Thyrocare

Tests you can trust

**Name** : XXXXXXXXXXXXXX

**Date** : XXXXXXXX

**Test Asked** : Jaanch Alcohol Impact Screening

**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 ALCOHOL IMPACT SCREENING**

## Report Availability Summary

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

**11** Ready | **1** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

| TEST DETAILS | REPORT STATUS |
|---|---|
| **JAANCH ALCOHOL IMPACT SCREENING** | Ready with Cancellation |
| 25-OH VITAMIN D (TOTAL) | Ready |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | Ready |
| LIPASE | Ready |
| VITAMIN B-12 | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |
| KIDPRO | Ready |
| LIPID PROFILE | Ready |
| SERUM ALBUMIN-GLOBULIN RATIO | Ready |
| INDIRECT BILIRUBIN | Ready |
| ALKALINE PHOSPHATASE | Ready |
| FIBROSIS INDEX (FIB-4) | Ready with Cancellation |
| AMYLASE | Ready |

Dummy Report

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 : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Address : XXXXXXXXXXXXX

Tests Done : JAANCH ALCOHOL IMPACT SCREENING

## 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** | | | |
| 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 |
| **LIPID** | | | |
| LDL / HDL RATIO | **0.9** | Ratio | 1.5-3.5 |
| TC/ HDL CHOLESTEROL RATIO | **2.2** | Ratio | 3 - 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 |
|---|---|---|---|
| **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

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

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

| | | | |
|---|---|---|---|
| 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 ALCOHOL IMPACT SCREENING

**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 | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| AMYLASE | PHOTOMETRY | 69.34 | U/L |

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

Adults : 28-100 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:
Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

**Please correlate with clinical conditions.**
**Method:-** ENZYMATIC COLORIMETRIC TEST

Dummy Report

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

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

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

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| LIPASE | PHOTOMETRY | 40.09 | U/L |

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

Adults : 5.0 - 60.0 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:
High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:
Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:
Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

**Please correlate with clinical conditions.**
**Method:-** ENZYMATIC COLORIMETRIC ASSAY

Dummy Report

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

**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 | 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 ALCOHOL IMPACT SCREENING

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

| | | | |
|---|---|---|---|
| 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 | Bio. Ref. Interval. |
|---|---|---|---|---|
| ALKALINE PHOSPHATASE | PHOTOMETRY | 105.1 | U/L | 45-129 |
| BILIRUBIN - TOTAL | PHOTOMETRY | 0.45 | mg/dL | 0.3-1.2 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | PHOTOMETRY | 13.4 | U/L | < 55 |
| ALBUMIN - SERUM | PHOTOMETRY | 4.14 | gm/dL | 3.2-4.8 |
| BILIRUBIN -DIRECT | PHOTOMETRY | 0.1 | mg/dL | 0 - 0.20 |
| SERUM GLOBULIN | CALCULATED | 2.84 | gm/dL | 2.5-3.4 |
| SERUM ALB/GLOBULIN RATIO | CALCULATED | 1.46 | Ratio | 0.9 - 2 |
| BILIRUBIN (INDIRECT) | CALCULATED | 0.35 | mg/dL | 0-0.9 |
| PROTEIN - TOTAL | PHOTOMETRY | 6.98 | gm/dL | 5.7-8.2 |

**Please correlate with clinical conditions.**

**Method :**

ALKP - Modified IFCC method
BILT - Diazonium salt DPD method
GGT - Modified IFCC method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
BILD - Diazonium salt DPD method
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values
BILI - Derived from serum Total and Direct Bilirubin values
PROT - Biuret Method

Dummy Report

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

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

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| ASPARTATE AMINOTRANSFERASE (SGOT ) | PHOTOMETRY | 24.3 | U/L | < 35 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 32.9 | U/L | < 45 |
| SGOT / SGPT RATIO | CALCULATED | 0.74 | Ratio | < 2 |

**Please correlate with clinical conditions.**

**Method :**

SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.

Dummy Report

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

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

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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 | Bio. Ref. Interval. |
|---|---|---|---|---|
| BLOOD UREA NITROGEN (BUN) | PHOTOMETRY | 12.6 | mg/dL | 7.94 - 20.07 |
| CREATININE - SERUM | PHOTOMETRY | 0.9 | mg/dL | 0.72-1.18 |
| BUN / Sr.CREATININE RATIO | CALCULATED | 14 | Ratio | 9:1-23:1 |
| UREA (CALCULATED) | CALCULATED | 26.96 | mg/dL | Adult : 17-43 |
| UREA / SR.CREATININE RATIO | CALCULATED | 29.96 | Ratio | < 52 |
| CALCIUM | PHOTOMETRY | 9.62 | mg/dL | 8.8-10.6 |
| URIC ACID | PHOTOMETRY | 6 | mg/dL | 4.2 - 7.3 |

**Please correlate with clinical conditions.**

**Method :**

BUN - Kinetic UV Assay.
SCRE - Creatinine Enzymatic Method
B/CR - Derived from serum Bun and Creatinine values
UREAC - Derived from BUN Value.
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method

Dummy Report

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

**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 |
|---|---|---|---|
| EST. GLOMERULAR FILTRATION RATE (eGFR) | CALCULATED | 123 | mL/min/1.73 m2 |

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

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

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:-** 2021 CKD EPI Creatinine Equation

Dummy Report

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

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

| | | | |
|---|---|---|---|
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| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| ASPARTATE AMINOTRANSFERASE (SGOT ) | PHOTOMETRY | 24.3 | U/L | < 35 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 32.9 | U/L | < 45 |
| SGOT / SGPT RATIO | CALCULATED | 0.74 | Ratio | < 2 |

**Please correlate with clinical conditions.**

**Method :**

SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.

Dummy Report

**Tests Done :** JAANCH ALCOHOL IMPACT SCREENING

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

| | | | |
|---|---|---|---|
| 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 | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| **HEMOGLOBIN** | SLS-Hemoglobin Method | 14 | g/dL | 13.0-17.0 |
| Hematocrit (PCV) | CPH Detection | 42 | % | 40.0-50.0 |
| Total RBC | HF & EI | 4.7 | 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 | 283.8 | - | *Refer Note below |
| MENTZER INDEX | Calculated | 18.4 | - | *Refer Note below |
| **TOTAL LEUCOCYTE COUNT (WBC)** | HF & FC | 7.77 | X 10³ / 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 10³ / µL | 2.0-7.0 |
| Lymphocytes - Absolute Count | Calculated | 1.35 | X 10³ / µL | 1.0-3.0 |
| Monocytes - Absolute Count | Calculated | 0.21 | X 10³ / µL | 0.2 - 1.0 |
| Basophils - Absolute Count | Calculated | 0.04 | X 10³ / µL | 0.02 - 0.1 |
| Eosinophils - Absolute Count | Calculated | 0.3 | X 10³ / µL | 0.02 - 0.5 |
| Immature Granulocytes (IG) | Calculated | 0.02 | X 10³ / µL | 0-0.3 |
| Nucleated Red Blood Cells | Calculated | 0.01 | X 10³ / µL | 0.0-0.5 |
| **PLATELET COUNT** | HF & EI | 260 | X 10³ / 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 : JAANCH ALCOHOL IMPACT SCREENING**

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

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*

Dummy Report