PROCESSED AT :

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 : XXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD (MINI)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	E.L.I.S.A	0.2	pg/mL

Bio. Ref. Interval. :-

Male
< 12 Yrs : < 4.60
12-18 Yrs : 0.18 - 23.08
19-55 Yrs : 1.00 - 28.28
> 55 Yrs : 0.70 - 21.45
Female
< 12 Yrs : < 1.46
12-18 Yrs : < 2.24
19-55 Yrs : < 2.85
> 55 Yrs : < 1.56

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 : XXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD (MINI)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	12	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

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

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD (MINI)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN - FASTING	E.C.L.I.A	12	µU/mL

Bio. Ref. Interval. :-

Normal: 2.6 - 24.9 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone. 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): 4.3 %, Inter Assay (%CV): 5.3%; Sensitivity: 0.4 µU/mL.

Kit validation references:

Lang DA, Matthews DR, Peto J, et al.Cyclic oscillations of basal plasma glucose and insulin concentrations in human beings. N Engl J Med 1979;301:1023-1027.

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 : JAANCH - PCOD (MINI)

PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	188	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	50	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	95	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	144	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.8	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.88	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.9	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.53	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	138	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	28.8	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.

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Sample Type : SERUM
Labode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD (MINI)

PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	12	mIU/mL

Bio. Ref. Interval. :
FEMALES :
NORMALLY MENSTRUATING :
FOLLICULAR PHASE : 2.5-10.2 | MIDCYCLE PEAK: 3.4 - 33.4 | LUTEAL PHASE :1.5-9.1
PREGNANT : < 0.3 | POSTMENOPAUSAL : 23.0 - 116.3
MALES (13 - 70 YEARS) : 1.4-18.1
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

LUTEINISING HORMONE (LH)	C.L.I.A	12	mIU/mL

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

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

Bio. Ref. Interval. :
Females :
Normally Menstruating : 2.8 - 29.2
Pregnant : 9.7 - 208.5
Postmenopausal : 1.8 - 20.3
Male : 2.1 - 17.7
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

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NAME	: XXXXXXXXXXXXXXXX	**SAMPLE COLLECTED AT :**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: JAANCH - PCOD (MINI)		
PATIENTID	: XXXXXXXXXXXXXXXX		

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE	C.M.I.A	2	µIU/mL	0.35-4.94

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

Method :

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.

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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 : JAANCH - PCOD (MINI)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMA INSULIN RESISTANCE INDEX	**CALCULATED**	**2.37**	**Index**

Bio. Ref. Interval. :-

Normal : < 2.0

Clinical Significance:
Homeostatic Model Assessment for Insulin Resistance (HOMA-IR)-is an index used to determine insulin resistance .Obesity, lack of Physical activity are few of the factors which contribute to insulin resistance which may lead to increase the risk of Cardiovascular disease.It is recommended to see HOMA-IR index as a cause for concern, not as an exact diagnosis.

Kit Validation Reference:
Matthews, D. R.etc."Homeostasis model assessment: insulin resistance and beta-cell function from fasting plasma glucose and insulin concentrations in man" Diabetologia (July 1985).

Please correlate with clinical conditions.

Method:- Derived from Insulin and Blood Sugar values

Dummy Report

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

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - PCOD (MINI)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
QUANTITATIVE INSULIN SENSITIVITY INDEX	**CALCULATED**	**0.34**	**Index**

Bio. Ref. Interval. :-

>0.45: normal reference level
0.30 - 0.45: insulin resistance likely
<0.30: diabetes diagnosis likely

Please correlate with clinical conditions.

Method:- Derived from Fasting Insulin and Fasting Glucose values

Dummy Report

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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5	%

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	97	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 :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : HbA1c,HEMOGRAM
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	7.47	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	60.5	%	40-80
LYMPHOCYTE	Flow Cytometry	33.1	%	20-40
MONOCYTES	Flow Cytometry	2.3	%	2-10
EOSINOPHILS	Flow Cytometry	3.1	%	1-6
BASOPHILS	Flow Cytometry	0.7	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	4.52	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.47	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**Calculated**	**0.17**	**X 10³ / µL**	**0.2 - 1.0**
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.23	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.03	X 10³ / µL	0.0-0.3
TOTAL RBC	HF & EI	4.72	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	12.5	g/dL	12.0-15.0
HEMATOCRIT(PCV)	Calculated	40.6	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	86	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**Calculated**	**26.5**	**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	41.9	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	13.3	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	12.7	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	10.6	fL	6.5-12
PLATELET COUNT	HF & EI	306	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	30.4	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.32	%	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)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, * EI - Electric Impedence ,*Hb-hemoglobin**)**

Dummy Report

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

Doctor 1 Sign Doctor 2 Sign

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	80	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

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

~~ End of report ~~

Dummy Report

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

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

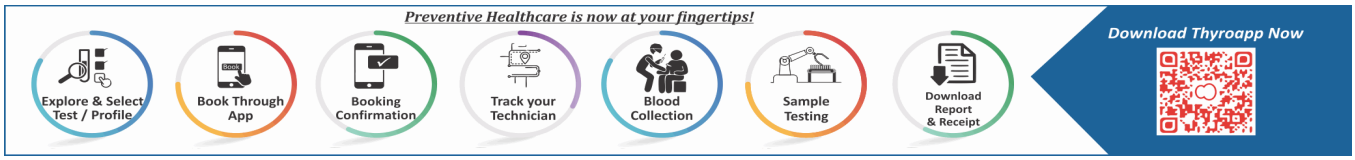
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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]2 30[illegible]0**
- SMS:<Labcode No.>to **9[illegible]8666333**





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