Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Metabolic Profile - Basic New

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,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
METABOLIC PROFILE - BASIC NEW	Ready
CHLORIDE	Ready
SODIUM	Ready
VITAMIN B-12	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
ELEMENTS 22 (TOXIC AND NUTRIENTS)	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
VITAMIN D PROFILE	Ready
T3-T4-USTSH	Ready

Dummy Report

PROCESSED AT :
Thyrocare,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
MEAN PLATELET VOLUME(MPV)	12.5	fL	6.5-12
PLATELET DISTRIBUTION WIDTH(PDW)	17.3	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	44.4	%	19.7-42.4
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.6	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	46.3	fL	39.0-46.0
TOTAL RBC	5.07	X 10^6/µL	3.8-4.8
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	128	mg/dL	90-120
HbA1c	6.1	%	< 5.7
ELECTROLYTES			
SODIUM	134	mmol/L	136 - 145
LIPID			
HDL / LDL RATIO	0.34	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	123	mg/dL	< 100
TRIG / HDL RATIO	3.83	Ratio	< 3.12
TRIGLYCERIDES	159	mg/dL	< 150
LIVER			
SERUM GLOBULIN	3.61	gm/dL	2.5-3.4
RENAL			
EST. GLOMERULAR FILTRATION RATE (eGFR)	78	mL/min/1.73 m2	>= 90
URIC ACID	6.52	mg/dL	3.2 - 6.1
THYROID			
TSH - ULTRASENSITIVE	5.39	µIU/mL	0.54-5.30
TOXIC ELEMENTS			
BERYLLIUM	0.06	µg/L	0.10 - 0.80
VITAMIN			
VITAMIN D TOTAL	7.38	ng/mL	30-100

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.

PROCESSED AT :

Thyrocare,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	223	pg/mL

Bio. Ref. Interval. :-

Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compititive 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.

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	63.6	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	356.42	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	17.84	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	292.82	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

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	Doctor 1 Sign	Doctor 2 Sign
Labcode	:		
Barcode	:		

PROCESSED AT :
Thyrocare,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
TOTAL CHOLESTEROL	PHOTOMETRY	185	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	42	mg/dL	40-60
HDL / LDL RATIO	**CALCULATED**	**0.34**	**Ratio**	**> 0.40**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**123**	**mg/dL**	**< 100**
TRIG / HDL RATIO	**CALCULATED**	**3.83**	**Ratio**	**< 3.12**
TRIGLYCERIDES	**PHOTOMETRY**	**159**	**mg/dL**	**< 150**
NON-HDL CHOLESTEROL	CALCULATED	143.5	mg/dL	< 160
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	31.84	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
HD/LD - Derived from HDL and LDL values.
LDL - Direct Measure
TRI/H - Derived from TRIG and HDL Values
TRIG - Enzymatic, End Point
NHDL - Derived from serum Cholesterol and HDL values
TC/H - Derived from serum Cholesterol and Hdl values
LDL/ - Derived from serum HDL and LDL 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

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
Labode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :
Thyrocare,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
ALKALINE PHOSPHATASE	PHOTOMETRY	109	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.4	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.06	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.34	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	30.9	U/L	< 38
SGOT / SGPT RATIO	CALCULATED	1.18	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.7	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	19.2	U/L	< 34
PROTEIN - TOTAL	PHOTOMETRY	7.73	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.12	gm/dL	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**3.61**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.14	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
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 Bcg¹method (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,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
CALCIUM	PHOTOMETRY	8.86	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**6.52**	**mg/dL**	**3.2 - 6.1**
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	11	mg/dL	7.94 - 20.07
UREA (CALCULATED)	CALCULATED	23.54	mg/dL	Adult : 17-43
CREATININE - SERUM	PHOTOMETRY	0.85	mg/dL	0.55-1.02
UREA / SR.CREATININE RATIO	CALCULATED	27.69	Ratio	< 52
BUN / SR.CREATININE RATIO	CALCULATED	12.94	Ratio	9:1-23:1
CHLORIDE	I.S.E - INDIRECT	101	mmol/L	98 - 107
SODIUM	**I.S.E - INDIRECT**	**134**	**mmol/L**	**136 - 145**

Please correlate with clinical conditions.

Method :

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

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,

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 : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	161	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	8.94	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	**E.C.L.I.A**	**5.39**	**µIU/mL**	**0.54-5.30**

Comments : ***

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

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich 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

PROCESSED AT :

Thyrocare,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**78**	**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

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

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

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : METABOLIC PROFILE - BASIC NEW

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN D2	LC-MS/MS	0.91	ng/mL

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

VITAMIN D3	LC-MS/MS	6.47	ng/mL

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

VITAMIN D TOTAL	**CALCULATED**	**7.38**	**ng/mL**

Bio. Ref. Interval. :
Deficiency : <20 ng/mL
Insufficiency : 20-30 ng/mL
Sufficiency : 30-100 ng/mL
Toxicity : >100 ng/mL
Method : Derived from VD2 and VD3 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 : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :
Thyrocare,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
ARSENIC	ICP-MS	1.08	µg/L	< 5
CADMIUM	ICP-MS	0.77	µg/L	< 1.5
MERCURY	ICP-MS	0.44	µg/L	< 5
LEAD	ICP-MS	53.2	µg/L	< 150
CHROMIUM	ICP-MS	5.97	µg/L	< 30
BARIUM	ICP-MS	3.52	µg/L	< 30
COBALT	ICP-MS	0.52	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	2.75	µg/L	< 5
THALLIUM	ICP-MS	0.04	µg/L	< 1
URANIUM	ICP-MS	0.03	µg/L	< 1
STRONTIUM	ICP-MS	35.78	µg/L	8 - 38
ANTIMONY	ICP-MS	0.14	µg/L	0.10 - 18
TIN	ICP-MS	1.97	µg/L	< 2
MOLYBDENUM	ICP-MS	0.98	µg/L	0.70 - 4.0
SILVER	ICP-MS	2.91	µg/L	< 4
VANADIUM	ICP-MS	0.54	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.06**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.19	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	180.49	µg/L	60 - 340
ALUMINIUM	ICP-MS	25.38	µg/L	< 30
NICKEL	ICP-MS	6.8	µg/L	< 15
MANGANESE	ICP-MS	12.4	µg/L	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

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

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 : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	6.1	%

Bio. Ref. Interval. :

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

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

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**128**	**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 Whole Blood	Doctor 1 Sign	Doctor 2 Sign
Labcode	:		
Barcode	:		

PROCESSED AT :
Thyrocare,

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval
HEMOGLOBIN	SLS-Hemoglobin Method	14.5	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	44.9	%	36.0-46.0
Total RBC	**HF & EI**	**5.07**	**X 10^6/µL**	**3.8-4.8**
Mean Corpuscular Volume (MCV)	Calculated	88.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.6	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	32.3	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**46.3**	**fL**	**39.0-46.0**
Red Cell Distribution Width (RDW - CV)	**Calculated**	**14.6**	**%**	**11.6-14.0**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	255.1	-	*Refer Note below
MENTZER INDEX	Calculated	17.5	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	9.14	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	62.8	%	40-80
Lymphocytes Percentage	Flow Cytometry	29	%	20-40
Monocytes Percentage	Flow Cytometry	4.2	%	2-10
Eosinophils Percentage	Flow Cytometry	3	%	1-6
Basophils Percentage	Flow Cytometry	0.7	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	5.74	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.65	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.38	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.06	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.27	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.03	X 10^3 / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	289	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	**Calculated**	**12.5**	**fL**	**6.5-12**
Platelet Distribution Width (PDW)	**Calculated**	**17.3**	**fL**	**9.6-15.2**
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**44.4**	**%**	**19.7-42.4**
Plateletcrit (PCT)	Calculated	0.36	%	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**)**

~~ End of 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

Dummy Report

CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v 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.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- v Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- v **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- v **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- v **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- v **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- v **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- v **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

Preventive Healthcare is now at your fingertips!

Explore & Select Test / Profile | Book Through App | Booking Confirmation | Track your Technician | Blood Collection | Sample Testing | Download Report & Receipt

Download Thyroapp Now

Launching

Jaanch

For a closer look at your health with



Doctor-Curated Specialised Packages All Under One Roof

Heart | Fever | Cancer | Women's - Reproductive Health | Thyroid | Diabetes | STDs | Skin Care | Hair Fall

Thyrocare
Tests you can trust

*+T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*