Thyrocare

Tests you can trust

**Name** : xxxxxxxxxxxxxxxx

**Date** : xxxxxxxxxxxxxxxx

**Test Asked** : Jaanch - Winter Fever Panel Advanced

**Report Status:** Complete Report



**9 out of 10 Doctors trust** that Thyrocare **reports are accurate & reliable***

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

**Samples** Processed in **NABL Accredited** Labs#

**700+** Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

Dummy Report

**PROCESSED AT :**

Thyrocare
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Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

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

**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH - WINTER FEVER PANEL ADVANCED

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **C-REACTIVE PROTEIN (CRP)** | **IMMUNOTURBIDIMETRY** | **81.81** | **mg/L** |

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

Acute phase determination : < 5 mg/L

Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

Reference:
Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

**Please correlate with clinical conditions.**
**Method:-** FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Dummy Report

**Sample Collected on (SCT)** : Sample collection time
**Sample Received on (SRT)** : Sample receiving time at Lab
**Reprt Released on (RRT)** : Report release time
**Sample Type** : SERUM
**Labode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign

**PROCESSED AT :**

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : ESR,HEMOGRAM,MALARIAL ANTIGEN

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**PATIENTID** :

| TEST NAME | TECHNOLOGY | RESULT |
|---|---|---|
| PLASMODIUM FALCIPARUM | IMMUNOASSAY | NEGATIVE |
| **Method :** RAPID IMMUNOASSAY | | |
| PLASMODIUM VIVAX | IMMUNOASSAY | NEGATIVE |
| **Method :** RAPID IMMUNOASSAY | | |

**Please correlate with clinical conditions.**

**METHODOLOGY : RAPID CARD BASED ON THE PRINCIPLE OF IMMUNOCHROMATOGRAPHY**

**CLINICAL SIGNIFICANCE :** Malaria is caused by four species of Plasmodium:- P. falciparum, P. Vivax, P. ovale & P.malariae. The disease results from the multiplication of malaria parasites within red blood cells of the host causing symptoms that typically include fever, headache, joint pain, vomiting, anemia, hemoglobinuria, retinal damage, convulsions, in severe cases progressing to coma and death. Rapid Test can be used as an aid in detection of specific antigen to Plasmodium vivax (Pv) PLDH and Plasmodium falciparum (Pf) HRP-2 in human whole blood.

**SPECIFICATIONS :** Sensitivity: For PfHRP-II: 98.5% & For PvLDH: 100% Specificity: For PfHRP-II: 99% & For PvLDH: 99%

**KIT VALIDATION REFERENCE :** Makler, M. et al (1993) Parasite lactate assay for Plasmodium falciparum drug sensitivity AmJ. Trop. Med. Hyg. 48(6), 739-741

**Please correlate with clinical conditions.**

**Note :** This is a screening test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods

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

**PROCESSED AT :**

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH - WINTER FEVER PANEL ADVANCED

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| CHIKUNGUNYA-IGM | E.L.I.S.A | 0.19 | OD Ratio |

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

Negative : < 0.90
Equivocal: 0.90 - 1.10
Positive : > 1.10

**Please correlate with clinical conditions.**
**Method:-** INDIRECT ELISA

Dummy Report

**Sample Collected on (SCT)** : Sample collection time
**Sample Received on (SRT)** : Sample receiving time at Lab
**Report Released on (RRT)** : Report release time
**Sample Type** : SERUM
**Labcode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign

**PROCESSED AT :**

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH - WINTER FEVER PANEL ADVANCED

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| DENGUE NS1 ANTIGEN - ELISA | E.L.I.S.A | 1.12 | Ag Units |

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

Negative : < 9
Equivocal : 9 - 11
Positive : > 11

Clinical Significance:
The detection of highly specific dengue NS1 antigen is possible in the serum of dengue virus infected individuals from the onset of clinical symptoms in primary as well as secondary infections. Therefore this antigen detection is an important tool for diagnosis of acute dengue virus infection. It allows rapid detection on the first day of fever, before antibodies appear some 5 or more days late.

Specifications:
Sensitivity: 99.5% & Specificity:100%

Kit Validation Reference:
Gubler DJ Trent DW: Emergence of epidemic dengue/dengue haemorrhage fever as a public health problem in the Americans Infect Agents Dis 2:383-393, 1993

**Please correlate with clinical conditions.**
**Method:-** SOLID PHASE ENZYME IMMUNOASSAY

Dummy Report

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

Doctor 1 Sign Doctor 2 Sign

**PROCESSED AT :**

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : ESR,HEMOGRAM,MALARIAL ANTIGEN

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **ERYTHROCYTE SEDIMENTATION RATE (ESR)** | **MODIFIED WESTERGREN** | **40** | **mm / hr** |

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

Male : 0-15
Female : 0-20

**Please correlate with clinical conditions.**
**Method:-** MODIFIED WESTERGREN

Dummy Report

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**Sample Type** : EDTA Whole Blood
**Labode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH - WINTER FEVER PANEL ADVANCED

**PATIENTID** : XXXXXXXXXXXXXXXX

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| ASPARTATE AMINOTRANSFERASE (SGOT ) | PHOTOMETRY | 27.67 | U/L | < 35 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 27.42 | U/L | < 45 |
| SGOT / SGPT RATIO | CALCULATED | 1.01 | 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.

**~~ End of report ~~**

Dummy Report

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**Sample Type** : SERUM
**Labcode** :
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Doctor 1 Sign Doctor 2 Sign

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH - WINTER FEVER PANEL ADVANCED

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

## Summary Report

### Tests outside reference range

| TEST NAME | OBSERVED VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|
| **CARDIAC RISK MARKERS** | | | |
| C-REACTIVE PROTEIN (CRP) | 81.81 | mg/L | < 5 |
| **COMPLETE HEMOGRAM** | | | |
| HEMOGLOBIN | 12.4 | g/dL | 13.0-17.0 |
| LYMPHOCYTE | 15.4 | % | 20-40 |
| LYMPHOCYTES - ABSOLUTE COUNT | 0.92 | X $10^3$ / µL | 1.0-3.0 |
| MEAN CORP.HEMO.CONC(MCHC) | 30.8 | g/dL | 31.5-34.5 |
| MEAN CORPUSCULAR HEMOGLOBIN(MCH) | 25.5 | pq | 27.0-32.0 |
| MEAN CORPUSCULAR VOLUME(MCV) | 82.7 | fL | 83.0-101.0 |
| PLATELET DISTRIBUTION WIDTH(PDW) | 9.1 | fL | 9.6-15.2 |
| PLATELET TO LARGE CELL RATIO(PLCR) | 14.5 | % | 19.7-42.4 |
| PLATELETCRIT(PCT) | 0.15 | % | 0.19-0.39 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | 15.8 | % | 11.6-14 |
| RED CELL DISTRIBUTION WIDTH - SD(RDW-SD) | 47.6 | fL | 39-46 |
| **OTHER COUNTS** | | | |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 40 | mm / hr | 0 - 15 |

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.

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**NAME** : XXXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXXX
**TEST ASKED** : ESR,HEMOGRAM,MALARIAL ANTIGEN

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**PATIENTID** : XXXXXXXXXXXXXXXXX

| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| **HEMOGLOBIN** | **SLS-Hemoglobin Method** | **12.4** | **g/dL** | **13.0-17.0** |
| Hematocrit (PCV) | CPH Detection | 40.2 | % | 40.0-50.0 |
| Total RBC | HF & EI | 4.86 | X 10^6/µL | 4.5-5.5 |
| **Mean Corpuscular Volume (MCV)** | **Calculated** | **82.7** | **fL** | **83.0-101.0** |
| **Mean Corpuscular Hemoglobin (MCH)** | **Calculated** | **25.5** | **pq** | **27.0-32.0** |
| **Mean Corp.Hemo. Conc (MCHC)** | **Calculated** | **30.8** | **g/dL** | **31.5-34.5** |
| **Red Cell Distribution Width - SD (RDW-SD)** | **Calculated** | **47.6** | **fL** | **39-46** |
| **Red Cell Distribution Width (RDW - CV)** | **Calculated** | **15.8** | **%** | **11.6-14** |
| RED CELL DISTRIBUTION WIDTH INDEX (RDWI) | Calculated | 268.9 | - | *Refer Note below |
| MENTZER INDEX | Calculated | 17 | - | *Refer Note below |
| **TOTAL LEUCOCYTE COUNT (WBC)** | HF & FC | 5.97 | X 10³ / µL | 4.0 - 10.0 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| Neutrophils Percentage | Flow Cytometry | 75 | % | 40-80 |
| **Lymphocytes Percentage** | **Flow Cytometry** | **15.4** | **%** | **20-40** |
| Monocytes Percentage | Flow Cytometry | 3.7 | % | 2-10 |
| Eosinophils Percentage | Flow Cytometry | 5.2 | % | 1-6 |
| Basophils Percentage | Flow Cytometry | 0.5 | % | 0-2 |
| Immature Granulocyte Percentage (IG%) | Flow Cytometry | 0.2 | % | 0-0.5 |
| Nucleated Red Blood Cells % | Flow Cytometry | 0.01 | % | 0.0-5.0 |
| **ABSOLUTE LEUCOCYTE COUNT** | | | | |
| Neutrophils - Absolute Count | Calculated | 4.48 | X 10³ / µL | 2.0-7.0 |
| **Lymphocytes - Absolute Count** | **Calculated** | **0.92** | **X 10³ / µL** | **1.0-3.0** |
| Monocytes - Absolute Count | Calculated | 0.22 | X 10³ / µL | 0.2 - 1.0 |
| Basophils - Absolute Count | Calculated | 0.03 | X 10³ / µL | 0.02 - 0.1 |
| Eosinophils - Absolute Count | Calculated | 0.31 | X 10³ / µL | 0.02 - 0.5 |
| Immature Granulocytes (IG) | Calculated | 0.01 | X 10³ / µL | 0-0.3 |
| Nucleated Red Blood Cells | Calculated | 0.01 | X 10³ / µL | 0.0-0.5 |
| **PLATELET COUNT** | HF & EI | 169 | X 10³ / µL | 150-410 |
| Mean Platelet Volume (MPV) | Calculated | 8.7 | fL | 6.5-12 |
| **Platelet Distribution Width (PDW)** | **Calculated** | **9.1** | **fL** | **9-15.2** |
| **Platelet to Large Cell Ratio (PLCR)** | **Calculated** | **14.5** | **%** | **13-43** |
| **Plateletcrit (PCT)** | **Calculated** | **0.15** | **%** | **0.19-0.39** |

**Remarks :** Alert!!! RBCs:Mild anisopoikilocytosis. 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
**Labcode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign



Dummy Report

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH - WINTER FEVER PANEL ADVANCED

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**PATIENTID** : XXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| DENGUE-IGG - ELISA | E.L.I.S.A | 2.49 | Ab units |

**Bio. Ref. Interval. :**
Negative : < 9
Equivocal: 9 - 11
Positive : > 11

Clinical Significance
The clinical diagnosis must be interpreted with clinical signs and symptoms of the patient. The results should be considered in association with other clinical data and patient symptoms. Serological cross-reactivity across the Flavivirus group is common (ie between St. Louis encephalitis, Murray Valley encephalitis, Japanese encephalitis, West Nile and yellow fever viruses). These diseases must be excluded before confirmation of diagnosis.

Specifications:
Sensitivity: 98.66% & Specificity:99.93%

Reference:
Pinherio FP, Corber SJ : Global situation of dengue haemorrhagic fever and its emergence in the American.World Health Stat! 50(3/4):161-169, 1997.

**Method :** SOLID PHASE CAPTURE ENZYME IMMUNOASSAY

| | | | |
|---|---|---|---|
| DENGUE-IGM - ELISA | E.L.I.S.A | 1.09 | Ab Units |

**Bio. Ref. Interval. :**
Negative : < 9
Equivocal: 9 - 11
Positive : > 11

Clinical Significance
Diagnosis of an infectious disease should not be established on the basis of a single test result. A precise diagnosis should take into consideration clinical history, symptomatology as well as serological data. The Flaviviridae family includes the serotypes of Dengue virus as well as yellow fever and Japanese encephalitis viruses. There is a cross reactivity among flaviviruses, due to the presence of common antigenic determinants.

Reference: Pinheiro FP, CorberSJ : Global situation of Dengue and Dengue haemorrhagic fever and its emergence in the Americas. World Health Stat ! 50(3/4):161-169, 1997

**Method :** SOLID PHASE CAPTURE ENZYME IMMUNOASSAY

**Please correlate with clinical conditions.**

Dummy Report

**Sample Collected on (SCT)** : Sample collection time
**Sample Received on (SRT)** : Sample receiving time at Lab
**Report Released on (RRT)** : Report release time
**Sample Type** : SERUM
**Labcode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign

**PROCESSED AT :**

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**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : JAANCH - WINTER FEVER PANEL ADVANCED

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

## Report Availability Summary

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

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

| TEST DETAILS | REPORT STATUS |
|---|---|
| **JAANCH - WINTER FEVER PANEL ADVANCED** | Ready |
| CHIKUNGUNYA-IGM | Ready |
| C-REACTIVE PROTEIN (CRP) | Ready |
| DENGUE-IGG - ELISA | Ready |
| DENGUE-IGM - ELISA | Ready |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | Ready |
| DENGUE NS1 ANTIGEN - ELISA | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |
| MALARIAL ANTIGEN | Ready |
| SERUM SGOT-SGPT RATIO | Ready |

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 **022-309 0000**






*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*

## CUSTOMER DETAILS

**As declared in our data base**

**Name:** xxxxxxxxxxxxxxxxxx **Age:** xxxxx **Sex:** xxxxx **Customer Mobile No:** xxxxx

| | | |
|---|---|---|
| **Barcodes/Sample_Type** | : | xxxxxxxxxxxxxxxxxx |
| **Labcode** | : | xxxxxxxxxxxxxxxxxx |
| **Ref By** | : | xxxxxxxxxxxxxxxxxx |
| **Sample_Type/Tests** | : | EDTA:ESR , HEMOGRAM - 6 PART (DIFF) , MALARIAL ANTIGEN<br>SERUM:JAANCH - WINTER FEVER PANEL ADVANCED |
| **Sample Collected At** | : | NO. 8C, L C ROAD, NEW COLONY ,CHROMEPET,CHENNAI. - 600044 |
| **Sample Collected on (SCT)** | : | Sample collection time |
| **Report Released on (RRT)** | : | Sample receiving time at Lab |
| **Amount Collected** | : | Report release time |

Dummy Report