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022 - 3090 0000 / 6712 3400 9870666333 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - WOMENS SKIN CARE CHECKUP

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DHEA - SULPHATE (DHEAS)	C.L.I.A	120.4	µg/dL

Reference Range :-

Age (Years)	Females	Males
18 - 21	51 - 321	24 - 537
21 - 30	18 - 391	85 - 690
31 - 40	23 - 266	106 - 464
41 - 50	19 - 231	70 - 495
51 - 60	8 - 188	38 - 313
61 - 70	12 - 133	24 - 244
> 71	7 - 177	5 - 253

Clinical Significance :

Elevated levels of DHEA are found in the plasma of patients with Adrenal Tumors or Congenital Adrenal Hyperplasia or Polycystic Ovaries. 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): 8.3 %, Inter assay (%CV): 11.3%; Sensitivity: < 2 µg/dl.

Kit Validation References:
Meikle AW dayens RA ,Araheo BA. Adrenal androgen secretion and biological effects Endocrinol Metab Clin North Am .1991 Jun:20 (2):331-400

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

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
PROGESTERONE	C.M.I.A	0.16	ng/mL

Reference Range :-

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

Doctor 1 Sign Doctor 2 Sign

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TEST ASKED : JAANCH - WOMENS SKIN CARE CHECKUP

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**7.24**	**ng/mL**

Reference Range :
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.M.I.A**	**183**	**pg/mL**

Reference Range :

Normal : 187 - 883 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): 5.6, Inter assay (%CV): 6.8, Sensitivity: 125 pg/mL

Kit validation references: Lee DSC, Griffiths BW. Human Serum Vitamin B12 Assay Methods - A Review. Clin. Biochem 1985; 18:261-6

Method : Fully Automated Chemi Luminescent Microparticle Intrinsic factor Immunoassay

Please correlate with clinical conditions.

Dummy Report

Sample Collected on (SCT) : Sample collection time
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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	115	pg/mL

Reference Range :-

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
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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
TOTAL IGE	C.L.I.A	10.8	IU/mL

Reference Range :-

Age	Value
0 - 1 Year	1.40 - 52.3
1 - 4 Years	0.40 - 351.6
5 - 10 Years	0.50 - 393
11 - 15 Years	1.90 - 170
Adults	< 158

Clinical significance:
Quantitative measurement of serum IgE when integrated with other clinical indicator, can provide useful information for the differential clinical diagnosis of Atopic and Non-Atopic disease. Patients with Atopic disease, including allergic asthma, allergic rhinitis and Atopic dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level that is within the range of normally expected values does not rule out a limited set of IgE allergy. 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): 7.2 %, Inter assay (%CV): 5.4 %; Sensitivity: 1.5 IU/ml

Kit validation references
Kjellman N-IM, Johansson SGO, Roth A. Serum IgE levels in healthy children by a sandwich technique. (Prist). Clin Allergy 1976: 6:51-9.

Please correlate with clinical conditions.
Method:- TWO SITE SANDWICH IMMUNOASSAY

Dummy Report

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Labcode :
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Doctor 1 Sign Doctor 2 Sign

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TEST ASKED : JAANCH - WOMENS SKIN CARE CHECKUP

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	14.28	AU/mL

Reference Range :

NEGATIVE : <25 POSITIVE : >= 25

Clinical Significance:
Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rhematic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:
Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:
Antinuclear Antibody The Lancet, September 15, 1984: 611-13

Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	31.6	ng/dL

Reference Range :-

6 - 82

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.
Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Piladelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compitive Immunoassay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	E.C.L.I.A	4.89	mIU/mL

Reference Range :
Men : 0-12.4 mIU/ml
Women : Folliccular 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	25.9	mIU/mL

Reference Range :
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)	C.L.I.A	10.05	ng/mL

Reference Range :
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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TSH - ULTRASENSITIVE	C.M.I.A	2.68	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.

~~ End of report ~~

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