Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx

Date : xxxxxxxxxxxxxxxx

Test Asked : Jaanch Infertility Profile Extended

Report Status: xxxxxxxxxxxxxxxx



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

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*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME	:	XXXXXXXXXXXXXXXX	**HOME COLLECTION :**
REF. BY	:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED	:	JAANCH INFERTILITY PROFILE EXTENDED	

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	82	mg/dL	90-120
THYROID			
TOTAL TRIIODOTHYRONINE (T3)	6	ng/dL	80-200

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.

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TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI MULLERIAN HORMONE (AMH)	C.L.I.A	3	ng/mL

Bio. Ref. Interval. :-

Female

18 - 25 Years	0.96 - 13.34
26 - 30 Years	0.17 - 7.37
31 - 35 Years	0.07 - 7.35
36 - 40 Years	0.03 - 7.15
41 - 45 Years	< 3.27
> 45 Years	< 1.15

Male

> 18	Years	0.73 - 16.05

Clinical Significance:
Antimullerian hormone (AMH), also known as mullerian -inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females.AMH is expressed in the follicles of female of reproductive age and inhibits the transition of follicles from primordial to primary stages. Because of the gender differences in AMH concentration, its changes in circulating concentrations with sexual development, and its specificity for Sertoli and granulosa cells, measurement of AMH has utility in the assessment of gender,gonadal function, fertility, and as a gonadal tumor marker. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycles, it is superior to the episodically released gonadotropins and ovarian steroids as a marker of ovarian reserve.

Specifications: Precision: Intra assay (%CV): 1.7 %, Inter assay (%CV): 2.8 %; Sensitivity: < 0.02 ng/ml

Kit Validation reference:
Picard JY Benarous R .Guerrier D Josson Kahn A cloning and expression of DNA for anti-mullerian hormone proc Nath Acad Sci USA 1986;83(15):5468-8

Please correlate with clinical conditions.
Method:- ONE-STEP IMMUNOENZYMATIC ("SANDWICH") 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 : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SEX HORMONE BINDING GLOBULIN (SHBG)	C.L.I.A	54.6	nmol/L

Bio. Ref. Interval. :-

Males 10 - 57 nmol/L

Females
Non-Pregnant : 18 - 144

Clinical Significance:

Sex hormone binding globulin (SHBG) has a high affinity for testosterone and Estradiol, and is a major factor regulating their distribution between the protein-bound and free states. The ratio of testosterone to SHBG is also known as the free androgen index (FAI) or the free testosterone index (FTI). This ratio correlates well with both measured and calculated values of free testosterone and helps to discriminate subjects with excessive androgen activity from normal individuals. 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): 5.30 %, Inter assay (%CV):6.60%
Sensitivity: < 0.02 nmol/l and Specificity: no detectable cross- reactivity

Kit validation reference:

Bond A, Davis C. Sex Hormone binding globulin in clinical perspective, ActaObset Gynecol Scand 1987;66:255-62

Please correlate with clinical conditions.
Method:- SOLID-PHASE TWO-SITE CHEMILUMINESCENT IMMUNOMETRIC ASSAY

Dummy Report

Sample Collected on (SCT) : Sample collection time
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Labcode :
Barcode :

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REF. BY : XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	LC-MS/MS	15.46	µg/dL

Bio. Ref. Interval. :
Adult
08.00 AM : 5 - 23 µg/dL
04.00 PM : 3 - 16 µg/dL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

ANDROSTENEDIONE	LC-MS/MS	102.62	ng/dL

Bio. Ref. Interval. :
Child, Prepubertal : < 5
Adults : 75 - 205
Postmenopausal : 82 - 275
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

CORTICOSTERONE	LC-MS/MS	330.27	ng/dL

Bio. Ref. Interval. :
Age (Years)

<= 18 Years 18 - 1970 ng/dL
>18 Years 53 - 1560 ng/dL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

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HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	E.L.I.S.A	1.13	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

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TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	C.L.I.A	7.8	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

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TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	626	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
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Sample Type : SERUM
Labcode :
Barcode :

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TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
ALDOSTERONE	C.L.I.A	11.6	ng/dL

Bio. Ref. Interval. :-

Upright : 2.21 - 35.3 ng/dL
Supine : 1.17 - 23.6 ng/dL

Clinical Significance:

Aldosterone, a steroid hormone of adrenal cortex, has recently attracted much interest not only due to its primary role to promote unidirectional salt reabsorption in variety of epithelial cells and also due to pathophysiological effects in the reno cardiovascular system causing endothelial dysfunction, inflammation and remodeling. The elevated aldosterone level increases reabsorption of sodium (salt) and loss of potassium by the kidneys, often resulting in an electrolyte imbalance thus leading to high blood pressure, headache and muscle weakness, especially if potassium levels are very low. The decrease causes dehydration, low blood pressure, a low blood sodium level and a high potassium level. It also has a small effect on the metabolism of fats, carbohydrates and proteins.

Specifications: Precision: Intra Assay (%CV): 4.2 %, Inter Assay (%CV): 10.5%; Sensitivity: 1.45 ng/dL

Kit Validation References: Cartledge S, Lawson N.; Aldosterone and renin measurements,.Ann Clin Biochem 37: 262-278 (2000

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	20.01	ng/dL

Bio. Ref. Interval. :-

Adult Male
21 - 49 Yrs : 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22
Adult Female
Pre-Menopause : 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
13 Years : 9.34 - 562.93
14 Years : 23.28 - 742.46
15 Years : 144.15 - 841.44
16-21 Years : 118.22 - 948.56
Girls
2-10 Years : < 7.00 - 108.30
11-15 Years : < 7.00 - 48.40
16-21 Years : 17.55 - 50.41

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): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657–662.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	E.C.L.I.A	7.07	mIU/mL

Bio. Ref. Interval. :
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	6.01	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	13.3	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.

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Sample Type : SERUM

Labcode :

Barcode :

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TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	**E.C.L.I.A**	**61**	**ng/dL**	**80-200**
TOTAL THYROXINE (T4)	E.C.L.I.A	5.04	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	1.33	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

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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NAME	: XXXXXXXXXXXXXXXX	**HOME COLLECTION :**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: JAANCH INFERTILITY PROFILE EXTENDED		

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE ANDROGEN INDEX	CALCULATED	1.27	Index

Bio. Ref. Interval. :-

< 5.0

Clinical Significance :
Hyperandrogenism, a key feature of polycystic ovarian syndrome (PCOS), is caused by excess androgen secretion, most commonly of ovarian origin. Although the serum total testosterone (TT) levels have long been used as a traditional measure of hyperandrogenemia in women with PCOS, it is associated with many fallacies due to the fact that a component of TT is linked to sex hormone-binding globulin (SHBG). Recent research has discovered that computing the free androgen index (FAI), which is a ratio of TT and SHBG, are better predictors of androgen excess in PCOS.

Reference:
1. Blume-Peytavi U et al. S1 guideline for diagnostic evaluation in androgenetic alopecia in men, women and adolescents. Br J Dermatol. 2011;164(1):5-15.
2. Prakash Patil et al.Free-androgen Index in Women with Polycystic Ovarian Syndrome: A Meta-Analysis, J Health Allied SciNU 2023;13:380388

Please correlate with clinical conditions.

Method:- Derived from Total Testosterone and SHBG values

Dummy Report

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Sample Type	: SERUM
Labcode	:
Barcode	:

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX **HOME COLLECTION :**

REF. BY : XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL	LC-MS/MS	28	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
Females on HRT : <10 - 144 pg/mL

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

17-HYDROXYPROGESTERONE	LC-MS/MS	37.18	ng/dL

Bio. Ref. Interval. :
MALES
PRE-PUBERTAL CHILD: 3 - 90
ADULT : 27 - 199

FEMALES
PRE-PUBERTAL CHILD : 3 - 90

ADULT
LUTEAL PHASE : 35 - 290
FOLLICULAR PHASE : 15 - 70
PREGNANCY : 200 - 1200
POSTMENOPAUSAL : < 70
POST ACTH : < 320

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

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REF. BY : XXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DHEA - SULPHATE (DHEAS)	LC-MS/MS	273.94	µg/dL

Bio. Ref. Interval. :

Age (Years)	Female	Male
6 - 9	2.50 - 140	2.50 - 145
10 - 11	15 - 260	15 - 115
12 - 17	20 - 535	20 - 555
18 - 30	45 - 380	125 - 619
31 - 50	12 - 379	5 - 532
51 - 60		20 - 413
61 - 83		10 - 285
Postmenopausal	30 - 260	

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

DEHYDROEPIANDROSTERONE	LC-MS/MS	789.31	µg/dL

Bio. Ref. Interval. :

Age (Years)	Males	Females
6 - 9	13-187	18-189
10 - 11	31-205	112-224
12 - 14	83-258	93-360
Adult	180-1250	130-980

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROGESTERONE	LC-MS/MS	0.1	ng/mL

Bio. Ref. Interval. :
Age (Years) Males

5 - 9 <= 0.70
10 - 13 <= 1.20
14 - 17 <= 0.80
18 - 29 <= 0.30
> 30 <= 0.20

Females :

5 - 9 Years <= 0.6
10 - 13 Years <= 10.2
14 - 17 Years <= 11.9
Follicular Phase <= 2.7
Luteal Phase <= 31.4
Postmenopausal <= 0.2

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

DEOXYCORTISOL	LC-MS/MS	86.66	ng/dL

Bio. Ref. Interval. :
20 - 158

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Please correlate with clinical conditions.

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

PATIENTID : XXXXXXXXXXXXXXXX

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN D2	LC-MS/MS	0.23	ng/mL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY			
VITAMIN D3	LC-MS/MS	38.76	ng/mL
Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY			
VITAMIN D TOTAL	LC-MS/MS	38.99	ng/mL

Bio. Ref. Interval. :
Deficiency : <20 ng/mL
Insufficiency : 20-30 ng/mL
Sufficiency : 30-100 ng/mL
Toxicity : >100 ng/mL

Method : Liquid Chromatography Tandem Mass Spectrometry

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
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 : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	85.34	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 :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH INFERTILITY PROFILE EXTENDED

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	4.5	%

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**	**82**	**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.

~~ 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

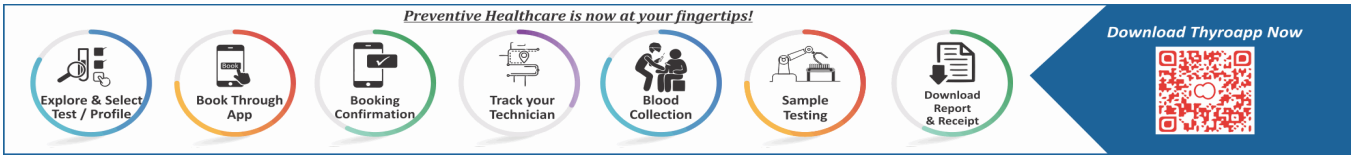
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 / 61 30 00**
- SMS:<Labcode No.>to **9666333**





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