	µIU/mL	0.35-4.94

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

Method :

T3 - Fully Automated Chemi Luminescent Microparticle Immunoassay
T4 - Fully Automated Chemi Luminescent Microparticle Immunoassay
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

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
17-HYDROXYPROGESTERONE	LC-MS/MS	83.46	ng/dL

Reference Range :
MALES
PRE-PUBERTAL CHILD: 3 - 90
ADULT : 27 - 199

FEMALES
PRE-PUBERTAL CHILD : 3 - 90

ADULT
LUTEAL PHASE : 35 - 290
FOLLICULAR PHASE : 15 - 70
PREGNANCY : 200 - 1200
POSTMENOPAUSAL : < 70
POST ACTH : < 320

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
DHEA - SULPHATE (DHEAS)	LC-MS/MS	64.23	µg/dL

Reference Range :

Age (Years)	Female	Male
6 - 9	2.50 - 140	2.50 - 145
10 - 11	15 - 260	15 - 115
12 - 17	20 - 535	20 - 555
18 - 30	45 - 380	125 - 619
31 - 50	12 - 379	5 - 532
51 - 60		20 - 413
61 - 83		10 - 285
Postmenopausal	30 - 260	

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

DEHYDROEPIANDROSTERONE	LC-MS/MS	182.44	µg/dL

Reference Range :

Age (Years)	Males	Females
6 - 9	13-187	18-189
10 - 11	31-205	112-224
12 - 14	83-258	93-360
Adult	180-1250	130-980

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROGESTERONE	LC-MS/MS	0.06	ng/mL

Reference Range :

Age (Years)	Males
5 - 9	<= 0.70
10 - 13	<= 1.20
14 - 17	<= 0.80
18 - 29	<= 0.30
> 30	<= 0.20

Females :

5 - 9 Years	<= 0.6
10 - 13 Years	<= 10.2
14 - 17 Years	<= 11.9
Follicular Phase	<= 2.7
Luteal Phase	<= 31.4
Postmenopausal	<= 0.2

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

DEOXYCORTISOL	LC-MS/MS	26.88	ng/dL

Reference Range :
20 - 158
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	LC-MS/MS	71.03	ng/dL

Reference Range :

Age (Years)	Male	Female
1 - 5	2 - 25	2 - 10
6 - 9	3 - 30	2 - 20
Adult	260-1000	15 - 70

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

ESTRADIOL	LC-MS/MS	36	pg/mL

Reference Range :
Males : 11 - 44 pg/mL

Normal Menstruating Females
Follicular Phase : 21 - 251 pg/mL
Mid-Cycle Phase : 38 - 649 pg/mL
Luteal Phase : 21 - 312 pg/mL

Postmenopausal
Females not on HRT: <10 - 28 pg/mL
Females on HRT : <10 - 144 pg/mL

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - INFERTILITY PROFILE ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN D2	LC-MS/MS	4.15	ng/mL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY			
VITAMIN D3	LC-MS/MS	26.35	ng/mL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY			
VITAMIN D TOTAL	LC-MS/MS	30.5	ng/mL

Reference Range :
Deficiency : <20 ng/mL
Insufficiency : 20-30 ng/mL
Sufficiency : 30-100 ng/mL
Toxicity : >100 ng/mL

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : HEMOGRAM
PATIENTID :

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	**10.24**	**X 10³ / µL**	**4.0 - 10.0**
NEUTROPHILS	67	%	40-80
LYMPHOCYTE	25.7	%	20-40
MONOCYTES	2.4	%	2-10
EOSINOPHILS	4.3	%	1-6
BASOPHILS	0.3	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	6.86	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.63	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.25	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.03	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.44	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10³ / µL	0.0-0.3
TOTAL RBC	**4.82**	**X 10^6/µL**	**3.8-4.8**
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	12.3	g/dL	12.0-15.0
HEMATOCRIT(PCV)	39.4	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	**81.7**	**fL**	**83.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**25.5**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**31.2**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**48.5**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**16.3**	**%**	**11.6-14.0**
PLATELET COUNT	214	X 10³ / µL	150-410

Remarks : Alert!!! RBCs:Mild anisopoikilocytosis. Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

Please Correlate with clinical conditions.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

~~ End of report ~~

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : EDTA
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	
Labcode	:	
Ref By	:	XXXXXXXXXXXXX
Sample_Type/Tests	:	URINE:COMPLETE URINE ANALYSIS EDTA:HEMOGRAM - 6 PART (DIFF) SERUM:JAANCH - INFERTILITY PROFILE ADVANCED
Sample Collected At	:	
Sample Collected on (SCT)	:	Sample collection time
Report Released on (RRT)	:	Report release time
Amount Collected	:	-

Thyrocare

Dummy Report

CONDITIONS OF REPORTING

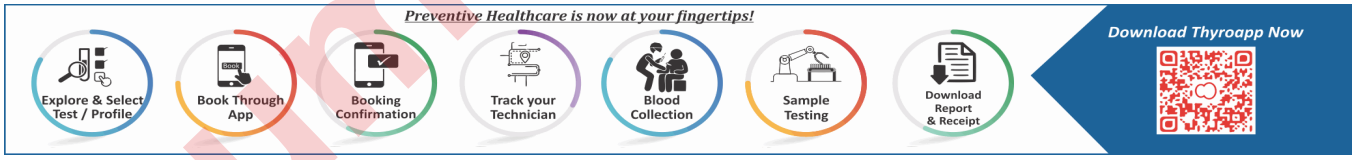
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**





Dummy Report