Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Women Advanced Profile With Utsh

Report Status : Complete Report

Dummy Report



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



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



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



1200+ Tests & Profiles



Temperature-Controlled Sample Logistics



Unique Barcode Tracking



Fully Automated Machines Inspected Daily



Abnormal Values Re-Checked Twice



Reports Verified By Expert MD Pathologists Stationed at Every Lab



Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007~

Processed At :

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 : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXX

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
WOMEN ADVANCED PROFILE WITH UTSH	Ready
ESTRADIOL/OESTROGEN (E2)	Ready
FOLATE	Ready
FOLLICLE STIMULATING HORMONE (FSH)	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
LUTEINISING HORMONE (LH)	Ready
Lipoprotein (a) [Lp(a)]	Ready
PROLACTIN (PRL)	Ready
TOTAL TRIIODOTHYRONINE (T3)	Ready
TOTAL THYROXINE (T4)	Ready
TSH - ULTRASENSITIVE	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
ANTI CCP (ACCP)	Ready
LIVER FUNCTION TESTS	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
VITAMIN D TOTAL AND B12 COMBO	Ready
APOLIPROTEIN RATIO	Ready
ANTI NUCLEAR ANTIBODIES (ANA)	Ready

Dummy Report

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

Patient Name	: XXXXXXXXXXXXXX	Tests Done	: WOMEN ADVANCED PROFILE WITH UTSH
Referred By	: XXXXXXXXXXXXXX		
Sample Collected At	: XXXXXXXXXXXXXX		

Tests Outside Reference Range

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

Test Name	Observed Value	Units	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
APOLIPOPROTEIN - A1 (APO-A1)	**88**	mg/dL	94 - 162
COMPLETE HEMOGRAM			
EOSINOPHILS	**0.7**	%	1-6
MEAN PLATELET VOLUME(MPV)	**13.7**	fL	6.5-12
MONOCYTES - ABSOLUTE COUNT	**0.17**	X 10^3 / µL	0.2 - 1.0
PLATELET DISTRIBUTION WIDTH(PDW)	**23.3**	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	**53.5**	%	19.7-42.4
PLATELETCRIT(PCT)	**0.14**	%	0.19-0.39
LIPID			
HDL CHOLESTEROL - DIRECT	**66**	mg/dL	40-60
LDL / HDL RATIO	**0.8**	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	**1.2**	Ratio	3 - 5
LIVER			
BILIRUBIN - TOTAL	**1.56**	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	**0.67**	mg/dL	< 0.3
GAMMA GLUTAMYL TRANSFERASE (GGT)	**54**	U/L	< 38

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	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)** :	XXXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)** :	XXXXXXXXXXXXXX
Sample Collected At :	XXXXXXXXXXXXXX	**Report Released on (RRT)** :	XXXXXXXXXXXXXX
		Sample Type | Barcode :	XXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	C.M.I.A	0.33	U/mL

Reference Range :-

BRI	Interpretation
Negative < 5	Absence of IgG autoantibodies to cyclic citrullinated peptides (CCP)
Positive ≥ 5	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. Heterophile antibodies may interfere with the test results.
8. If results are inconsistent with clinical history additional testing is suggested to confirm the results.
9. Some specimens may not dilute linearly because of heterogeneity of autoantibodies with respect to physicochemical properties.
10. HAMA (Human Anti mouse antibodies) may also interfere with the results.
11. 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
- Feldmann M, Brennan FM, Maini RN. Rheumatoid arthritis.Cell 1996;85:307-3102.
- Landewé RB. The benefits of early treatment in rheumatoid arthritis:confounding by indication, and the issue of timing. Arthritis Rheum 2003;48(1):1-5.

Please correlate with clinical conditions.

Method:- Fully Automated ChemiLuminescent Microparticle Immunoassay (C.M.I.A)

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	45	ng/mL

Bio. Ref. Interval. :
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Method : Fully Automated Chemi Luminescent Immuno Assay

VITAMIN B-12	C.L.I.A	433	pg/mL

Bio. Ref. Interval. :

Normal : 211 - 911 pg/ml

Clinical significance :
Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	23	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
Female on HRT : < 10 - 144 pg/mL

Clinical Significance: During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicle is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

Specification: Precision: Intra assay (%CV): 6.4, Inter assay (%CV):7.4,Sensitivity: <=10 pg/mL.

Kit Validation References: Muse K, Wilson EA. Monitoring ovulation induction: use of biochemical and biophysical parameters. Sem Reproduct Endocrinol 1986;4(3):301-9

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	**IMMUNOTURBIDIMETRY**	**88**	**mg/dL**

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	90	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	1	Ratio

Bio. Ref. Interval. :

Male : 0.40 - 1.26
Female : 0.38 - 1.14

Clinical Significance :

- Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.
- Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.
- The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.
- An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.
- All results have to be interpreted in Conjunction with clinical history and other findings.

Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	C.L.I.A	45	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

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	0.43	OD Ratio

Bio. Ref. Interval. :

Negative: <0.90
Equivocal : 0.90 - 1.10
Positive: >1.11

Clinical Significance:
Anti-nuclear antibodies (ANA) are autoantibodies directed against nuclear components and are commonly associated with autoimmune diseases such as systemic lupus erythematosus (SLE), mixed connective tissue disease (MCTD), systemic sclerosis, Sjögren's syndrome, and rheumatoid arthritis.

However, ANA positivity is not specific to any one condition and may also be seen in healthy individuals, especially the elderly, or in cases of infections, malignancies, or drug-induced autoimmunity.

Equivocal results may require repeat testing or additional evaluation with specific antibody panels (e.g., anti-Sm, anti-RNP, anti-Ro, anti-La) for diagnostic clarification. A negative ANA test does not completely rule out autoimmune disease, particularly in early stages or when non-ANA-specific autoantibodies are involved. The final diagnosis should be made by the physician based on the overall clinical picture and appropriate correlation with additional investigations.

Note: Hemolysis, lipemia, icterus, microbial contamination, high-dose biotin, or heterophile antibodies may interfere with test accuracy and may lead to false-positive or false-negative results.

Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: xxxxxxxxxxxxxx	**Sample Collected on (SCT)**	: xxxxxxxxxxxxxx
Referred By	: xxxxxxxxxxxxxx	**Sample Received on (SRT)**	: xxxxxxxxxxxxxx
Sample Collected At	: xxxxxxxxxxxxxx	**Report Released on (RRT)**	: xxxxxxxxxxxxxx
		Sample Type | Barcode	: xxxxxxxxxxxxxx

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	14	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

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXXX	Sample Collected on (SCT)	: XXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2	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

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXXXX
Sample Collected At	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	56	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	343	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	16.33	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	287	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	78	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**66**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	54	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	45	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**1.2**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	0.68	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**0.8**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	1.22	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	12	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	9	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.

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign Doctor 2 Sign

Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	12	mIU/mL

Bio. Ref. Interval. :
FEMALES :
NORMALLY MENSTRUATING :
FOLLICULAR PHASE : 2.5-10.2 | MIDCYCLE PEAK: 3.4 - 33.4 | LUTEAL PHASE :1.5-9.1
PREGNANT : < 0.3 | POSTMENOPAUSAL : 23.0 - 116.3
MALES (13 - 70 YEARS) : 1.4-18.1

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

LUTEINISING HORMONE (LH)	C.L.I.A	2	mIU/mL

Bio. Ref. Interval. :
Females:
Normally Menstruating:
Follicular Phase : 1.9 - 12.5 | Midcycle Peak : 8.7 - 76.3
Luteal Phase :0.5 - 16.9 | Pregnant : 0.1 - 1.5
Postmenopausal : 15.9 - 54.0
Children : 0.1 - 6.0
Males (20 - 70 Years) : 1.5 - 9.3
>70 Years : 3.1 - 34.6

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

PROLACTIN (PRL)	C.L.I.A	5	ng/mL

Bio. Ref. Interval. :
Females : Normally Menstruating : 2.8 - 29.2
Pregnant : 9.7 - 208.5
Postmenopausal : 1.8 - 20.3
Male : 2.1 - 17.7

Clinical Significance :
- Prolactin is a hormone which is secreted in pulsatile manner and is also influenced by a variety of physiological stimuli like - stress, pain, coitus, nipple stimulation, sleep etc . Hence it is recommended to test 3 specimens at 20-30 minute intervals after pooling if clinically indicated.
- Prolactin levels may show elevation if collected <3-4 hrs after waking up
- Prolactin test is used in diagnosis and management of pituitary adenomas, infertility, male and female hypogonadism etc
- Macroprolactin assay is recommended if prolactin levels are elevated but there are no signs and symptoms of hyperprolactinemia or if pituitary imaging studies are normal.
- Prolactin levels also show interference with certain psychiatric medicines, antihypertensives, opiates, ranitidine etc
- Results obtained are to be interpreted in conjunction with clinical history and other findings

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	122	U/L	45-129
BILIRUBIN - TOTAL	**PHOTOMETRY**	**1.56**	**mg/dL**	**0.3-1.2**
BILIRUBIN -DIRECT	**PHOTOMETRY**	**0.67**	**mg/dL**	**< 0.3**
BILIRUBIN (INDIRECT)	CALCULATED	0.89	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	**PHOTOMETRY**	**54**	**U/L**	**< 38**
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	13	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	14	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	0.93	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.9	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.1	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.26	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 Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign Doctor 2 Sign

Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	13	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.78	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	16.67	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	27.82	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	35.67	Ratio	< 52
CALCIUM	PHOTOMETRY	9	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6	mg/dL	3.2 - 6.1

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

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	111	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.M.I.A	2	µIU/mL	0.35-4.94

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

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
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

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	102	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:- 2021 CKD EPI Creatinine Equation

Dummy Report

Tests Done : WOMEN ADVANCED PROFILE WITH UTSH

Doctor 1 Sign **Doctor 2 Sign**

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

Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5	%

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	97	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

Tests Done : HBA PROFILE,HEMOGRAM

Doctor 1 Sign **Doctor 2 Sign**

Processed At :

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Tests you can trust

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Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	12.8	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	38.3	%	36.0-46.0
Total RBC	HF & EI	4.25	X 10^6/µL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	90.1	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	30.1	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.4	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	40.5	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	12.4	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	262.9	-	*Refer Note below
MENTZER INDEX	Calculated	21.2	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	6.06	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	71	%	40-80
Lymphocytes Percentage	Flow Cytometry	24.8	%	20-40
Monocytes Percentage	Flow Cytometry	2.5	%	2-10
Eosinophils Percentage	**Flow Cytometry**	**0.7**	**%**	**1-6**
Basophils Percentage	Flow Cytometry	0.7	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	4.31	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.5	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	**Calculated**	**0.17**	**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	0.15	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10^3 / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	300	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	**Calculated**	**13.7**	**fL**	**6.5-12**
Platelet Distribution Width (PDW)	**Calculated**	**23.3**	**fL**	**9.6-15.2**
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**53.5**	**%**	**19.7-42.4**
Plateletcrit (PCT)	**Calculated**	**0.14**	**%**	**0.19-0.39**

Remarks : Alert!!! 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 (6 Part Differential SYSMEX XN-1000)

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

~~ End of report ~~

Tests Done : HBA PROFILE,HEMOGRAM

Doctor 1 Sign **Doctor 2 Sign**

Dummy Report

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXX **Age:** XX **Sex:** XX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXXX
Sample_Type/Tests	:	EDTA:HBA PROFILE , HEMOGRAM - 6 PART (DIFF) SERUM:WOMEN ADVANCED PROFILE WITH UTSH
Sample Collected At	:	XXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXX**

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CONDITIONS OF REPORTING

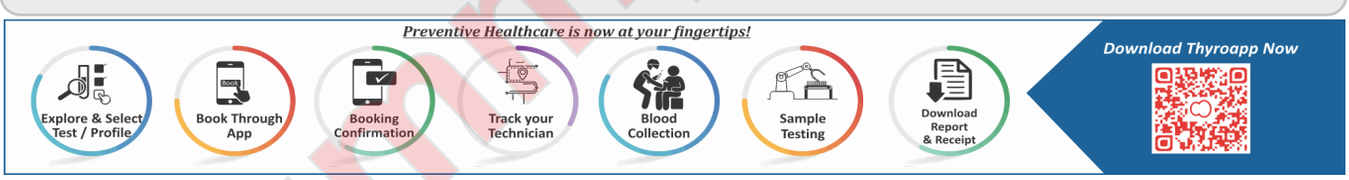
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for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