Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Paleo Profile - Basic New

Report Status: XXXXXXXXXXX



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~

Dummy Report

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 : **XXXXXXXXXXXXXX**
Referred By : **XXXXXXXXXXXXXX**
Sample Collected At : **XXXXXXXXXXXXXX**

Tests Done : **PALEO PROFILE - BASIC NEW**

Report Availability Summary

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

11 Ready | **0** Ready with Cancellation | **0** Processing | **1** Cancelled in Lab

TEST DETAILS	REPORT STATUS
PALEO PROFILE - BASIC NEW	Ready with Cancellation
FASTING BLOOD SUGAR(GLUCOSE)	Cancelled in Lab
MAGNESIUM	Ready
TSH - ULTRASENSITIVE	Ready
COMPLETE URINE ANALYSIS	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
VITAMIN D TOTAL AND B12 COMBO	Ready
URINE MICROALBUMIN	Ready

Dummy Report

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 : **XXXXXXXXXXXXXX**
Referred By : **XXXXXXXXXXXXXX**
Sample Collected At : **XXXXXXXXXXXXXX**

Tests Done : **PALEO PROFILE - BASIC NEW**

Tests Outside Reference Range

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

Test Name	Observed Value	Units	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
MEAN CORP.HEMO.CONC(MCHC)	**30**	g/dL	31.5-34.5
PLATELET TO LARGE CELL RATIO(PLCR)	**17.1**	%	19.7-42.4
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**49.1**	fL	39-46
TOTAL RBC	**4.43**	X 10^6/µL	4.5-5.5
COMPLETE URINE ANALYSIS			
APPEARANCE	**SLIGHT CLOUDY**	-	Clear
NITRITE	**PRESENT**	-	Absent
LIPID			
HDL / LDL RATIO	**0.24**	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	**37**	mg/dL	40-60
LDL / HDL RATIO	**4.1**	Ratio	1.5-3.5
LDL CHOLESTEROL - DIRECT	**154**	mg/dL	< 100
NON-HDL CHOLESTEROL	**175.47**	mg/dL	< 160
TC/ HDL CHOLESTEROL RATIO	**5.7**	Ratio	3 - 5
TOTAL CHOLESTEROL	**213**	mg/dL	< 200
TRIG / HDL RATIO	**3.49**	Ratio	< 3.12
LIVER			
ALBUMIN - SERUM	**4.91**	gm/dL	3.5 - 5.2
RENAL			
URIC ACID	**7.9**	mg/dL	3.6-8.2
THYROID			
TSH - ULTRASENSITIVE	**8.77**	µIU/mL	0.54-5.30
URINE			
URINARY MICROALBUMIN	**35.6**	µg/mL	< 25
VITAMIN			
25-OH VITAMIN D (TOTAL)	**26.7**	ng/mL	30-100
VITAMIN B-12	**143**	pg/mL	197-771

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.

Processed At :

MC-5360

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 : **XXXXXXXXXXXXXX**
Referred By : **XXXXXXXXXXXXXX**
Sample Collected At : **XXXXXXXXXXXXXX**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.7	%

Bio. Ref. Interval. :

As per ADA Guidelines
Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics
Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

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

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	117	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 Sign

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

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

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	13.2	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	44	%	40.0-50.0
Total RBC	**HF & EI**	**4.43**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	Calculated	99.3	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	29.8	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**30**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**49.1**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	Calculated	13.5	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	302.6	-	*Refer Note below
MENTZER INDEX	Calculated	22.4	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	7.8	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	60	%	40-80
Lymphocytes Percentage	Flow Cytometry	33.7	%	20-40
Monocytes Percentage	Flow Cytometry	3.2	%	2-10
Eosinophils Percentage	Flow Cytometry	2.4	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	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	4.68	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.63	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.25	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.03	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.19	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10^3 / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	322	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	9	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	9.6	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**17.1**	**%**	**19.7-42.4**
Plateletcrit (PCT)	Calculated	0.29	%	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**)**

Tests Done : **HBA PROFILE,HEMOGRAM**

Doctor Sign

Dummy Report

Patient Name : **XXXXXXXXXXXXXXX**
Referred By : **XXXXXXXXXXXXXXX**
Sample Collected At : **XXXXXXXXXXXXXXX**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**26.7**	**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**	**143**	**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

Tests Done : **PALEO PROFILE - BASIC NEW**

Doctor Sign

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	84.18	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	344.3	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	24.45	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	260.12	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Dummy Report

Tests Done : **PALEO PROFILE - BASIC NEW**

Doctor Sign

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	**PHOTOMETRY**	**213**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**37**	**mg/dL**	**40-60**
HDL / LDL RATIO	**CALCULATED**	**0.24**	**Ratio**	**> 0.40**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**154**	**mg/dL**	**< 100**
TRIG / HDL RATIO	**CALCULATED**	**3.49**	**Ratio**	**< 3.12**
TRIGLYCERIDES	PHOTOMETRY	131	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**5.7**	**Ratio**	**3 - 5**
LDL / HDL RATIO	**CALCULATED**	**4.1**	**Ratio**	**1.5-3.5**
NON-HDL CHOLESTEROL	**CALCULATED**	**175.47**	**mg/dL**	**< 160**
VLDL CHOLESTEROL	CALCULATED	26.16	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
HD/LD - Derived from HDL and LDL values.
LDL - Direct Measure
TRI/H - Derived from TRIG and HDL Values
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
LDL/ - Derived from serum 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 : **PALEO PROFILE - BASIC NEW**

Doctor Sign

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	85	U/L	43-115
BILIRUBIN - TOTAL	PHOTOMETRY	0.44	mg/dL	0.10 - 1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dL	< 0.20
BILIRUBIN (INDIRECT)	CALCULATED	0.3	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	23.83	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	0.88	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.72	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	25.96	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.69	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.91	gm/dL	3.5 - 5.2
SERUM GLOBULIN	CALCULATED	2.78	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.77	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Kinetic Photometric test as per Modified IFCC
BILT - Photometric test using DCA (2,4 Dichloroaniline)
BILD - Photometric test using DCA (2,4 Dichloroaniline)
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
PROT - Biuret Method
SALB - Photometric test using Bromocresol Green
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Dummy Report

Tests Done : **PALEO PROFILE - BASIC NEW**

Doctor 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
MAGNESIUM	PHOTOMETRY	1.99	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

Tests Done : **PALEO PROFILE - BASIC NEW**

Doctor Sign

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	8.2	mg/dL	7.94 - 20.1
UREA (CALCULATED)	CALCULATED	17.55	mg/dL	Adult : 17-43
CREATININE - SERUM	PHOTOMETRY	0.79	mg/dL	0.67 - 1.17
UREA / SR.CREATININE RATIO	CALCULATED	22.21	Ratio	< 52
CALCIUM	PHOTOMETRY	9.24	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	7.9	mg/dL	3.6-8.2
BUN / SR.CREATININE RATIO	CALCULATED	10.38	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - "Urease-GLDH": Enzymatic UV test
UREAC - Derived from BUN Value.
SCRE - Enzymatic colorimetric test
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
URIC - Enzymatic Photometric test using TOOS
B/CR - Derived from serum Bun and Creatinine values

Dummy Report

Tests Done : **PALEO PROFILE - BASIC NEW**

Doctor Sign

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE	**E.C.L.I.A**	**8.77**	**µIU/mL**	**0.54-5.30**

Comments :

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

Method :

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

Tests Done : **PALEO PROFILE - BASIC NEW**

Doctor Sign

Patient Name : **XXXXXXXXXXXXXXX**
Referred By : **XXXXXXXXXXXXXXX**
Sample Collected At : **XXXXXXXXXXXXXXX**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	116	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 : **PALEO PROFILE - BASIC NEW**

Doctor Sign

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (URINE)			
URINARY MICROALBUMIN	**PHOTOMETRY**	**35.6**	**µg/mL**
Bio. Ref. Interval. : Adults: Less than 25 µg/ml			
Method : Fully Automated Immuno Turbidometry			
CREATININE - URINE	PHOTOMETRY	234.51	mg/dL
Bio. Ref. Interval. : Male: 39 - 259 mg/dl Female: 28 - 217 mg/dl			
Method : Creatinine Jaffe Method, Rate-Blanked and Compensated			
URI. ALBUMIN/CREATININE RATIO (UA/C)	CALCULATED	15.2	µg/mg of Creatinine
Bio. Ref. Interval. : Adults : Less than 30 µg/mg of Creatinine			
Method : Derived from Albumin and Creatinine values			

Please correlate with clinical conditions.

Dummy Report

Tests Done : **PALEO PROFILE - BASIC NEW**

Doctor Sign

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

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

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	**Visual Determination**	**SLIGHT CLOUDY**	**-**	**Clear**
SPECIFIC GRAVITY	pKa change	1.01	-	1.003-1.030
PH	pH indicator	5.5	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	**Diazo coupling**	**PRESENT**	**-**	**Absent**
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	1	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase**)**

~~ End of report ~~

Dummy Report

Tests Done : **COMPLETE URINE ANALYSIS**

Doctor Sign

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXX **Age:** XX **Sex:** XXXXXXXXXXX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXXXXXXXXX
Sample_Type/Tests	:	XXXXXXXXXXXXXXXXXXXXXXX
Sample Collected At	:	XXXXXXXXXXXXXXXXXXXXXXX
Sample Collected on (SCT)	:	XXXXXXXXXXXXXXXXXXXXXXX
Report Released on (RRT)	:	XXXXXXXXXXXXXXXXXXXXXXX
Amount Collected	:	**XXXXXXXXXXXXXXXXXXXXXXX**

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

Dummy Report

CONDITIONS OF REPORTING

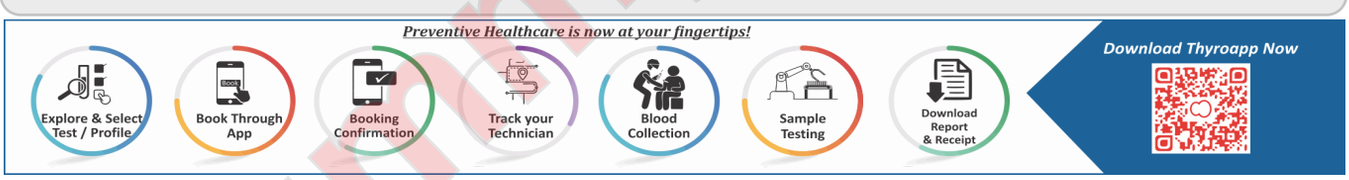
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for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