PROCESSED AT :
Thyrocare

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

MC-2407

Thyrocare
Tests you can trust

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 : XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

HOME COLLECTION :

PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS A VIRUS (ANTI HAV) - IGM	C.M.I.A	0.07	S / CO

Bio. Ref. Interval. :-

Negative : < 0.80 (Non Reactive)
Equivocal: 0.80 - 1.20 (Borderline Reactive)
Positive : > 1.20 (Reactive)

Clinical Significance:
During the acute phase of HAV infection, IgM Anti-HAV appears in the patient's serum and is nearly always detectable at the onset of symptoms. In most cases, IgM Anti-HAV response usually peaks within the first month of illness and can persist for up to six months. 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): 11.33 %, Inter assay (%CV): 13.10%; Specificity of 99.0% and sensitivity of 95.0%

Kit validation references :
Locarnini SA, Ferris AA, Lehmana NL, ET AL. The antibody response following Hepatitis A Infection. Intervirology 1977;8(5): 309-18.

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

NAME : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

HOME COLLECTION :

PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS E VIRUS (Anti HEV) - IgM	E.L.I.S.A	0.29	OD Ratio

Bio. Ref. Interval. :-

Negative : < 1.00
Positive : > = 1.00

Clinical Significance:

Hepatitis E is usually an acute infection and does not become a chronic illness. On rare occasions the acute illness can take fulminant shape; pregnant women are at higher risk of fulminant liver failure. The great majorities of patients who recover from acute infection do not continue to carry HEV and cannot pass on the infection to others. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications:
Sensitivity: 100%, Specificity:100%

Kit validation references:
Labrique ABmThomas DL,Stoszek SK,et al: Hepatitis E:an emerging infectious diseases,Epidemiol.Rec. 1999;21:162-179

Please correlate with clinical conditions.
Method:- Solid Phase Enzyme 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

NAME : XXXXXXXXXXXXXXXXXXXXXXXXX **HOME COLLECTION :**
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B ENVELOPE ANTIBODY	**C.M.I.A**	**1.04**	**S / CO**

Bio. Ref. Interval. :
Positive : < = 1.01
Equivocal : 1.01 - 1.10
Negative : > = 1.11

* Competitive Assay : Lower value indicates positivity.

Clinical Significance :

Anti HBE is first detected, Only after the complete disappearance of Hepatitis B Envelope Antigen (HBeAg). Seroconversion from HbeAg to Anti-HBE during Acute Hepatitis B Infection is usually indicative of resolution of infection and a reduced level of Infectivity. For Diagnostic Purpose, Results should always be assessed in conjunction with the patient's medical history, Clinical examination and other findings.

Specifications:
Precision: Intra assay (%CV): 5.29 Inter assay (%CV): 5.68, Sensitivity: 99.5%, Specificity: 99.5%

Kit Validation References:

Magnius LO, Lindholm A, Lundin P, Et Al. A New Antigen-Antibody System. Clinical significance in long-term carriers of Hepatitis B Surface Antigen. Jama 1975; 231(4): 356-9.

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE 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

NAME : XXXXXXXXXXXXXXXXXXXXXXXXX **HOME COLLECTION :**
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B ENVELOPE ANTIGEN (HBEAG)	C.M.I.A	0.63	S / CO

Bio. Ref. Interval. :
Negative : < 1.00
Positive : > = 1.00

Clinical Significance:

HbeAg is first detectable in the early phase of Hepatitis B Viral Infection, after the appearance of Hepatitis B Surface Antigen (HBsAg). The titers of both antigen rise rapidly during the period of viral replication in acute replication. The presence of HBeAg correlates with increased numbers of infectious virus and the presence of Hepatitis B Virus specific DNA and DNA polymerase in serum. HBeAg may persist together with HBsAg in chronic Hepatitis B Viral infection. 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):12.40 %, Inter assay (%CV): 13.36%; Specificity: >=99.5%; Sensitivity: >= 99.5%

Kit Validation References :

Koff Rs, Viral Hepatitis, In: Schiff L, Schiff Er, Eds. Diseases of the Liver, 7th Ed. Philadelphia, PA: JB Lippincott Company; 1993; 492-577.

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE 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

NAME :XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY :XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

HOME COLLECTION :

PATIENTID :XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS A VIRUS (HAV) - TOTAL	E.L.I.S.A	0.62	OD Ratio

Bio. Ref. Interval. :-

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

* Equivocal result should be retested after 2 weeks.

Clinical significance:

The onset of hepatitis a is always accompanied by detectable and usually high levels of Anti-HAV. A negative result for a patient therefore excludes hepatitis a as a cause of illness. After an infection, Anti-HAV remains detectable for a lifetime, so that detection of Anti-HAV is indicative of current immunity, an essential criterion in deciding whether to supply active immunization by vaccination or to administer immunoglobulins for post-exposure prophylaxis in at-risk contacts.

External quality control program participation:

College of American Pathologists (CAP): CAP viral marker series - I survey.
CAP certification number: 7193855-01

Kit validation references :

CDC. Summary of notifiable, United States, 1997. MMWR 1998;46:1-87

Please correlate with clinical conditions.
Method:- Competitive Enzyme 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

NAME :XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY :XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

HOME COLLECTION :

PATIENTID :XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS B CORE ANTIGEN (AHBC) - IGM	C.L.I.A	0.15	Index

Bio. Ref. Interval. :-

Negative : < 0.80
Equivocal : 0.80 - 0.99
Positive : > = 1.00

Clinical Significance :

Classification of a hepatitis B infection requires the identification of several serological markers of the infection. The first marker to appear during the incubation phase is HBsAg, and indicates infection with HBV. Anti -HBC appears shortly after the appearance of HBsAg and peaks during the acute phase prior to the appearance of Anti-HBs. IgM antibody to the core antigen will decline in uncomplicated acute infection, whereas IgG antibody will persist for years. Presence of IgM and total Anti-HBC indicates an ongoing or recent HBV infection. When used in conjunction with tests for other HBV serological markers, a laboratory diagnosis or a rule out of HBV infection can be achieved. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Specificity: 100%; Sensitivity: 97.55%

Kit validation references

Gitlin N.Hepatitis B:diagnosis, prevention, and treatment. Clin.Chem. 1997;43:8(B):1500-1506

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

NAME :XXXXXXXXXXXXXXXXXXXXXXXXX
REF. BY :XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

HOME COLLECTION :

PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS B CORE ANTIGEN (AHBC) - TOTAL	C.M.I.A	0.15	S/CO

Bio. Ref. Interval. :-

Positive : > = 1.0 (Reactive)
Negative : < 1.0 (Non Reactive)

Clinical Significance :
Classification of a hepatitis B infection requires the identification of several serological markers of the infection. The first marker to appear during the incubation phase is HBsAg, and indicates infection with HBV. Anti -HBC appears shortly after the appearance of HBsAg and peaks during the acute phase prior to the appearance of Anti-HBS. IgM antibody to the core antigen will decline in uncomplicated acute infection, whereas IgG antibody will persist for years. Anti HBC is also elevated in chronic HBV infections. Presence of Anti-HBC indicates an ongoing HBV infection. When used in conjunction with tests for other HBV serological markers, diagnosis of viral hepatitis can be achieved. 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): 6.52, Inter assay (%CV): 7.57, Sensitivity: >=99.5%

Kit validation references :
Koff RS. Viral Hepatitis. In: Schiff L, Schiff ER, editors. Diseases of the Liver. 7th ed. Philadelphia: JB Lippincott, 1993:492-577.

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

NAME :XXXXXXXXXXXXXXXXXXXXXXXXX **HOME COLLECTION :**
REF. BY :XXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS B SURFACE ANTIGEN - TOTAL	**C.M.I.A**	**62.96**	**mIU/mL**

Bio. Ref. Interval. :-

Negative : < 10.0 mIU/mL
Positive : >= 10.0 mIU/mL

Clinical Significance:

Classification of a hepatitis B infection requires the identification of several serological markers of the infection. The first marker to appear during the incubation phase is HBsAg, and indicates infection with HBV. Antibodies to HBsAg generally appears after HBsAg has been cleared from the blood stream, usually 6 months after infection, and its presence represents recovery and immunity. The presence of HBsAg antibodies should not be used as the sole marker in determining a prior hepatitis b infection. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, vaccination history, clinical examination and other findings. Based on WHO recommendation, an Anti-HBS concentration >=10.0 mIU/mL is regarded as being protective against Hepatitis B viral infection.

Specifications:
Precision: Intra assay (%CV): 6.5, Inter assay (%CV): 8.6, Specificity: 99.67%, Sensitivity: 97.54%

Kit validation references:
Architect System Anti-HBS REF 7C18-29, -39, -33, G8-0543/R02, B7C1R0

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

NAME : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL
PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXX

HOME COLLECTION :

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	C.M.I.A	0.1	OD ratio

Reference range :

NON REACTIVE : < 1.0
REACTIVE : > = 1.0

Method:
FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Clinical significance:
Hepatitis C Virus (HCV) is now recognized as the primary cause of transfusion-associated Non-A, Non-B Hepatitis. The biochemical changes occurring in a Hepatitis C Virus-infected person are increased levels of serum transaminases. The acute presentation of HCV infection is generally mild, often clinically asymptomatic, with only 10 - 25 % of patients developing jaundice, greater than 50% of infected individuals go on to develop chronic hepatitis with serious and possibly life threatening sequel such as cirrhosis and Hepatocellular Carcinoma..

Note: Repeatedly reactive anti HCV specimens should be investigated further in supplemental tests such as other HCV specific immunoassays and immunoblot assays or a combination thereof and/or NAT tests.

Specifications: Precision: Intra assay (%cv): 3.9 %, Inter assay (%cv): 4.5 % Sensitivity: 99.10 % ; Specificity: 99.60%

Kit validation reference
Engvall E,Perlman P .Enzyme-LinkedImmunosobent Assay (ELISA)QuantitativeAssay of Immunoglobulin.G Immunochemistry 1971;8:871-4

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 : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL
PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXX

HOME COLLECTION :

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	E.C.L.I.A	0.44	OD ratio

Non reactive: < 0.90
Border line : >=0.90 to < 1.0
Reactive : >= 1.0

Clinical Significance:
Hepatitis B Surface Antigen test is a screening test and is being performed using solid phase enzyme immunoassay. A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR. Type B viral hepatitis is usually accompanied by the appearance of hepatitis B surface antigen in the serum. HBsAg can be detected in the serum as early as 2 to 3 weeks before the onset of the illness and reaches a peak titre at the time when the characteristic symptoms like jaundice and changes in the liver-specific enzymes appear. This is normally followed by a gradual elimination of the antigen. In some cases and in an unknown percentage of subclinical hepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. Despite the high sensitivity of HBsAg assays, a risk of the transmission of hepatitis B by an HBsAg -negative sample cannot be ruled out.

Specifications:
Precision: Intra assay (%CV): 14.6 %, Inter assay (%CV): 11.6 % ,Sensitivity: 99.90%; Specificity:100%

Kit validation references: Proposal for the validation of Anti HIV 1/2 or HIV Ag/Ab combination Assays Anti HCV Assays HBsAg and Anti HBc assay for Use with cadaveric Samples PEI 08/05/2014.

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 : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

PATIENTID : XXXXXXXXXXXXXXXXXXXXXXXX

HOME COLLECTION :

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	64.5	U/L	45-129
BILIRUBIN -DIRECT	PHOTOMETRY	0.07	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.37	mg/dL	0-0.9
BILIRUBIN - TOTAL	PHOTOMETRY	0.44	mg/dL	0.3-1.2
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	11	U/L	< 38
SGOT / SGPT RATIO	**CALCULATED**	**2.13**	**Ratio**	**< 2**
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	19	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	8.9	U/L	< 34
PROTEIN - TOTAL	PHOTOMETRY	6.88	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.2	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.68	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.57	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
BILT - Vanadate Oxidation
GGT - Modified IFCC method
OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
PROT - Biuret Method
SALB - Albumin Bcg[1]method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - 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

PROCESSED AT :
Thyrocare

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Tests you can trust

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

NAME : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

HOME COLLECTION :

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	4.9	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	94	mg/dL

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

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 : EDTA
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :
Thyrocare

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 : XXXXXXXXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : HEPATITIS PANEL

HOME COLLECTION :

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	5.67	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	59.4	%	40-80
LYMPHOCYTE	32.6	%	20-40
MONOCYTES	2.5	%	2-10
EOSINOPHILS	4.6	%	1-6
BASOPHILS	0.7	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	3.37	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.85	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**0.14**	**X 10³ / µL**	**0.2 - 1.0**
BASOPHILS - ABSOLUTE COUNT	0.04	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.26	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	4.44	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	12.8	g/dL	12.0-15.0
HEMATOCRIT(PCV)	38.5	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	86.7	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.8	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	33.2	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	43.7	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.9	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	10.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.1	fL	6.5-12
PLATELET COUNT	322	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	24.9	%	19.7-42.4
PLATELETCRIT(PCT)	0.33	%	0.19-0.39

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

Please Correlate with clinical conditions.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin 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 : EDTA
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

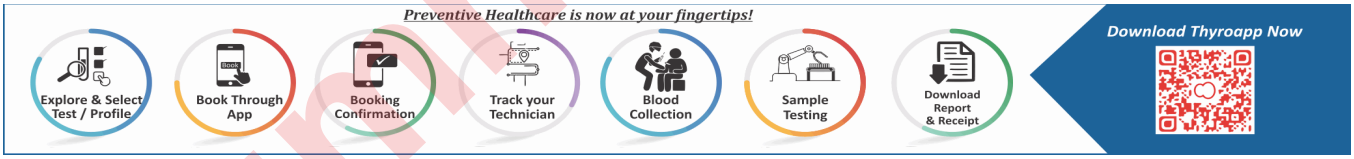
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

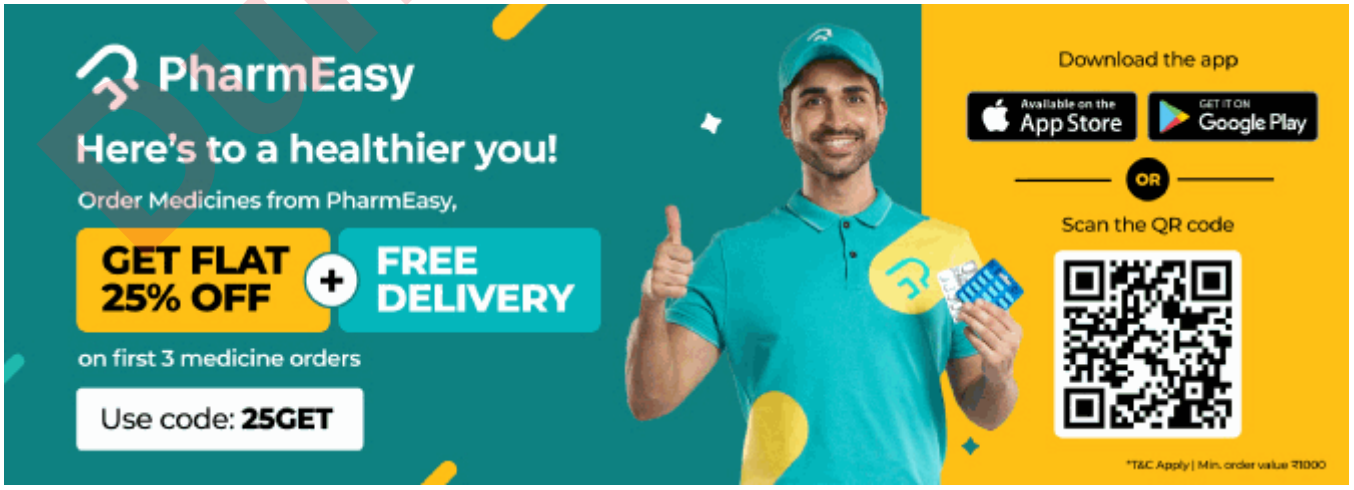
EXPLANATIONS

- 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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**





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