Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XX XX XXXX

Test Asked : Monsoon Gastro Infection Panel

Report Status: XXXXXXXXXXXXXXXXX



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

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

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

Dummy Report

PROCESSED AT :
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9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : MONSOON GASTRO INFECTION PANEL

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
BASOPHILS - ABSOLUTE COUNT	0.01	X 10^3 / µL	0.02 - 0.1
MEAN CORP.HEMO.CONC(MCHC)	30.5	g/dL	31.5-34.5
MEAN CORPUSCULAR VOLUME(MCV)	101.8	fL	83.0-101.0
PLATELET DISTRIBUTION WIDTH(PDW)	9	fL	9.6-15.2
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.2	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	53.2	fL	39-46
INFECTION			
HEPATITIS A VIRUS ANTIBODY IGM(HAVM) RAPID TEST	POSITIVE	-	Refer Report for BRI
LIVER			
ALANINE TRANSAMINASE (SGPT)	> 1000	U/L	< 45
ASPARTATE AMINOTRANSFERASE (SGOT)	967	U/L	< 35

Dummy Report

Disclaimer: The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	5.11	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	58.3	%	40-80
LYMPHOCYTE	Flow Cytometry	26.6	%	20-40
MONOCYTES	Flow Cytometry	10	%	2-10
EOSINOPHILS	Flow Cytometry	4.5	%	1-6
BASOPHILS	Flow Cytometry	0.3	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	2.98	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.36	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.51	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	**Calculated**	**0.01**	**X 10³ / µL**	**0.02 - 0.1**
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.23	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10³ / µL	0-0.3
TOTAL RBC	HF & EI	4.57	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	14.2	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	46.5	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	**Calculated**	**101.8**	**fL**	**83.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	31.1	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**Calculated**	**30.5**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**53.2**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**14.2**	**%**	**11.6-14**
PLATELET DISTRIBUTION WIDTH(PDW)	**Calculated**	**9**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	Calculated	9.4	fL	6.5-12
PLATELET COUNT	HF & EI	273	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	19.8	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.26	%	0.19-0.39

Remarks : Alert!!! Macrocytes(+),Anisocytes(+)

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : MONSOON GASTRO INFECTION PANEL

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
HEPATITIS A VIRUS ANTIBODY IGM(HAVM) RAPID TEST	**IMMUNOASSAY**	**POSITIVE**

Note:
This is a screening test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

High value!!! Retested by dilution

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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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : MONSOON GASTRO INFECTION PANEL

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
HEPATITIS E VIRUS ANTIBODY IGM(HEVM) RAPID TEST	IMMUNOASSAY	NEGATIVE

Note:
This is a screening test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

High value!!! Retested by dilution

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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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : MONSOON GASTRO INFECTION PANEL

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
SGOT / SGPT RATIO	CALCULATED	0.97	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**967**	**U/L**	**< 35**
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**> 1000**	**U/L**	**< 45**

Please correlate with clinical conditions.

Method :

OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation

High value!!! Retested by dilution

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :
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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : MONSOON GASTRO INFECTION PANEL

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	RESULT
TYPHOID-IGG	IMMUNOASSAY	NEGATIVE
Method : LATERAL FLOW IMMUNOASSAY		
TYPHOID-IGM	IMMUNOASSAY	NEGATIVE
Method : LATERAL FLOW IMMUNOASSAY		

Please correlate with clinical conditions.
High value!!! Retested by dilution

Note : This is a screening test and a positive report does not confirm diagnosis. All positive cases should be verified by confirmatory methods

~~ End of report ~~

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

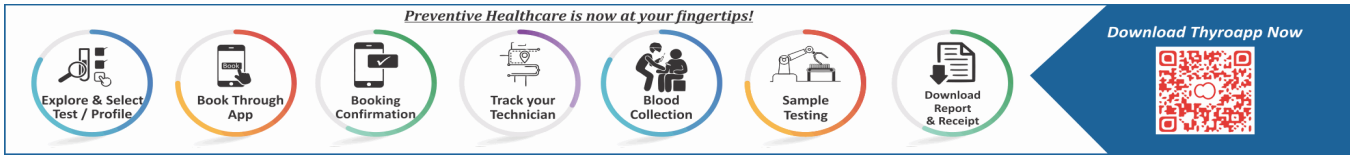
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**





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