PROCESSED AT :

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Tests you can trust

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PRE-PREGNANCY PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	C.M.I.A	0.08	OD ratio

Reference range :

NON REACTIVE : < 1.0
REACTIVE : > = 1.0

Method:
FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Clinical significance:
Hepatitis C Virus (HCV) is now recognized as the primary cause of transfusion-associated Non-A, Non-B Hepatitis. The biochemical changes occurring in a Hepatitis C Virus-infected person are increased levels of serum transaminases. The acute presentation of HCV infection is generally mild, often clinically asymptomatic, with only 10 - 25 % of patients developing jaundice, greater than 50% of infected individuals go on to develop chronic hepatitis with serious and possibly life threatening sequel such as cirrhosis and Hepatocellular Carcinoma..

Note: Repeatedly reactive anti HCV specimens should be investigated further in supplemental tests such as other HCV specific immunoassays and immunoblot assays or a combination thereof and/or NAT tests.

Specifications: Precision: Intra assay (%cv): 3.9 %, Inter assay (%cv): 4.5 % Sensitivity: 99.10 % ; Specificity: 99.60%

Kit validation reference
Engvall E,Perlman P .Enzyme-LinkedImmunosobent Assay (ELISA)QuantitativeAssay of Immunoglobulin.G Immunochemistry 1971;8:871-4

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 :

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PRE-PREGNANCY PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	E.C.L.I.A	0.43	OD ratio

Non reactive: < 0.90
Border line : >=0.90 to < 1.0
Reactive : >= 1.0

Clinical Significance:
Hepatitis B Surface Antigen test is a screening test and is being performed using solid phase enzyme immunoassay. A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR. Type B viral hepatitis is usually accompanied by the appearance of hepatitis B surface antigen in the serum. HBsAg can be detected in the serum as early as 2 to 3 weeks before the onset of the illness and reaches a peak titre at the time when the characteristic symptoms like jaundice and changes in the liver-specific enzymes appear. This is normally followed by a gradual elimination of the antigen. In some cases and in an unknown percentage of subclinical hepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. Despite the high sensitivity of HBsAg assays, a risk of the transmission of hepatitis B by an HBsAg -negative sample cannot be ruled out.

Specifications:
Precision: Intra assay (%CV): 14.6 %, Inter assay (%CV): 11.6 % ,Sensitivity: 99.90%; Specificity:100%

Kit validation references: Proposal for the validation of Anti HIV 1/2 or HIV Ag/Ab combination Assays Anti HCV Assays HBsAg and Anti HBc assay for Use with cadaveric Samples PEI 08/05/2014.

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 :

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NAME	:	XXXXXXXXXXXXXXXX
REF. BY	:	XXXXXXXXXXXXXXXX
TEST ASKED	:	PRE-PREGNANCY PROFILE
PATIENTID	:	XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	INTERPRETATION
HIV - 1 & II	E.C.L.I.A	0.23	OD ratio	NEGATIVE

Non Reactive : < 1
Reactive: >=1

Clinical Significance
HIV is a screening test being performed as per NACO guidelines. The kits utilize a mixture of recombinant proteins for detection of antibodies to all subtypes of HIV-1 and HIV-2 in human serum or plasma. A positive report does not confirm diagnosis of HIV infection at any point of time and all positive cases should be confirmed by confirmatory test like western blot or PCR. Similarly, a non-reactive test doesnt exclude the possibility of HIV infection and must be interpreted by a medical practitioner in light of the exposure and possible window period.

Specifications:
Precision: Intra-Assay (%CV) :5.90%, Inter-Assay (%CV):4.50%, Sensitivity : 100%, Specificity :100%

Kid validation reference : Proposal for the validation of Anti HIV 1/2 or HIV Ag/Ab combination Assays Anti HCV Assays HBsAg and Anti HBc assay for Use with cadaveric Samples PEI 08/05/2014.

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	:	

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PRE-PREGNANCY PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
VDRL (RPR) FOR SYPHILIS	FLOCCULATION	NON REACTIVE

Clinical Significance :-

Syphilis is a sexually transmitted disease caused by a spirochete Treponema pallidum. It can cause long-term complications by invading the nervous and cardiovascular system, if not adequately treated. It may also be transmitted from mother to baby during pregnancy or at birth, resulting in congenital syphilis.

Interpretation:

RPR test is an effective screening test for syphilis. The test antigen is a modified form of VDRL antigen containing microparticulate carbon, which aids the macroscopic reading of results. RPR test may give false positive results in patients suffering from HIV, tuberculosis, leprosy, infectious mononucleosis and any autoimmune disease. Weak reactive and Reactive results must be confirmed using Treponema pallidum Hemagglutination Assay(TPHA) and fluorescent treponemal antibody absorption (FTA-ABS).

References:

Manual test for Syphilis Phs Publications No 411, (1969)

Please correlate with clinical conditions.
Method:- N/A

Dummy Report

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PRE-PREGNANCY PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	124	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	7.96	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	4.071	µIU/mL	0.35-4.94

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

Method :

T3,T4,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

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BLOOD GROUPING,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE
BLOOD GROUPING	AGGLUTINATION	B
RH TYPING	AGGLUTINATION	POSITIVE

Method:- Processed on fully automated Matrix Automax analyser based on gel column agglutination technology.

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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BLOOD GROUPING,HEMOGRAM
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	**10.22**	**X 10³ / µL**	**4.0 - 10.0**
NEUTROPHILS	67.3	%	40-80
LYMPHOCYTE	27.5	%	20-40
MONOCYTES	2.4	%	2-10
EOSINOPHILS	2.3	%	1-6
BASOPHILS	0.2	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	6.88	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.81	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.25	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.02	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.24	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10³ / µL	0.0-0.3
TOTAL RBC	4.52	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	**10.8**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	**35.7**	**%**	**36.0-46.0**
MEAN CORPUSCULAR VOLUME(MCV)	**79**	**fL**	**80.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**23.9**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**30.3**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	43.1	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**14.9**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	11.2	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10	fL	6.5-12
PLATELET COUNT	351	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	24.7	%	19.7-42.4
PLATELETCRIT(PCT)	0.35	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with microcytes & 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 :

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
RANDOM BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	91.51	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Random/Post-Prandial Plasma Glucose (RPG/PPPG)	
Normal	70 to 140 mg/dl
Impaired Glucose Tolerance	140 - 199 mg/dl
Diabetes	Greater than or Equal to 200

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 : ROUTINE URINE ANALYSIS

PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
Complete Urinogram			
Physical Examination			
VOLUME	>=5	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	< 1.003	-	1.003-1.030
PH	5.5	-	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	Normal	mg/dL	<=0.2
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
LEUCOCYTE ESTERASE	ABSENT	-	Absent
Microscopic Examination			
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5

Method : N/A

~~ 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 : URINE
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXXXXX **Age:** XXX **Sex:** XXXXXXXXXXXXXXXXX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXXX
Sample_Type/Tests	:	URINE:ROUTINE URINE ANALYSIS EDTA:BLOOD GROUPING AND RH TYPING , HEMOGRAM - 6 PART (DIFF) FLUORIDE:RBS SERUM:PRE-PREGNANCY PROFILE
Sample Collected At	:	
Sample Collected on (SCT)	:	Sample collection time
Report Released on (RRT)	:	Report release time
Amount Collected	:	

Dummy Report

CONDITIONS OF REPORTING

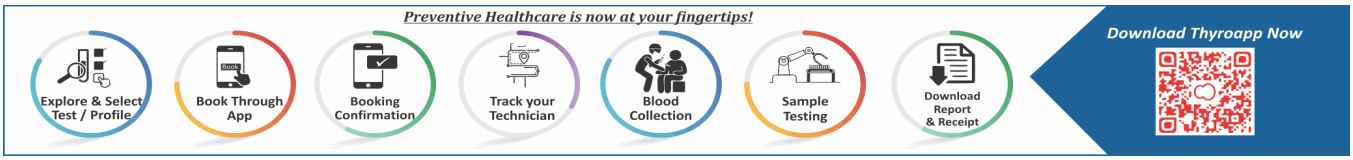
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for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