Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Jaanch Healthy Mind Package

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 HEALTHY MIND PACKAGE

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH HEALTHY MIND PACKAGE	Ready
25-OH VITAMIN D (TOTAL)	Ready
IRON	Ready
MAGNESIUM	Ready
SERUM ZINC	Ready
VITAMIN B-12	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
T3-T4-USTSH	Ready
CORTISOL SERUM (MORNING SAMPLE 6am -10am)	Ready

Dummy Report

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Patient Name	: XXXXXXXXXXXX	Tests Done	: JAANCH HEALTHY MIND PACKAGE
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
VITAMIN			
25-OH VITAMIN D (TOTAL)	**11.62**	ng/mL	30-100
VITAMIN B-12	**981**	pg/mL	211-911

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
CORTISOL SERUM (MORNING SAMPLE 6am -10am)	ECLIA	< 14.65	µg/dL

Bio. Ref. Interval. :-

6.00am to 10am: 6.02-18.4 µg/dL

Clinical Significance:

Cortisol is the major glucocorticoid product of the adrenal cortex.
Cortisol plays an important role in the regulation of many physiological processes like energy metabolism, maintaining electrolyte balance and blood pressure, immunomodulation and stress responses, cell proliferation as well as cognitive function.
Elevated serum levels of cortisol can also be seen in stress responses, psychiatric diseases, obesity, diabetes, alcoholism, contraceptives, estrogen therapy and pregnancy which may cause diagnostic problems in patients with Cushings Syndrome.
Cortisol secretion is controlled by Adrenocorticotropic hormone (ACTH) of pituitary gland
Normally, the Cortisol secretion happens in the second half of the night with peak cortisol production occuring in early morning, cortisol levels then decline throughout the day with lowest levels during first half of the night.
Therefore circadian variations of cortisol release and influence of stress should be considered while sampling for cortisol test
Samples should not be taken from, patients receiving biotin therapy, until atleast 8 hours following the last biotin administration
In some cases, interference is seen due to presence of antibodies to analyte-specific antibodies, streptavidin or ruthenium (in case of ECLIA method) can occur and interference with heterophile and HAMA antibodies can occur (in case of CLIA method assay)
Cortisol is best measured in the morning when evaluating for possible Adrenal Insufficiency and best measured in the afternoon or evening to differentiate normal and Cushings Syndrome subjects.
Increased Cortisol levels seen in pathologies like : Cushings Syndrome, Ectopic ACTH syndrome, prednisolone therapy, Ectopic CRH syndrome, Adrenal adenoma / carcinoma, Adrenal micronodular dysplasia, Adrenal macronodular hyperplasia, Stress
Decreased Cortisol Levels seen in pathologies like - Addisons disease, Pituitary dysfunction
The results should be interpreted in conjunction with clinical history and other findings

References: Kit insert

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Dummy Report

Tests Done : JAANCH HEALTHY MIND PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0506122352/IT011

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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
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**11.62**	**ng/mL**

Bio. Ref. Interval. :-

DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 ng/ml || TOXICITY : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health. Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome. Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Please correlate with clinical conditions.

Method:- Fully Automated Chemi Luminescent Immuno Assay

Dummy Report

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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 HEALTHY MIND PACKAGE

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		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 HEALTHY MIND PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0506122352/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
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 HEALTHY MIND PACKAGE

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		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	98	µg/dL

Bio. Ref. Interval. :
Male : 65 - 175
Female : 50 - 170

Method : Ferrozine method without deproteinization

Please correlate with clinical conditions.

Dummy Report

Tests Done : JAANCH HEALTHY MIND PACKAGE

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Report Remarks : Labcode:0506122352/IT011

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Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
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		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	79	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	6.4	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.M.I.A	<2.92	µIU/mL	0.35-4.94

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

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
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

Tests Done : JAANCH HEALTHY MIND PACKAGE

Report Remarks : Labcode:0506122352/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	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:0506122353/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