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REPORT

NAME : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5	%

Reference Range :

Reference Range: 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

Reference Range :

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

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 :

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REPORT

NAME : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	6.88	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	57.9	%	40-80
LYMPHOCYTE	32.3	%	20-40
MONOCYTES	7.8	%	2-10
EOSINOPHILS	1.7	%	1-6
BASOPHILS	0.3	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.1	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	3.98	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.22	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.54	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.02	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.12	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	4.35	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	**11.6**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	37.9	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	87.1	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**26.7**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**30.6**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	41	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.1	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	10.7	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.3	fL	6.5-12
PLATELET COUNT	339	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	26.9	%	19.7-42.4
PLATELETCRIT(PCT)	0.35	%	0.19-0.39

Remarks : Alert!!! 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)

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 :

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REPORT

NAME : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**67.65**	**mg/dL**

Reference Range :-

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-PAP METHOD

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 : FLUORIDE
Labcode :
Barcode :

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REPORT

NAME : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
17 OH PROGESTERONE	E.L.I.S.A	0.51	ng/mL

Reference Range :-

Children : 0.13 - 1.13
Men : 0.20 - 1.38

Women
Follicular Phase : 0.13 - 0.89
Luteinic Phase : 0.16 - 2.05
Post Menopause : 0.13 - 1.38

Clinical Significance:
17 Hydroxyprogesterone (17 OH Progesterone) is a C-21 steroid hormone produced in adrenal gland and gonads, during synthesis of glucocorticoids and sex steroids. Measurements of levels of 17-OH progesterone are useful in evaluation of patients with suspected congenital adrenal hyperplasia.

Specifications:
Intra Assay Precision: 10.5 % (%CV), Inter Assay Precision: 17.4 % (%CV)

Kit validation Reference:
Wisdem G.B. Clin Chem 2218 1243-1255 (1976)

Please correlate with clinical conditions.
Method:- COMPETITIVE ENZYME IMMUNOASSAY

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 : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	E.L.I.S.A	2.31	pg/mL

Reference Range :-

Male
< 12 Yrs : < 4.60
12-18 Yrs : 0.18 - 23.08
19-55 Yrs : 1.00 - 28.28
> 55 Yrs : 0.70 - 21.45
Female
< 12 Yrs : < 1.46
12-18 Yrs : < 2.24
19-55 Yrs : < 2.85
> 55 Yrs : < 1.56

Please correlate with clinical conditions.

Method:- SOLID PHASE ENZYME IMMUNOASSAY

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 : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DHEA - SULPHATE (DHEAS)	C.L.I.A	178.4	µg/dL

Reference Range :-

Age (Years)	Females	Males
18 - 21	51 - 321	24 - 537
21 - 30	18 - 391	85 - 690
31 - 40	23 - 266	106 - 464
41 - 50	19 - 231	70 - 495
51 - 60	8 - 188	38 - 313
61 - 70	12 - 133	24 - 244
> 71	7 - 177	5 - 253

Clinical Significance :

Elevated levels of DHEA are found in the plasma of patients with Adrenal Tumors or Congenital Adrenal Hyperplasia or Polycystic Ovaries. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, Clinical Examination and other findings.

Specifications: Precision: Intra assay (%CV): 8.3 %, Inter assay (%CV): 11.3%; Sensitivity: < 2 µg/dl.

Kit Validation References:
Meikle AW dayens RA ,Araheo BA. Adrenal androgen secretion and biological effects Endocrinol Metab Clin North Am .1991 Jun:20 (2):331-400

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 : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	52	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
Female on HRT : < 10 - 144 pg/mL

Clinical Significance: During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicle is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

Specification: Precision: Intra assay (%CV): 6.4, Inter assay (%CV):7.4,Sensitivity: <=10 pg/mL.

Kit Validation References: Muse K, Wilson EA. Monitoring ovulation induction: use of biochemical and biophysical parameters. Sem Reproduct Endocrinol 1986;4(3):301-9

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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 : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN - FASTING	C.L.I.A	8.79	µU/mL

Reference Range :-

1.9-23 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone.

For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.20 %, Inter Assay (%CV): 5.60%; Sensitivity: 0.03 µU/mL

External quality control program participation:

College Of American Pathologists: Insulin Survey (Ing): Cap Number: 7193855-01

Kit validation references:

Howanitz PJ, Howanitz JH, Henry JB. Carbohydrates.Clinical Diagnosis and Management by Laboratory Methods 1991 ;172-182.edited by Henry JB, Philadelphia, W.B Saunders Company.

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

NAME : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	83.3	ng/dL

Reference Range :-

Males
20-49 yrs: 249-836 ng/dL
>=50 yrs : 193-740 ng/dL
Females
20-49 yrs : 8.4 - 48.1 ng/dL
>=50 yrs : 2.9 - 40.8 ng/dL

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Piladelphia Pennsylvania .

Please correlate with clinical conditions.
Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

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 : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	184	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**60**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**115**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	52	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	0.86	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.9	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.52	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	123.4	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	10.38	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

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 : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	E.C.L.I.A	5.45	mIU/mL

Reference Range :
Men : 0-12.4 mIU/ml
Women : Follicular Phase : 0-12.5 mIU/ml
Ovulation Phase : 0-21.5 mIU/ml
Luteal phase : 0-7.7 mIU/ml
Post Menopause 0-134.8 mIU/ml
Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

LUTEINISING HORMONE (LH)	C.L.I.A	9.3	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)	E.C.L.I.A	17.8	ng/mL

Reference Range :
Men : 4.04-15.2 ng/ml
Women (Non Pregnant) : 4.79-23.3 ng/ml
First Trimester 9.95 - 101ng/ml
Second Trimester -17.2 - 270 ng/ml
Third Trimester 67.9 - 419 ng/ml
Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

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 : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	91.7	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.32	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.05	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.27	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.2	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	19.3	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	15	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.29	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.61	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.89	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.72	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.43	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - MODIFIED IFCC METHOD
BILT - VANADATE OXIDATION
BILD - VANADATE OXIDATION
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

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 : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	7.98	mg/dL	7.94 - 20.07
CREATININE - SERUM	**PHOTOMETRY**	**0.52**	**mg/dL**	**0.55-1.02**
BUN / SR.CREATININE RATIO	CALCULATED	15.35	Ratio	9:1-23:1
URIC ACID	PHOTOMETRY	3.24	mg/dL	3.2 - 6.1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
URIC - URICASE / PEROXIDASE METHOD

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
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Sample Type : SERUM
Labcode :
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REPORT

NAME : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TSH - ULTRASENSITIVE	C.M.I.A	2.225	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

Pregnancy reference ranges for TSH/USTSH :
Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)
1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5
2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0
3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References :

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243
2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

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

PROCESSED AT :

Thyrocare

Thyrocare
Tests you can trust

Corporate office : Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703
022 - 3090 0000 / 6712 3400 9870666333 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME : XXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	131	mL/min/1.73 m2

Reference Range :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

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:- CKD-EPI Creatinine Equation

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REPORT

NAME : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMA INSULIN RESISTANCE INDEX	CALCULATED	1.47	Index

Reference Range :-

Normal : < 2.0

Clinical Significance:
Homeostatic Model Assessment for Insulin Resistance (HOMA-IR)-is an index used to determine insulin resistance .Obesity, lack of Physical activity are few of the factors which contribute to insulin resistance which may lead to increase the risk of Cardiovascular disease.It is recommended to see HOMA-IR index as a cause for concern, not as an exact diagnosis.

Kit Validation Reference:
Matthews, D. R.etc."Homeostasis model assessment: insulin resistance and beta-cell function from fasting plasma glucose and insulin concentrations in man" Diabetologia (July 1985).

Please correlate with clinical conditions.

Method:- DERIVED FROM INSULIN AND BLOOD SUGAR VALUES

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

PROCESSED AT :

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REPORT

NAME : XXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
QUANTITATIVE INSULIN SENSITIVITY INDEX	**CALCULATED**	**0.36**	**Index**

Reference Range :-

>0.45: NORMAL REFERENCE LEVEL
0.30 - 0.45: INSULIN RESISTANCE LIKELY
<0.30: DIABETES DIAGNOSIS LIKELY

Please correlate with clinical conditions.

Method:- DERIVED FROM FASTING INSULIN AND FASTING GLUCOSE VALUES

~~ 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 : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

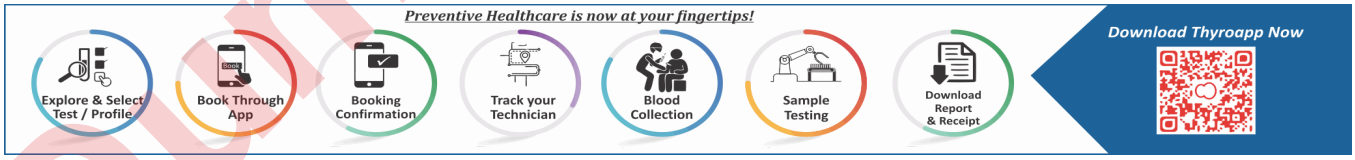
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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