Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXX

Date : XXXXXXXXXXXXXX

Test Asked : Jaanch Postpartum Health Checkup - Advanced

Report Status: Complete Report



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



98% Reports released within 06 Hours of sample reaching the lab*



9 out of 10 Doctors Trust that Thyrocare reports are Accurate & Reliable*



1200+ Tests & Profiles



Temperature-Controlled Sample Logistics



Unique Barcode Tracking



Fully Automated Machines Inspected Daily



Abnormal Values Re-Checked Twice



Reports Verified By Expert MD Pathologists Stationed at Every Lab



Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

Accredited by



NABL From 2005



ISO 9001: 2015 - From 2015



CAP From 2007

Dummy Report

PROCESSED AT :

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#

NAME : XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
CALCIUM	Ready
CORTISOL	Ready
ADRENOCORTICOTROPIC HORMONE (ACTH)	Ready
ESTRADIOL/OESTROGEN (E2)	Ready
FOLATE	Ready
FOLLICLE STIMULATING HORMONE (FSH)	Ready
FREE THYROXINE (FT4)	Ready
LUTEINISING HORMONE (LH)	Ready
PROLACTIN (PRL)	Ready
PROGESTERONE	Ready
PROTEIN - TOTAL	Ready
ALBUMIN - SERUM	Ready
SERUM GLOBULIN	Ready
TSH - ULTRASENSITIVE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
IRON DEFICIENCY PROFILE	Ready
LIPID PROFILE	Ready
VITAMIN D TOTAL AND B12 COMBO	Ready

Dummy Report

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
MEAN CORP.HEMO.CONC(MCHC)	29.6	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.5	pg	27.0-32.0

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.

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REF. BY : SEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXLF

TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	7	µg/dL

Bio. Ref. Interval. :-

06.00 - 10.00 A.M.: 6.02 - 18.4 µg/dL
04.00 - 08.00 P.M.: 2.68 - 10.5 µg/dL

Clinical Significance:

Cortisol is the Primary Glucocorticoid Hormone synthesized and secreted by the Adrenal Cortex. Addison's Disease is caused by primary adrenal insufficiency of the Adrenal Cortex, While Secondary Adrenal insufficiency is caused by pituitary destruction or failure, resulting in loss of ACTH stimulation. Cushing's syndrome is caused by increased levels of Cortsol due to either primary (Adrenal Tumors and Nodular Adrenal Hyperplasia) or secondary Adrenal Hyperfunction (Pituitary Overproduction of ACTH or Ectopic production of ACTH by a Tumor). For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, Clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 1.40 %, Inter Assay (%CV): 1.9 %; Sensitivity: 0.05 µg/dl

Kit Validation References :

Turpeinen U,hamalainen E.Determination of cortisol in serum,saliva and urine.Best practise & research Cliical Endocrinology & metabolisum 2013.27(6);795-801

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE 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

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROGESTERONE	C.M.I.A	0.16	ng/mL

Bio. Ref. Interval. :-

Adult males : < 0.10 - 0.20 ng/ml

Normal menstruating females
Follicular phase : < 0.10 - 0.30 ng/ml
Luteal phase : 1.20 - 15.9 ng/ml
Postmenopausal females : < 0.10 - 0.20 ng/ml

Pregnant Women
1st Trimester : 2.80 - 147.3 ng/ml
2nd Trimester : 22.5 - 95.3 ng/ml
3rd Trimester : 27.9 - 242.5 ng/ml

Clinical significance: Clinical evaluation of progesterone confirms ovulation and normal luteal function in nonpregnant women. Inadequate progesterone production by the corpus luteum may indicate luteal phase deficiency (LPD), which is associated with infertility and early miscarriage. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Precision: Intra assay (%CV): 5.5 %, Inter assay (%CV): 6.2%; Sensitivity: < 0.1 ng/ml

Kit Validation Reference: Weigel NL, Rovan BG. Estrogen and progesterone action. In: DeGroot LJ, Jameson JL, et al. eds. Endocrinology. Vol 3. 4th ed. Philadelphia: WB Saunders Co., 2001. 2053-2060

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

Dummy Report

Sample Collected on (SCT) : Sample collection time
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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	90	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.
Method : Fully Automated Chemi Luminescent Immuno Assay

VITAMIN B-12	C.L.I.A	300	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.
Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Dummy Report

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Barcode :

Doctor 1 Sign Doctor 2 Sign

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TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	30	pg/mL

Bio. Ref. Interval. :-

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
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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	C.L.I.A	6	ng/mL

Bio. Ref. Interval. :-

> 5.38 ng/ml

Clinical Significance: Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency.3 Folate deficiency is also associated with chronic alcoholism. Serum folate measurement provides an early index of folate status.

Specifications: Precision: Intra assay (%CV): 7.93, Inter assay (%CV): 7.19, Sensitivity: 0.35 ng/mL.

Kit Validation References: Steinkamp RC. Vitamin B12 and folic acid: clinical and pathophysiological considerations. In: Brewster MA, Naito HK, eds. Nutritional Elements and Clinical Biochemistry. New York: Plenum Publishing Corp.; 1980:169–240

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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REF. BY : XXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	70	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	300	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	23.33	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	180	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	150	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	45	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	70	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	130	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.3	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.89	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.6	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.64	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	105	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	26	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

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	50	mIU/mL

Bio. Ref. Interval. :
FEMALES :
NORMALLY MENSTRUATING :
FOLLICULAR PHASE : 2.5-10.2 | MIDCYCLE PEAK: 3.4 - 33.4 | LUTEAL PHASE :1.5-9.1
PREGNANT : < 0.3 | POSTMENOPAUSAL : 23.0 - 116.3
MALES (13 - 70 YEARS) : 1.4-18.1

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

LUTEINISING HORMONE (LH)	C.L.I.A	45	mIU/mL

Bio. Ref. Interval. :
Females:
Normally Menstruating:
Follicular Phase : 1.9 - 12.5 | Midcycle Peak : 8.7 - 76.3
Luteal Phase :0.5 - 16.9 | Pregnant : 0.1 - 1.5
Postmenopausal : 15.9 - 54.0
Children : 0.1 - 6.0
Males (20 - 70 Years) : 1.5 - 9.3
>70 Years : 3.1 - 34.6

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

PROLACTIN (PRL)	C.L.I.A	12	ng/mL

Bio. Ref. Interval. :
Females : Normally Menstruating : 2.8 - 29.2
Pregnant : 9.7 - 208.5
Postmenopausal : 1.8 - 20.3
Male : 2.1 - 17.7

Clinical Significance :
- Prolactin is a hormone which is secreted in pulsatile manner and is also influenced by a variety of physiological stimuli like - stress, pain, coitus, nipple stimulation, sleep etc . Hence it is recommended to test 3 specimens at 20-30 minute intervals after pooling if clinically indicated.
- Prolactin levels may show elevation if collected <3-4 hrs after waking up
- Prolactin test is used in diagnosis and management of pituitary adenomas, infertility, male and female hypogonadism etc
- Macroprolactin assay is recommended if prolactin levels are elevated but there are no signs and symptoms of hyperprolactinemia or if pituitary imaging studies are normal.
- Prolactin levels also show interference with certain psychiatric medicines, antihypertensives, opiates, ranitidine etc
- Results obtained are to be interpreted in conjunction with clinical history and other findings

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Dummy Report

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Sample Type : SERUM
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Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXX
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TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
PROTEIN - TOTAL	PHOTOMETRY	6.2	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.5	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.7	gm/dL	2.5-3.4

Please correlate with clinical conditions.

Method :

PROT - Biuret Method
SALB - Albumin Bcg method (Colorimetric Assay Endpoint)
SEGB - 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

NAME : XXXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
FREE THYROXINE (FT4)	C.L.I.A	1.5	ng/dL	0.7-1.8
TSH - ULTRASENSITIVE	C.M.I.A	3.5	µIU/mL	0.35-4.94

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

Method :

FT4 - 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

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 : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
CALCIUM	PHOTOMETRY	9.5	mg/dL	8.8-10.6

Please correlate with clinical conditions.

Method :

CALC - Arsenazo III Method, End Point.

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : ACTH,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ADRENOCORTICOTROPIC HORMONE (ACTH)	C.L.I.A	40	pg/mL

Bio. Ref. Interval. :-

Normal: < 46 pg/mL

Clinical Significance:

ACTH determinations are valuable in the differential diagnosis of adrenal insufficiency and hypersecretion. In Addisons disease (primary adrenal insufficiency), elevated levels are typical, whereas low levels are the rule when adrenal insufficiency is secondary to pituitary dysfunction. ACTH determinations can also help to identify the cause of cortisol hypersecretion in Cushings syndrome. ACTH levels are typically low when this is due to lesions or hyperplasia of the adrenal cortex, and high when it is due to ectopic ACTH production or hypersecretion of ACTH by the pituitary.

Specifications:

Precision: Intra assay (%CV): 9.5, Inter assay (%CV): 10.0, Sensitivity: 5pg/mL

Kit Validation Reference:

Broughton A. Application of adrenocorticotropin assays in a routine clinical laboratory. Am J Clin Path 1975;64:618-24

Please correlate with clinical conditions.
Method:- Solid-phase two-site sequential chemiluminescent immunometric 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 : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : ACTH,HEMOGRAM

SAMPLE COLLECTED AT :
TEST ENTRY ADDRESS PLEASE IGNORE THIS

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	13.8	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	46.6	%	40.0-50.0
Total RBC	HF & EI	5.2	X 10^6/µL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	89.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**26.5**	**pg**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**29.6**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	Calculated	44.4	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	13.5	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	232.6	-	*Refer Note below
MENTZER INDEX	Calculated	17.2	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	8.05	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	72.2	%	40-80
Lymphocytes Percentage	Flow Cytometry	20.1	%	20-40
Monocytes Percentage	Flow Cytometry	2.7	%	2-10
Eosinophils Percentage	Flow Cytometry	4.1	%	1-6
Basophils Percentage	Flow Cytometry	0.6	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	5.81	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.62	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.22	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.05	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.33	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	234	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	10.5	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	13	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	29.2	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.25	%	0.19-0.39

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

***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 (6 Part Differential SYSMEX XN-1000)

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)

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Sample Type : EDTA Whole Blood
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Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :

Thyrocare
Tests you can trust

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

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	85	mg/dL

Bio. Ref. Interval. :-

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

~~ 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 : FLUORIDE PLASMA
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXXXX **Age:** XXX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXX
Sample_Type/Tests	:	FLUORIDE:FBS EDTA:ACTH , HEMOGRAM - 6 PART (DIFF) SERUM:JAANCH POSTPARTUM HEALTH CHECKUP - ADVANCED
Sample Collected At	:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXXX**

XXXXXXXXXXXXXXXXX

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/nbdYeRgYvQc

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, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*