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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**101.3**	**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

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
Labcode :
Barcode :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (PP)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
POSTPRANDIAL BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	99.5	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Random/Post-Prandial Plasma Glucose (RPG/PPPG)	
Normal	70 to 140 mg/dl
Impaired Glucose Tolerance	140 - 199 mg/dl
Diabetes	Greater than or Equal to 200

Please correlate with clinical conditions.
Method:- GOD-PAP METHOD

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 NF
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	7.07	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.Deternination 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

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROGESTERONE	C.M.I.A	0.6	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, Rowan 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
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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**22.2**	**ng/mL**

Bio. Ref. Interval. :
Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 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):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

VITAMIN B-12	C.L.I.A	323	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; 1987:56973.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO 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
Labode :
Barcode :

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	225	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
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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NAME : XXXXXXXXXXXXXXXX
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TEST ASKED : POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	C.L.I.A	6.5	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

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	88.5	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	314.7	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	28.12	%
Bio. Ref. Interval. : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	226.2	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
Labcode :
Barcode :

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	166	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	53	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**103**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	72	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.1	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.35	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.9	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.52	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	112.1	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	14.38	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

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 :

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	E.C.L.I.A	18.7	mIU/mL

Bio. Ref. Interval. :
Men : 0-12.4 mIU/ml
Women : Follicular Phase : 0-12.5 mIU/ml
Ovulation Phase : 0-21.5 mIU/ml
Luteal phase : 0-7.7 mIU/ml
Post Menopause 0-134.8 mIU/ml
Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

LUTEINISING HORMONE (LH)	E.C.L.I.A	92.7	mIU/mL

Bio. Ref. Interval. :
Men : 0-8.6 mIU/ml
Women -Follicular Phase : 0-12.6 mIU/ml
Ovulation phase : 0-95.6 mIU/ml
Luteal Phase : 0-11.4 mIU/ml
PostMenopause : 0-58.5 mIU/ml
Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

PROLACTIN (PRL)	**E.C.L.I.A**	**31.2**	**ng/mL**

Bio. Ref. Interval. :
Men : 4.04-15.2 ng/ml
Women (Non Pregnant) : 4.79-23.3 ng/ml
First Trimester 9.95 - 101ng/ml
Second Trimester -17.2 - 270 ng/ml
Third Trimester 67.9 - 419 ng/ml
Method : Fully Automated Electrochemiluminescence Sandwich 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
Labode :

Doctor 1 Sign Doctor 2 Sign

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
PROTEIN - TOTAL	PHOTOMETRY	6.6	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.94	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.66	gm/dL	2.5-3.4

Please correlate with clinical conditions.

Method :

PROT - BIURET METHOD
SALB - ALBUMIN BCG[1]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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
FREE THYROXINE (FT4)	C.M.I.A	0.93	ng/dL	0.7-1.48
TSH - ULTRASENSITIVE	C.M.I.A	1.13	µIU/mL	0.35-4.94

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

Method :

FT4 - Fully Automated Chemi Luminescent Microparticle Immunoassay
USTSH - FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

Pregnancy reference ranges for TSH/USTSH :
Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)
1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5
2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0
3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References :

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243
2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : POSTPARTUM HEALTH CHECKUP - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
CALCIUM	PHOTOMETRY	8.6	mg/dL	8.8-10.6

Please correlate with clinical conditions.

Method :

CALC - ARSENAZO III METHOD, END POINT.

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 :

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ADRENOCORTICOTROPIC HORMONE (ACTH)	C.L.I.A	28	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
Labcode :
Barcode :

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	7.91	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	66.8	%	40-80
LYMPHOCYTE	28.7	%	20-40
MONOCYTES	2.8	%	2-10
EOSINOPHILS	1.1	%	1-6
BASOPHILS	0.3	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	5.28	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.27	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.22	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.02	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.09	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0.0-0.3
TOTAL RBC	4.67	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	13.2	g/dL	12.0-15.0
HEMATOCRIT(PCV)	45.3	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	97	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.3	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**29.1**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**50.3**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	**16.4**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**12.1**	**fL**	**6.5-12**
PLATELET COUNT	272	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	40.9	%	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

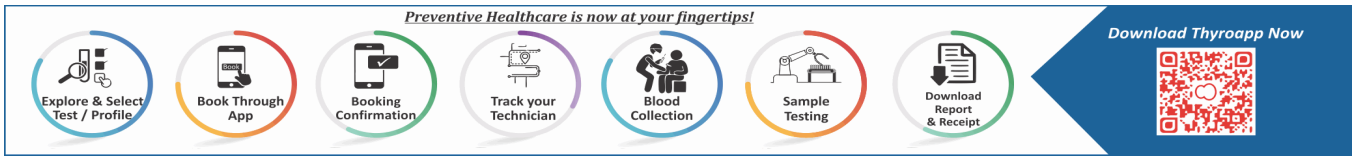
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 / 6[illegible] 300**
- SMS:<Labcode No.> to **9[illegible]666333**





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