Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Jaanch Antenatal Profile - Basic

Report Status: xxxxxxxxxxxxxxxxx



9 out of 10 Doctors trust that Thyrocare **reports are accurate & reliable***

98% Reports released within **06 Hours** of sample reaching the lab+

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

Dummy Report

PROCESSED AT :

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 ANTENATAL PROFILE - BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
LYMPHOCYTES - ABSOLUTE COUNT	3.12	X 10^3 / µL	1.0-3.0
MEAN CORP.HEMO.CONC(MCHC)	30.4	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	25.8	pq	27.0-32.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	16.6	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	50.9	fL	39.0-46.0
TOTAL RBC	5.15	X 10^6/µL	3.8-4.8

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.

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH ANTENATAL PROFILE - BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	C.M.I.A	0.11	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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH ANTENATAL PROFILE - BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	E.C.L.I.A	0.29	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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH ANTENATAL PROFILE - BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	INTERPRETATION
HIV I and II	E.C.L.I.A	0.27	OD ratio	NEGATIVE

Non Reactive : < 1
Reactive: >=1

Clinical Significance
HIV is a screening test being performed as per NACO guidelines. The kits utilize a mixture of recombinant proteins for detection of antibodies to all subtypes of HIV-1 and HIV-2 in human serum or plasma. A positive report does not confirm diagnosis of HIV infection at any point of time and all positive cases should be confirmed by confirmatory test like western blot or PCR. Similarly, a non-reactive test doesnt exclude the possibility of HIV infection and must be interpreted by a medical practitioner in light of the exposure and possible window period.

Specifications:
Precision: Intra-Assay (%CV) :5.90%, Inter-Assay (%CV):4.50%, Sensitivity : 100%, Specificity :100%

Kid validation reference : 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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH ANTENATAL PROFILE - BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
VDRL (RPR) FOR SYPHILIS	FLOCCULATION	NON REACTIVE

Clinical Significance :-

Syphilis is a sexually transmitted disease caused by a spirochete Treponema pallidum. It can cause long-term complications by invading the nervous and cardiovascular system, if not adequately treated. It may also be transmitted from mother to baby during pregnancy or at birth, resulting in congenital syphilis.

Interpretation:

RPR test is an effective screening test for syphilis. The test antigen is a modified form of VDRL antigen containing microparticulate carbon, which aids the macroscopic reading of results. RPR test may give false positive results in patients suffering from HIV, tuberculosis, leprosy, infectious mononucleosis and any autoimmune disease. Weak reactive and Reactive results must be confirmed using Treponema pallidum Hemagglutination Assay(TPHA) and fluorescent treponemal antibody absorption (FTA-ABS).

References:

Manual test for Syphilis Phs Publications No 411, (1969)

Please correlate with clinical conditions.
Method:- N/A

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 ANTENATAL PROFILE - BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	70	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	8.96	µg/dL	4.87-11.72
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 :

T3,T4,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 : HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	9.03	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	58.5	%	40-80
LYMPHOCYTE	Flow Cytometry	34.6	%	20-40
MONOCYTES	Flow Cytometry	5.3	%	2-10
EOSINOPHILS	Flow Cytometry	1	%	1-6
BASOPHILS	Flow Cytometry	0.4	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	5.28	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**Calculated**	**3.12**	**X 10^3 / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	Calculated	0.48	X 10^3 / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.04	X 10^3 / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.09	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10^3 / µL	0.0-0.3
TOTAL RBC	**HF & EI**	**5.15**	**X 10^6/µL**	**3.8-4.8**
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10^3 / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	13.3	g/dL	12.0-15.0
HEMATOCRIT(PCV)	CPH Detection	43.8	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	85	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**Calculated**	**25.8**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**Calculated**	**30.4**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**50.9**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**16.6**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	9.9	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	9.7	fL	6.5-12
PLATELET COUNT	HF & EI	341	X 10^3 / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	21.5	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.33	%	0.19-0.39

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

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.
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 ~~

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

CONDITIONS OF REPORTING

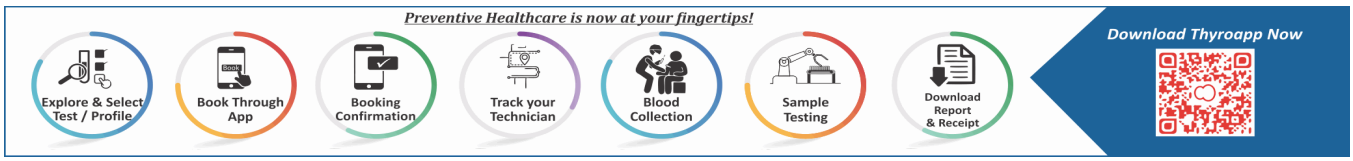
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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**





*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*