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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
VITAMIN B1/THIAMIN	LC-MS/MS	1.35	ng/mL	0.5-4.0
VITAMIN B2/RIBOFLAVIN	LC-MS/MS	15.92	ng/mL	1.6-68.2
VITAMIN B3/NICOTINIC ACID	LC-MS/MS	0.56	ng/mL	0.3-9.8
VITAMIN B5/PANTOTHENIC	LC-MS/MS	142.86	ng/mL	11-150
VITAMIN B6/P5P	LC-MS/MS	13.07	ng/mL	5 - 50
VITAMIN B7/BIOTIN	LC-MS/MS	0.28	ng/mL	0.2-3
VITAMIN B9/FOLIC ACID	LC-MS/MS	0.42	ng/mL	0.2-20

Please correlate with clinical conditions.

Method :

VITB1 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB2 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB3 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB5 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB6 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB7 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY
VITB9 - LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

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

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TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	**E.L.I.S.A**	**40.43**	**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

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Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**22.3**	**ng/mL**

Bio. Ref. Interval. :
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	E.C.L.I.A	575	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
Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

Please correlate with clinical conditions.

Dummy Report

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
TROPONIN I HEART ATTACK RISK	C.M.I.A	0.55	pg/mL

Bio. Ref. Interval. :-

Cutoff values (Precision at 99th percentile) : Male : <= 26.2 || Female : <= 15.6
Clinical Significance:
The Cardiac Troponin I is cardiac specific and highly sensitive marker for myocardial damage. In acute myocardial damage the Troponin I values are raised 4-6 hrs after cardiac symptom onset and may remain elevated for a period of 7-12 days of cardiac injury. It is an independent risk marker that can predict near, mid and long term outcome in patients with Acute coronary syndrome. A single Troponin I result may not be sufficient to evaluate MI. Serial Blood draws are recommended to evaluate Acute coronary syndrome (ACS) patients.Increased levels of Cardiac troponin I can be seen in Myocarditis,heart contusion, cardiomyopathy,congestive heart failure,interventional therapy like cardiac surgery and drug induced cardiomyopathy. Any condition resulting in myocardial injury can potentially increase Troponin I levels.
Hence The results should always be used in conjunction with ECG changes, Clinical symptoms, other findings etc. to Diagnose MI. The various interfering factors / limitations of the Troponin I assay are - presence of heterophile antibodies, Patients on Human anti mouse monoclonal antibody (HAMA) therapy, Rheumatoid factor (RF), high total protein levels etc. The Coronary vascular disease risk stratification in Asymptomatic patients is as given in the below table, which can be suggested for preventive clinical management in conjunction with other clinical findings, investigations and clinical symptoms.

The following cut-off points may be used to aid in stratifying the risk of cardiovascular disease in asymptomatic individuals.

HIGH SENSITIVE TROPONIN-I LEVEL		
MALE	**FEMALE**	**INTERPRETATION**
<6	<4	Low risk of future heart attack
≥6 to ≤12	≥4 to ≤10	Moderate risk of future heart
>12	>10	Elevated risk of future heart

Specifications: Precision at the 99th Percentiles
Females = 15.6 pg/mL -5.3% CV || Males = 34.2pg/mL - 3.5% CV

Kit validation reference :
1. Risk-Stratification of the Apparently Healthy Population for Future Cardiac Events With ARCHITECT High Sensitive Troponin-I(https://dam.abbott.com/de-de/documents/pdf/ADD- 00064393-hsTnI-Risk-Stratification-Sell-Sheet.pdf)
2. ARCHITECT STAT High Sensitive Troponin-I [package insert]. Lake Bluff, IL: Abbott Laboratories; 2018. G97079R01.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

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Sample Type : SERUM
Labode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

Dummy Report

NAME : XXXXXXXXXXXXXXXX
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TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	145	mg/dL
Bio. Ref. Interval. : Male : 86 - 152 Female : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	97	mg/dL
Bio. Ref. Interval. : Male : 56 - 145 Female : 53 - 138			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.7	Ratio
Bio. Ref. Interval. : Male : 0.40 - 1.26 Female : 0.38 - 1.14			
Method : DERIVED FROM SERUM APO A1 AND APO B VALUES			

Please correlate with clinical conditions.

Dummy Report

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.9	mg/L

Bio. Ref. Interval. :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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

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TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	119.5	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	299.5	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	39.9	%
Bio. Ref. Interval. : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	180	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			
FERRITIN	E.C.L.I.A	192	ng/mL
Bio. Ref. Interval. : 30 - 400 **Method :** Fully Automated Electrochemiluminescence Sandwich Immunoassay			

Please correlate with clinical conditions.

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	2.9	mg/dL

Bio. Ref. Interval. :-

Adults : < 30.0 mg/dl

Clinical Significance:
Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:
Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:
Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.
Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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

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TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	70.9	µg/dL

Bio. Ref. Interval. :-

Male : 63.5 - 150
Female : 80 - 155

Clinical significance:
Copper is an important trace element and a component of numerous enzymes and proteins involved in energy production, connective tissue formation, melanin synthesis, iron metabolism, development of central nervous system, angiogenesis as well as an antioxidant. Deficiency can cause- Malnourishment, cardiovascular disease, anemia & neuropathy, toxicity may be manifested as acute renal failure, gastroenteritis & chronic liver disease.

Specifications:
Precision: Intra assay (%CV): 1.17, Inter assay (%CV): 2.32.

Kit validation references:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 337-8

Please correlate with clinical conditions.
Method:- 3,5-DIBR-PAESA

Dummy Report

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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 : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	78.27	µg/dL

Bio. Ref. Interval. :-

52 - 286

Clinical Significance:
Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key rple in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:
Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.
Method:- NITRO - PAPS

Dummy Report

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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 : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	**PHOTOMETRY**	**200**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	51	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**138**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	105	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.9	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.06	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.7	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.37**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	CALCULATED	148.5	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	21.04	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 COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	67.1	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.67	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.15	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.52	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	**PHOTOMETRY**	**96.5**	**U/L**	**< 55**
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**49.1**	**U/L**	**< 35**
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**77.1**	**U/L**	**< 45**
SGOT / SGPT RATIO	CALCULATED	0.64	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.96	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.51	gm/dL	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**2.45**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.84	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - MODIFIED IFCC METHOD
BILT - VANADATE OXIDATION
BILD - VANADATE OXIDATION
BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
GGT - MODIFIED IFCC METHOD
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
OT/PT - DERIVED FROM SGOT AND SGPT VALUES.
PROT - BIURET METHOD
SALB - ALBUMIN BCG[1]METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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Labode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.21	mg/dL

Bio. Ref. Interval. :-

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnsemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

Please correlate with clinical conditions.
Method:- MODIFIED XYLIDYL BLUE REACTION METHOD

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
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TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	11.66	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.84	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	13.88	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	24.95	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	29.7	Ratio	< 52
CALCIUM	PHOTOMETRY	9.61	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**4.03**	**mg/dL**	**4.2 - 7.3**
PHOSPHOROUS	PHOTOMETRY	3	mg/dL	2.4 - 5.1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
UREAC - DERIVED FROM BUN VALUE.
UR/CR - DERIVED FROM UREA AND SR.CREATININE VALUES.
CALC - ARSENAZO III METHOD, END POINT.
URIC - URICASE / PEROXIDASE METHOD
PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD

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Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
FREE TRIIODOTHYRONINE (FT3)	E.C.L.I.A	3.61	pg/mL	2.0-4.4
FREE THYROXINE (FT4)	E.C.L.I.A	1.29	ng/dL	0.93-1.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.11	µIU/mL	0.54-5.30

Comments :

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

Method :

FT3 - Fully Automated Electrochemiluminescence Compitive Immunoassay,
FT4 - Fully Automated Electrochemiluminescence Compitive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

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

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Sample Type : SERUM
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Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
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TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	143	mmol/L
Bio. Ref. Interval. : ADULTS: 136-145 MMOL/L **Method :** ION SELECTIVE ELECTRODE			
CHLORIDE	I.S.E	106.7	mmol/L
Bio. Ref. Interval. : ADULTS: 98-107 MMOL/L			

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).
Method : ION SELECTIVE ELECTRODE

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SPORTS FITNESS - ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	110	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.
Method:- CKD-EPI Creatinine Equation

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 : ELEMENTS 22 (TOXIC AND NUTRIENTS),HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.86	µg/L	< 5
CADMIUM	ICP-MS	0.79	µg/L	< 1.5
MERCURY	ICP-MS	0.6	µg/L	< 5
LEAD	ICP-MS	20.33	µg/L	< 150
CHROMIUM	ICP-MS	1.26	µg/L	< 30
BARIUM	ICP-MS	1.9	µg/L	< 30
COBALT	ICP-MS	1.05	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	0.87	µg/L	< 5
THALLIUM	ICP-MS	0.04	µg/L	< 1
URANIUM	ICP-MS	0.01	µg/L	< 1
STRONTIUM	ICP-MS	31.22	µg/L	8 - 38
ANTIMONY	ICP-MS	0.1	µg/L	0.10 - 18
TIN	ICP-MS	0.86	µg/L	< 2
MOLYBDENUM	ICP-MS	0.81	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.35	µg/L	< 4
VANADIUM	ICP-MS	0.64	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.03**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.15	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	134	µg/L	60 - 340
ALUMINIUM	ICP-MS	14.18	µg/L	< 30
NICKEL	ICP-MS	1.69	µg/L	< 15
MANGANESE	ICP-MS	15.37	µg/L	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

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 :

MC-2407

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)			
	H.P.L.C	**7**	**%**

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**154**	**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 : ELEMENTS 22 (TOXIC AND NUTRIENTS),HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	8.21	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	53.3	%	40-80
LYMPHOCYTE	35.8	%	20-40
MONOCYTES	2.7	%	2-10
EOSINOPHILS	**7.4**	**%**	**1-6**
BASOPHILS	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.38	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.94	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.22	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.04	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	**0.61**	**X 10³ / µL**	**0.02 - 0.5**
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0-0.3
TOTAL RBC	**5.54**	**X 10^6/µL**	**4.5-5.5**
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	14.9	g/dL	13.0-17.0
HEMATOCRIT(PCV)	46.7	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	84.3	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**26.9**	**pg**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	31.9	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	41.2	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.4	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	13.4	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	11.1	fL	6.5-12
PLATELET COUNT	269	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	33.6	%	19.7-42.4
PLATELETCRIT(PCT)	0.3	%	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)
(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin 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 : EDTA
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :

MC-5241

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**135.5**	**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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
Complete Urinogram			
Physical Examination			
VOLUME	3	mL	-
COLOUR	Yellow	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	> 1.030	-	1.003-1.030
PH	5	-	5-8
Chemical Examination			
URINARY PROTEIN	ABSENT	mg/dL	Absent
URINARY GLUCOSE	ABSENT	mg/dL	Absent
URINE KETONE	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	ABSENT	mg/dL	Absent
UROBILINOGEN	**Present 1+(2-4 mg/dl)**	**mg/dL**	**<=0.2**
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
LEUCOCYTE ESTERASE	ABSENT	-	Absent
Microscopic Examination			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	ABSENT	cells/HPF	0-5
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Automated Urine dipstick, image analysis and manual microscopy

Dummy Report

~~ End of 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 : URINE
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

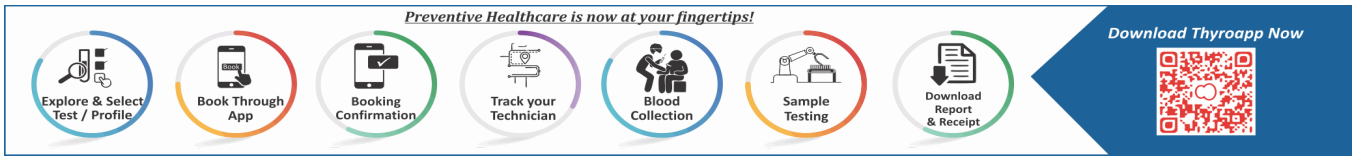
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 **9[illegible]8666333**





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