Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Total Health Profile Plus

Report Status: xxxxxxxxxxxxxxxx



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

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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#

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
TOTAL HEALTH PROFILE PLUS	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
IRON	Ready
VITAMIN B-12	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
ROUTINE URINE ANALYSIS	Ready
SERUM ELECTROLYTES	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
VITAMIN D PROFILE	Ready
T3-T4-USTSH	Ready

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	3.1	mg/L	< 3
COMPLETE HEMOGRAM			
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	38.9	fL	39.0-46.0
IRON DEFICIENCY			
IRON	29.24	µg/dL	50 - 170
LIPID			
HDL CHOLESTEROL - DIRECT	37	mg/dL	40-60
RENAL			
BLOOD UREA NITROGEN (BUN)	7.2	mg/dL	7.94 - 20.07
CALCIUM	8.41	mg/dL	8.8-10.6
CREATININE - SERUM	0.46	mg/dL	0.55-1.02
UREA (CALCULATED)	15.41	mg/dL	Adult : 17-43
VITAMINS			
VITAMIN B-12	< 100	pg/mL	197-771
VITAMIN D TOTAL	23.24	ng/mL	30-100

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 : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	**E.C.L.I.A**	**< 100**	**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

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

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

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**3.1**	**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

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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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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	130	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**37**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	80	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	113	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.6	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	3.09	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.2	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.45	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	93.8	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	22.56	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

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Sample Type : SERUM
Labode :
Barcode :

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	88.13	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.56	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.46	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	12	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	21.4	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	13.4	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.6	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.33	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.34	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.99	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.45	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

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Sample Type : SERUM
Labcode :
Barcode :

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**7.2**	**mg/dL**	**7.94 - 20.07**
CREATININE - SERUM	**PHOTOMETRY**	**0.46**	**mg/dL**	**0.55-1.02**
BUN / SR.CREATININE RATIO	CALCULATED	15.65	Ratio	9:1-23:1
UREA (CALCULATED)	**CALCULATED**	**15.41**	**mg/dL**	**Adult : 17-43**
UREA / SR.CREATININE RATIO	CALCULATED	33.5	Ratio	< 52
CALCIUM	**PHOTOMETRY**	**8.41**	**mg/dL**	**8.8-10.6**
URIC ACID	PHOTOMETRY	3.97	mg/dL	3.2 - 6.1
SODIUM	I.S.E - INDIRECT	138.21	mmol/L	136 - 145
POTASSIUM	I.S.E - INDIRECT	4.14	mmol/L	3.5 - 5.1
CHLORIDE	I.S.E - INDIRECT	105.12	mmol/L	98 - 107

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
SOD - ION SELECTIVE ELECTRODE - INDIRECT
POT - ION SELECTIVE ELECTRODE - INDIRECT
CHL - ION SELECTIVE ELECTRODE - INDIRECT

Dummy Report

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

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TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**29.24**	**µg/dL**

Bio. Ref. Interval. :-

Male : 65 - 175
Female : 50 - 170

Please correlate with clinical conditions.

Method:- Ferrozine method without deproteinization

Dummy Report

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

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	117	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	7.46	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	1.47	µIU/mL	0.54-5.30

Comments : SUGGESTING THYRONORMALCY

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

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich 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

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 : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	134	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

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

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TEST ASKED : TOTAL HEALTH PROFILE PLUS

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN D2	LC-MS/MS	1.62	ng/mL

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

VITAMIN D3	LC-MS/MS	21.62	ng/mL

Method : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

VITAMIN D TOTAL	**CALCULATED**	**23.24**	**ng/mL**

Bio. Ref. Interval. :
Deficiency : <20 ng/mL
Insufficiency : 20-30 ng/mL
Sufficiency : 30-100 ng/mL
Toxicity : >100 ng/mL

Method : Derived from VD2 and VD3 values

Please correlate with clinical conditions.

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	87.9	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 PLASMA
Labcode :
Barcode :

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interva
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	> 1.030	-	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
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5

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

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
Labode :
Barcode :

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NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.4	%

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	108	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.

Report
Dummy

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 :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval
HEMOGLOBIN	SLS-Hemoglobin Method	12.5	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	39.3	%	36.0-46.0
Total RBC	HF & EI	4.35	X 10^6/µL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	90.3	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.7	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	31.8	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**38.9**	**fL**	**39.0-46.0**
Red Cell Distribution Width (RDW - CV)	Calculated	11.9	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	247	-	*Refer Note below
MENTZER INDEX	Calculated	20.8	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	9.48	X 10³ / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	67.8	%	40-80
Lymphocytes Percentage	Flow Cytometry	23.9	%	20-40
Monocytes Percentage	Flow Cytometry	2.4	%	2-10
Eosinophils Percentage	Flow Cytometry	5.2	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	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	6.43	X 10³ / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.27	X 10³ / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.23	X 10³ / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10³ / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.49	X 10³ / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.03	X 10³ / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10³ / µL	0.0-0.5
PLATELET COUNT	HF & EI	318	X 10³ / µL	150-410
Mean Platelet Volume (MPV)	Calculated	10.2	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	11	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	25.5	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.32	%	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 ~~

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

Dummy Report

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXXXXXX **Age:** XX **Sex:** XXXX **Customer Mobile No:** XXXXXXXXXX

Barcodes/Sample_Type	:	XXXXXXXXXXXXXXXX
Labcode	:	XXXXXXXXXXXXXXXX
Ref By	:	XXXXXXXXXXXXXXXX
Sample_Type/Tests	:	SERUM:TOTAL HEALTH PROFILE PLUS URINE:ROUTINE URINE ANALYSIS FLUORIDE:FBS EDTA:HBA PROFILE , HEMOGRAM - 6 PART (DIFF)
Sample Collected At	:	Sample collection time
Sample Collected on (SCT)	:	Sample receiving time at Lab
Report Released on (RRT)	:	Report release time
Amount Collected	:	

Dummy Report

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v 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.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

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

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

Preventive Healthcare is now at your fingertips!





+ *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*