Thyrocare

Tests you can trust

**Name** : XXXXXXXXXXXXXXXX

**Date** : XXXXXXXX

**Test Asked** : Jaanch Nutrition Check

**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 NUTRITION CHECK

## Report Availability Summary

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

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

| TEST DETAILS | REPORT STATUS |
|---|---|
| **JAANCH NUTRITION CHECK** | Ready |
| CALCIUM | Ready |
| FERRITIN | Ready |
| MAGNESIUM | Ready |
| PROTEIN - TOTAL | Ready |
| SERUM ZINC | Ready |
| VITAMIN A | Ready |
| VITAMIN B-12 | Ready |
| VITAMIN B1/THIAMIN | Ready |
| VITAMIN B2/RIBOFLAVIN | Ready |
| VITAMIN B3/NICOTINIC ACID | Ready |
| VITAMIN B5/PANTOTHENIC | Ready |
| VITAMIN B6/PYRIDOXAL - 5 - PHOSPHATE | Ready |
| VITAMIN B7/BIOTIN | Ready |
| VITAMIN B9/FOLIC ACID | Ready |
| VITAMIN E | Ready |
| VITAMIN K | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |
| SERUM ELECTROLYTES | Ready |
| ELEMENTS 22 (TOXIC AND NUTRIENTS) | Ready |
| IRON DEFICIENCY PROFILE | Ready |
| LIPID PROFILE | Ready |
| VITAMIN D PROFILE | Ready |

Dummy Report

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| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Tests Done | : JAANCH NUTRITION CHECK |
| 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 |
| **LIPID** | | | |
| LDL / HDL RATIO | **0.9** | Ratio | 1.5-3.5 |
| TC/ HDL CHOLESTEROL RATIO | **2.2** | Ratio | 3 - 5 |
| **VITAMIN** | | | |
| VITAMIN B-12 | **981** | pg/mL | 211-911 |
| VITAMIN D TOTAL | **200** | ng/mL | 30-100 |

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 |
|---|---|---|---|
| VITAMIN A | LC-MS/MS | < 550 | ng/mL |

**Bio. Ref. Interval. :-**

| Age | Reference range |
|---|---|
| 1 - 6 Years | 200 - 400 |
| 7 - 12 Years | 260 - 490 |
| 13 - 19 Years | 260 - 720 |
| Above 18 Years | 300 - 800 |

Clinical Significance:

Vitamin A or Retinol plays important role in the function retinal vision, growth, reproduction, embryonic development as well as in immune function.Vitamin A is also required for adaptive immunity and plays a role in the development of both T- helper cells and B-cells. Retinol and its metabolites and synthetic retinoids provide protective effects against the development of certain types of cancer by blocking tumor promotion, by inhibiting proliferation,by inducing apoptosis, by inducing differentiation or by performing combination of these actions.

Fat malabsorption, particularly caused by celiac disease or chronic pancreatitis and protein -energy malnutrition predispose to vitamin A deficiency.Clinical features of vitamin A deficiency include degenerative changes in eyes and skin and poor dark adaptation or night blindness.Vitamin A deficiency impairs innate immunity by impeding normal regeneration of mucosal bariers damaged by infection and by diminishing the function of neutrophils,macrophages and natural killer cells.

Toxic effects of hypervitaminosis A have occurred as a result of ingestion of excess vitamin or as a side effect of inappropriate therapy.Symptoms of acute toxicity from single massive dose present as abdominal pain,nausea,vomiting,severe headache, dizziness,sluggishness and irritability.Chronic toxicity shows symptoms like bone, join pain, hair loss, dryness and fissures of the lips, anorexia, benign intracranial hypertension, weight loss an hepatomegaly.

Clinical reference:

Tietz Textbok of clinical chemistry and Molecular diagnostic, Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Fifth edition., Elsevier.

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

| | | | |
|---|---|---|---|
| **Patient Name** | : XXXXXXXXXXXX | **Sample Collected on (SCT)** | : XXXXXXXXXXXX |
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| | | **Sample Type \| Barcode** | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN E | LC-MS/MS | 15000 | ng/mL |

**Bio. Ref. Interval. :-**

| | |
|---|---|
| Age < 1 Month | 1000 - 3500 |
| 2 - 5 Months | 2000 - 6000 |
| 6 M - 1 year | 3500 - 8000 |
| 2 - 12 years | 5500 - 9000 |
| Above 13 years | 5500 - 18000 |

Clinical Significance: Vitamin E or Alpha-tocopherol (body's main form of vitamin) function as antioxidant which protects vitamin A, C and red blood cells from oxidative damage caused by free radicals. It has been recognized as necessary for neurologic and reproductive functions, for prevention of retinopathy in premature infants. Alpha-tocopherol also induces inhibition of cell proliferation, platelete aggregation, and monocyte adhesion, which are thought to be the results of direct interaction of alpha-tocopherol with cell components. Alpha-tocopherol reduces inflammatory mediator production.

Premature and low birth weight infants are particularly susceptible to development of vitamin E deficiency, because placental transfer is poor and infants have such limited adipose tissue where much of the vitamins is normally stored. Signs of deficiency include irritability, edema and hemolytic anemia. Although symptoms of vitamin E deficiency are rare in children and adults, deficiency can occur in some conditions.

Excess vitamin E intake usually is achieved only by dietary supplementation. A comprehensive review of tolerance and safety of vitamin E suggested that intakes upto 3000mg/d were safe and reversible side effects of gastrointestinal symptoms, increased creatinuria, and impairment of blood coagulation are seen at intakes of 1000-3000 mg/d. However as noted earlier, long term use of intakes greater than 400mg/d may cause increased mortality.

Clinical reference: Tietz Textbok of clinical chemistry and Molecular diagnostic, Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Fifth edition., Elsevier.

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

Dummy Report

| | | | |
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| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN K | LC-MS/MS | < 0.66 | ng/mL |

**Bio. Ref. Interval. :-**

0.13 - 1.19

Clinical significance:

Vitamin K assay measures the principal form of vitamin K i.e. K1 :Phylloquinone which found predominantly in green leafy vegetables, margarines and plant oils.

Vitamin K promotes clotting of the blood, is required for the conversion of several clotting factors and prothombin, and is of growing interest in bone metabolism. Vitamin K plays important role in the deposition of ionic calcium needed for proper blood coagulation and bone formation.

Although vitamin K deficiency in the adults is uncommon, the risk is increased for fat malabsorption states such as bile duct obstruction,cystic fibrosis, chronic pancreatitis and liver disease. Risk also increased by the use of drugs that interfere with vitamin K metabolism, such as warfarin, cepahlosporin. Defective blood coagulation and demonstration of abnormal noncarboxylated prothrombin are at present the only well-established signs of vitamin K deficiency.

The use of high doses of naturally occurring vitamin K (K1 and K2) appears to have no untoward effect; however menadione( K3) treatment can lead to formation of erythrocyte cytoplasmic inclusions known as Heinz bodies and hemolytic anemia. With severe hemolysis, increase bilirubin formation and undeveloped capacity for its conjugation may produce kernicterus in the newborn.

Clinical reference:

Tietz Textbok of clinical chemistry and Molecular diagnostic, Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Fifth edition., Elsevier.

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

Dummy Report

| | | | |
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| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN B2/RIBOFLAVIN | LC-MS/MS | < 34.9 | ng/mL |
| **Bio. Ref. Interval. :-** | | | |
| 1.6 - 68.2 | | | |

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

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| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN B3/NICOTINIC ACID | LC-MS/MS | < 2.5 | ng/mL |
| **Bio. Ref. Interval. :-** | | | |
| <5.00 | | | |

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

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|---|---|---|---|
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| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN B6/PYRIDOXAL - 5 - PHOSPHATE | LC-MS/MS | < 27.5 | ng/mL |
| **Bio. Ref. Interval. :-** | | | |
| 5 - 50 | | | |

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

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| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN B9/FOLIC ACID | LC-MS/MS | < 10.1 | ng/mL |
| **Bio. Ref. Interval. :-** | | | |
| 0.2 - 20 | | | |

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN B5/PANTOTHENIC | LC-MS/MS | < 80.5 | ng/mL |
| **Bio. Ref. Interval. :-** | | | |
| 11 - 150 | | | |

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

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

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN B7/BIOTIN | LC-MS/MS | < 1.6 | ng/mL |
| **Bio. Ref. Interval. :-** | | | |
| 0.2 - 3 | | | |

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| VITAMIN B1/THIAMIN | LC-MS/MS | < 2.25 | ng/mL |
| **Bio. Ref. Interval. :-** | | | |
| 0.5 - 4.0 | | | |

**Please correlate with clinical conditions.**

**Method:-** LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/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 |
|---|---|---|---|
| FERRITIN | C.L.I.A | < 215 | ng/mL |
| **Bio. Ref. Interval. :** Men: 22-322 ng/ml Women: 10-291 ng/ml | | | |
| **Method :** Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay | | | |
| IRON | PHOTOMETRY | 98 | µg/dL |
| **Bio. Ref. Interval. :** Male : 65 - 175 Female : 50 - 170 | | | |
| **Method :** Ferrozine method without deproteinization | | | |
| TOTAL IRON BINDING CAPACITY (TIBC) | PHOTOMETRY | 334 | µg/dL |
| **Bio. Ref. Interval. :** Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl | | | |
| **Method :** Spectrophotometric Assay | | | |
| % TRANSFERRIN SATURATION | CALCULATED | 29 | % |
| **Bio. Ref. Interval. :** 13 - 45 | | | |
| **Method :** Derived from IRON and TIBC values | | | |
| UNSAT.IRON-BINDING CAPACITY(UIBC) | PHOTOMETRY | 236.2 | µg/dL |
| **Bio. Ref. Interval. :** 162 - 368 | | | |
| **Method :** SPECTROPHOTOMETRIC ASSAY | | | |

**Please correlate with clinical conditions.**

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **VITAMIN B-12** | **C.L.I.A** | **981** | **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 :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

| | | | |
|---|---|---|---|
| **Patient Name** | : XXXXXXXXXXXX | **Sample Collected on (SCT)** | : XXXXXXXXXXXX |
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| **Address** | : XXXXXXXXXXXX | **Report Released on (RRT)** | : XXXXXXXXXXXX |
| | | **Sample Type \| Barcode** | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| SERUM ZINC | PHOTOMETRY | 88.5 | µg/dL |

**Bio. Ref. Interval. :-**

70 - 115

Clinical Significance:
Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key role in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:
Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

**Please correlate with clinical conditions.**

**Method:-** NITRO - PAPS

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/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 | Bio. Ref. Interval. |
|---|---|---|---|---|
| TOTAL CHOLESTEROL | PHOTOMETRY | 123 | mg/dL | < 200 |
| HDL CHOLESTEROL - DIRECT | PHOTOMETRY | 56 | mg/dL | 40-60 |
| LDL CHOLESTEROL - DIRECT | PHOTOMETRY | 53.5 | mg/dL | < 100 |
| TRIGLYCERIDES | PHOTOMETRY | 120 | mg/dL | < 150 |
| **TC/ HDL CHOLESTEROL RATIO** | **CALCULATED** | **2.2** | **Ratio** | **3 - 5** |
| TRIG / HDL RATIO | CALCULATED | 2.12 | Ratio | < 3.12 |
| **LDL / HDL RATIO** | **CALCULATED** | **0.9** | **Ratio** | **1.5-3.5** |
| HDL / LDL RATIO | CALCULATED | 1.05 | Ratio | > 0.40 |
| NON-HDL CHOLESTEROL | CALCULATED | 66.2 | mg/dL | < 160 |
| VLDL CHOLESTEROL | CALCULATED | 23.94 | 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 :** JAANCH NUTRITION CHECK

**Report Remarks :** Labcode:0506002361/IT011

**Doctor 1 Sign** **Doctor 2 Sign**

| | | | |
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| | | **Sample Type \| Barcode** | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| MAGNESIUM | PHOTOMETRY | < 2.5 | mg/dL |

**Bio. Ref. Interval. :-**

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnsemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

**Please correlate with clinical conditions.**

**Method:-** MODIFIED XYLIDYL BLUE REACTION METHOD

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| SODIUM | I.S.E - INDIRECT | 137 | mmol/L |

**Bio. Ref. Interval. :**
Adults: 136-145 mmol/l

**Method :** ION SELECTIVE ELECTRODE - INDIRECT

| | | | |
|---|---|---|---|
| POTASSIUM | I.S.E - INDIRECT | < 4.3 | mmol/L |

**Bio. Ref. Interval. :**
ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. 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 Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

**Method :** ION SELECTIVE ELECTRODE - INDIRECT

| | | | |
|---|---|---|---|
| CHLORIDE | I.S.E - INDIRECT | 101 | mmol/L |

**Bio. Ref. Interval. :**
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

**Method :** ION SELECTIVE ELECTRODE - INDIRECT

**Please correlate with clinical conditions.**

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/IT011

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

| | | | |
|---|---|---|---|
| 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. |
|---|---|---|---|---|
| CALCIUM | PHOTOMETRY | 9.62 | mg/dL | 8.8-10.6 |

**Please correlate with clinical conditions.**

**Method :**

CALC - Arsenazo III Method, End Point.

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Report Remarks :** Labcode:0506002361/IT011

**Doctor 1 Sign** **Doctor 2 Sign**

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

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| PROTEIN - TOTAL | PHOTOMETRY | 6.98 | gm/dL | 5.7-8.2 |

**Please correlate with clinical conditions.**

**Method :**

PROT - Biuret Method

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Report Remarks :** Labcode:0506002361/IT011

**Doctor 1 Sign** **Doctor 2 Sign**

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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 |
|---|---|---|---|
| VITAMIN D2 | LC-MS/MS | < 100 | ng/mL |
| **Method :** Liquid Chromatography Tandem Mass Spectrometry | | | |
| VITAMIN D3 | LC-MS/MS | < 100 | ng/mL |
| **Method :** Liquid Chromatography Tandem Mass Spectrometry | | | |
| **VITAMIN D TOTAL** | **CALCULATED** | **200** | **ng/mL** |

**Bio. Ref. Interval. :**
Deficiency : <20 ng/mL
Insufficiency : 20-30 ng/mL
Sufficiency : 30-100 ng/mL
Toxicity : >100 ng/mL

**Method :** Derived from VD2 and VD3 values

**Please correlate with clinical conditions.**

Dummy Report

**Tests Done :** JAANCH NUTRITION CHECK

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:0506002361/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 | Bio. Ref. Interval. |
|---|---|---|---|---|
| ARSENIC | ICP-MS | < 2.46 | µg/L | < 5 |
| CADMIUM | ICP-MS | < 0.75 | µg/L | < 1.5 |
| MERCURY | ICP-MS | < 2.46 | µg/L | < 5 |
| LEAD | ICP-MS | < 74.95 | µg/L | < 150 |
| CHROMIUM | ICP-MS | < 15 | µg/L | < 30 |
| BARIUM | ICP-MS | < 14.96 | µg/L | < 30 |
| COBALT | ICP-MS | < 0.8 | µg/L | 0.10 - 1.50 |
| CAESIUM | ICP-MS | < 2.46 | µg/L | < 5 |
| THALLIUM | ICP-MS | < 0.5 | µg/L | < 1 |
| URANIUM | ICP-MS | < 0.5 | µg/L | < 1 |
| STRONTIUM | ICP-MS | < 23 | µg/L | 8 - 38 |
| ANTIMONY | ICP-MS | < 9.05 | µg/L | 0.10 - 18 |
| TIN | ICP-MS | < 1 | µg/L | < 2 |
| MOLYBDENUM | ICP-MS | < 2.35 | µg/L | 0.70 - 4.0 |
| SILVER | ICP-MS | < 2 | µg/L | < 4 |
| VANADIUM | ICP-MS | < 0.4 | µg/L | < 0.8 |
| BERYLLIUM | ICP-MS | < 0.05 | µg/L | <0.10 |
| BISMUTH | ICP-MS | < 0.45 | µg/L | 0.10 - 0.80 |
| SELENIUM | ICP-MS | < 200 | µg/L | 60 - 340 |
| ALUMINIUM | ICP-MS | < 15 | µg/L | < 30 |
| NICKEL | ICP-MS | < 7.5 | µg/L | < 15 |
| MANGANESE | ICP-MS | < 13.55 | µg/L | 7.10 - 20 |

**Please correlate with clinical conditions.**

**Method :**

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

Dummy Report

**Tests Done :** ELEMENTS 22 (TOXIC AND NUTRIENTS),HEMOGRAM

**Report Remarks :** Labcode:0506122338/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 | 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 : ELEMENTS 22 (TOXIC AND NUTRIENTS),HEMOGRAM**

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks : Labcode:0506122338/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