Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XXXXXXXXX

Test Asked : Jaanch Autoimmue Advanced Package

Report Status : Complete Report







Dummy Report

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703. 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

Patient Name	: XXXXXXXXXXXX	Tests Done	: JAANCH AUTOIMMUE ADVANCED PACKAGE
Referred By	: XXXXXXXXXXXX		
Address	: XXXXXXXXXXXX		

Report Availability Summary

Note: Please refer to the table below for status of your tests.

11 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
JAANCH AUTOIMMUE ADVANCED PACKAGE	Ready
COMPLEMENT 3 (C3)	Ready
COMPLEMENT 4 (C4)	Ready
C-REACTIVE PROTEIN (CRP)	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
RHEUMATOID FACTOR (RF)	Ready
ANA TITRE (IMMUNOFLUORESCENCE)	Ready
TISSUE TRANSGLUTAMINASE - IGA (TTG)	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
ANTI CCP (ACCP)	Ready
Anti-TPO antibody (Anti-Thyroid Peroxidase)	Ready
ANTI THYROGLOBULIN ANTIBODY (ATG)	Ready

Dummy Report

Patient Name	: XXXXXXXXXXXX	Tests Done	: JAANCH AUTOIMMUE ADVANCED PACKAGE
Referred By	: XXXXXXXXXXXX		
Address	: XXXXXXXXXXXX		

Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
ARTHRITIS			
COMPLEMENT 4 (C4)	**2**	gm/L	0.12-0.36
RHEUMATOID FACTOR (RF)	**45**	IU/mL	<=18
CARDIAC RISK MARKERS			
C-REACTIVE PROTEIN (CRP)	**12**	mg/L	< 5
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	**35.1**	%	40.0-50.0
HEMOGLOBIN	**10.9**	g/dL	13.0-17.0
MEAN CORP.HEMO.CONC(MCHC)	**31.1**	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**25.3**	pq	27.0-32.0
MEAN CORPUSCULAR VOLUME(MCV)	**81.4**	fL	83.0-101.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**16.4**	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**48.5**	fL	39-46
TOTAL RBC	**4.31**	X 10^6/µL	4.5-5.5
OTHER COUNTS			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**55**	mm / hr	<15

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.

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TISSUE TRANSGLUTAMINASE - IGA (TTG)	E.L.I.S.A	12	AU/mL

Bio. Ref. Interval. :-

Negative : < 20
Positive : >=20

Clinical Significance:

Tissue Transglutaminase is best known for its link with coeliac disease. It is an endomysial autoantigen and serological testing using the IgA. Anti-TTG ELISA is a very useful diagnostic test, reported to be having very high sensitivity as well as specificity. Anti-TTG antibodies correlate tightly with the activity of the disease and thus are especially useful for diet monitoring. A high number of subclinical cases have been detected by screening for Anti-TTG, fostering the theory that the majority of celiac disease cases are undetected and untreated.

Specifications:

Specificity: 100%.
Sensitivity: 88.5%

References:

Williams,C.N.Celiac Disease :Past,Present and future,Can.J.Gastroenterol,1997,11:647-649

Please correlate with clinical conditions.
Method:- SOLID PHASE ENZYME IMMUNOASSAY

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000853/IT011

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	RESULT
ANA TITRE (IMMUNOFLUORESCENCE)	IFA	NEGATIVE

Methodology: Indirect Immunofluorescence Assay
Interpretation : ANA Pattern
The ANA pattern seen on immunofluorescence staining helpful in determination of the antibody specificities and guides in the differential diagnosis of Systemic Rheumatic Disease. The findings need to be correlated with other laboratory and clinical findings and confirmed by immunoblot techniques.

END POINT TITRE
ANA positivity of greater than or equal to 1:160 titre is of significance in diagnosis of Systemic Rheumatic Diseases.

PRIMARY INTENSITY
The positivity seen on fluorescence indicates.
1+ positivity = Minimum fluorescence.
2+ Positivity = Mildly positive.
3+ Positivity = Significant positive
4+ Positivity = Strong positive.

TABLE 1 Commonly reported antinuclear antibody patterns, related autoantigens, and clinical associations (a)

Pattern	Common autoantibody targets (b)	Clinical associations (c)
Homogenous	dsDNA, histones, chromatin/nucleosomes	SLE, drug-induced SLE
Speckled	U1-RNP, SSA/Ro, SSB/La, Smith, topo I (Scl-70), Mi-2	SLE, SjS, SSc, IIMs, MCTD
Centromere	Centromeric proteins	SSc, PBC
Nucleolar	PM/Scl, RNA polymerase, U3-RNP, Th/To	SSc, IIMs, Raynaud's syndrome overlap
Cytoplasmic	Ribo P, Jo-1, other tRNA synthetases, SRP	SLE, IIMs, PBC, interstitial lung disease

(a) The table shows the commonly recognized ANA patterns detected using the HEp-2 substrate and their associated antibody markers, which are routinely tested in clinical laboratories. The homogeneous, speckled, centromere, and nucleolar patterns represent "true" ANAs and are associated with nuclear staining.
(b) dsDNA, double-stranded DNA; RNP, ribonucleoprotein; topo I, topoisomerase I; Mi-2, chromodomain helicase DNA-binding protein 4; PM, polymyositis; Scl, scleroderma; Th/To, Th/To ribonucleoprotein; Ribo P, ribosomal P protein; SRP, signal recognition particle.
(c) SLE, systemic lupus erythematosus; SjS, Sjögren's syndrome; SSc, systemic sclerosis; IIMs, idiopathic inflammatory myopathies; MCTD, mixed connective tissue disease; PBC, primary biliary cholangitis. Other rare patterns are also seen. These patterns are not mutually exclusive. The report findings should always be interpreted with appropriate clinical context.

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000853/IT011

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Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	**IMMUNOTURBIDIMETRY**	**45**	**IU/mL**

Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:
Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:
Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

Please correlate with clinical conditions.

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign Doctor 2 Sign

Report Remarks : LabCode:3006000853/IT011

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	**IMMUNOTURBIDIMETRY**	**12**	**mg/L**

Bio. Ref. Interval. :-

Acute phase determination : < 5 mg/L

Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

Reference:
Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000853/IT011

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
COMPLEMENT 4 (C4)	**IMMUNOTURBIDIMETRY**	**2**	**gm/L**
Bio. Ref. Interval. : Adults : 0.12 - 0.36			
Method : FULLY AUTOMATED IMMUNO TURBIDOMETRY			
COMPLEMENT 3 (C3)	IMMUNOTURBIDIMETRY	1	gm/L
Bio. Ref. Interval. : Adults : 0.80 - 1.70			
Method : FULLY AUTOMATED IMMUNO TURBIDOMETRY			

Please correlate with clinical conditions.

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000853/IT011

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI THYROGLOBULIN ANTIBODY (ATG)	C.L.I.A	2	IU/mL

Bio. Ref. Interval. :-

NEGATIVE : < 4
POSITIVE : > 4

Clinical Significance:

Thyroglobulin is a key protein in the thyroid gland essential for the synthesis of thyroxine (T4) and tri-iodothyronine (T3) .In an autoimmune disorder antithyroglobulin antibodies are produced against the thyroglobulin which damage the thyroid gland .The presence of thyroid autoantibodies cause disorders such as Hashimotos thryoiditis, Graves disease ,hypothyroidism, thyroid cancer etc.

Specifications: Precision: Intra assay (%CV): 5.7%, Inter assay (%CV): 5.2%; Sensitivity: 0.9 IU/ml

Kit Validation reference: Burtis CA,Ashwood ER ,editors ,Tietz textbook of clinical chemistry 2nd-ed Philadephia WB sanders 1994.

Please correlate with clinical conditions.

Method:- TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000853/IT011

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
Anti-TPO antibody (Anti-Thyroid Peroxidase)	C.L.I.A	4	IU/mL

Bio. Ref. Interval. :-

Negative : < 9
Positive : >=9

(AMA are also called as Anti-TPO Antibodies).

Clinical Significance:
Micrsomes are found inside thyroid cells.The body produces antibodies against microsomes when there has been some damage caused to thyroid cells. Autoimmunity induces the immune system to produce antibodies against host tissue causing inflammation or impairing thyroid function .Presence of antimicrosomal antibody (AMA) is generally associated with autoimmune disorder.A positive test for AMA can indicate Hashimotos thyroiditis or granulomatous thyroiditis or Rheumatoid arthritis or Autoimmunehemolytic anaemia (rarely) etc.

Specifications: Precision: Intra assay (%CV): 7.1%, Inter assay (%CV): 4.40%; Sensitivity: 0.25IU/mL

Kit Validation reference:
Kimura S Kotani T Mc Bride OW Umeki K Hiral Nakayama T .Human thyroid peroxidase complete cDNA and protein sequence chromosome mapping and identification of two alternately spliced mRNAs.Proc Natl Acad Sci 1987.

Please correlate with clinical conditions.
Method:- TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000853/IT011

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	22	AU/mL

Reference Range :-

BRI	Interpretation
Negative < 15	Absence of IgG autoantibodies to cyclic citrullinated peptides (CCP)
Borderline 15-25	Indeterminate results. Additional testing and clinical correlation recommended
Positive > 25	Presence of IgG autoantibodies to cyclic citrullinated peptides (CCP)

Clinical Significance :

1. Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) titre is used for diagnosis and monitoring of Rheumatoid Arthritis (RA).
2. RA is one of the most common systemic autoimmune diseases characterised by chronic inflammation of the synovial joints and progressive joint degeneration eventually leading to disability of affected individuals.
3. The diagnosis of RA often relies on clinical manifestations and certain non-specific laboratory tests such as rheumatoid factor (RF) and C-reactive protein (CRP), which may be present in healthy elderly persons or in patients with other autoimmune and infectious diseases.
4. Whereas, Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into irreversible damage.
5. Interference with pathologic levels of nonspecific IgG can not be excluded.
6. The anti-CCP test results can be false negative in patients with hypergammaglobulinemia. Results from patients suffering from this disorder should not be used for diagnostic purposes.
7. If results are inconsistent with clinical history additional testing is suggested to confirm the results.
8. For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

References:

- Anti-CCP Reagent Kit Insert
- Vossenar ER et al. Arthritis Rheum. 2004
- Masson Bessire C et al. J Immunol. 2001

Please correlate with clinical conditions.

Method:- INDIRECT SOLID PHASE ENZYME IMMUNOASSAY

Dummy Report

Tests Done : JAANCH AUTOIMMUE ADVANCED PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000853/IT011

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**10.9**	**g/dL**	**13.0-17.0**
Hematocrit (PCV)	**CPH Detection**	**35.1**	**%**	**40.0-50.0**
Total RBC	**HF & EI**	**4.31**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	**Calculated**	**81.4**	**fL**	**83.0-101.0**
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**25.3**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**31.1**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**48.5**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	**Calculated**	**16.4**	**%**	**11.6-14**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	309.7	-	*Refer Note below
MENTZER INDEX	Calculated	18.9	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	9.36	X 10³ / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	74.8	%	40-80
Lymphocytes Percentage	Flow Cytometry	20.4	%	20-40
Monocytes Percentage	Flow Cytometry	2.1	%	2-10
Eosinophils Percentage	Flow Cytometry	2.1	%	1-6
Basophils Percentage	Flow Cytometry	0.3	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	6.96	X 10³ / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.91	X 10³ / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.2	X 10³ / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.03	X 10³ / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.2	X 10³ / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.06	X 10³ / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10³ / µL	0.0-0.5
PLATELET COUNT	HF & EI	262	X 10³ / µL	150-410
Mean Platelet Volume (MPV)	Calculated	10.5	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	13.3	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	30.7	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.28	%	0.19-0.39

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

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia(IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**

Method : Fully automated bidirectional analyser

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)

Tests Done : ESR,HEMOGRAM - 6 PART (DIFF)

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000854/IT011

Dummy Report

Patient Name	: XXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**MODIFIED WESTERGREN**	**55**	**mm / hr**

Bio. Ref. Interval. :-

<50 yr : Male: 0-15 mm/hr Female: 0-20 mm/hr
>50 yr : Male: 0-20 mm/hr Female: 0-30 mm/hr
Children: <=10 mm/hr

Clinical Significance:
- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body.Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :
https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/

Please correlate with clinical conditions.
Method:- MODIFIED WESTERGREN

Dummy Report

Tests Done : ESR,HEMOGRAM - 6 PART (DIFF)

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : LabCode:3006000854/IT011

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXXXX
Sample_Type/Tests	:	SERUM:JAANCH AUTOIMMUE ADVANCED PACKAGE EDTA:ESR, HEMOGRAM - 6 PART (DIFF)
Address	:	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXXX**

Thyrocare,D-37/1,MIDC,Turbhe,Navi Mumbai - 400703. | Phone:022 - 6712 3400 |www.thyrocare.com | info@thyrocare.com

Dummy Report

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: (a) 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, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

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, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**





+ *T&C Apply, #As on 5th December 2024 (Applicable for all company owned labs except Bhagalpur & Vijayawada),*

⋆ *As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited*

Dummy Report