Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx

Date : xxxxxxxxxxxxxxxx

Test Asked : Super Healthy Package

Report Status:



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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SUPER HEALTHY PACKAGE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	4.76	mg/L	< 3
TRIG / HDL RATIO	7.03	Ratio	< 3.12
COMPLETE HEMOGRAM			
LYMPHOCYTE	48.3	%	20-40
LYMPHOCYTES - ABSOLUTE COUNT	3.87	X 10^3 / µL	1.0-3.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.6	pq	27.0-32.0
TOTAL RBC	4.88	X 10^6/µL	3.8-4.8
COMPLETE URINE ANALYSIS			
EPITHELIAL CELLS	8	cells/HPF	0-5
LEUCOCYTE ESTERASE	PRESENT	-	Absent
URINARY LEUCOCYTES (PUS CELLS)	60	cells/HPF	0-5
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	183	mg/dL	90-120
HbA1c	8	%	< 5.7
LIPID			
HDL / LDL RATIO	0.38	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	32	mg/dL	40-60
TRIGLYCERIDES	224	mg/dL	< 150
VLDL CHOLESTEROL	44.83	mg/dL	5 - 40
LIVER			
GAMMA GLUTAMYL TRANSFERASE (GGT)	51.7	U/L	< 38
TOXIC ELEMENTS			
BERYLLIUM	0.06	µg/L	0.10 - 0.80

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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TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	C.L.I.A	1.35	ng/mL

Bio. Ref. Interval. :-

Non-Smokers : < 2.50 ng/mL
Smokers : < 5.00 ng/mL

Clinical Significance :

CEA is often used to monitor patients with cancers of the gastrointestinal tract (GI). Increased CEA levels can indicate some Non-Cancer related conditions, Such as some forms of inflammation, Cirrhosis, and Peptic Ulcer. Also, Smokers tend to have Higher CEA levels than Non-Smokers. When cancer spreads to other organs, CEA levels rise and may be present in other types of bodily fluids besides blood.

For Diagnostic Purpose, Results should always be assessed in Conjunction with the patients medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 3.6 %, Inter Assay (%CV): 4.1 %; Sensitivity: 0.5 ng/ml

Kit Validation References:

Statland Be, Winkel P. Neoplasia. In: Kaplan LA, Resc AJ, Editors. Clinical Chemistry, Theory, Analysis and Correlation. 2nd Ed. St. Louis: Cv Mosby, 1989.p 734-5.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED TWO STEP SANDWICH IMMUNOASSAY

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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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	30.7	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	263	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

Sample Collected on (SCT) : Sample collection time

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Report Released on (RRT) : Report release time

Sample Type : SERUM

Labcode :

Barcode :

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	125	mg/dL

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

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	92	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	0.7	Ratio

Bio. Ref. Interval. :
Male : 0.40 - 1.26
Female : 0.38 - 1.14

Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

Dummy Report

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**4.76**	**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

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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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	14.4	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	40.3	U/L

Bio. Ref. Interval. :-

Adults : 28-100 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:
Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC TEST

Dummy Report

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Sample Type : SERUM
Labcode :
Barcode :

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	59.7	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	335.81	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	17.78	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	276.11	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	43.9	U/L

Bio. Ref. Interval. :-

Adults : 5.6 - 51.3 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:
High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:
Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:
Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC ASSAY

Dummy Report

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	145	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**32**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	83	mg/dL	< 100
TRIGLYCERIDES	**PHOTOMETRY**	**224**	**mg/dL**	**< 150**
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.6	Ratio	3 - 5
TRIG / HDL RATIO	**CALCULATED**	**7.03**	**Ratio**	**< 3.12**
LDL / HDL RATIO	CALCULATED	2.6	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.38**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	CALCULATED	113.5	mg/dL	< 160
VLDL CHOLESTEROL	**CALCULATED**	**44.83**	**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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	90.26	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.49	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.39	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	**PHOTOMETRY**	**51.7**	**U/L**	**< 38**
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	27.5	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	27.2	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.01	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.79	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.65	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.14	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.16	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	138.5	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L

Method : ION SELECTIVE ELECTRODE

CHLORIDE	I.S.E	106.56	mmol/L

Bio. Ref. Interval. :
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.21	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.63	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	16.21	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	21.85	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	34.68	Ratio	< 52
CALCIUM	PHOTOMETRY	9.48	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.83	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

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TEST ASKED : SUPER HEALTHY PACKAGE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	98	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.4	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.L.I.A	4.135	µIU/mL	0.55-4.78

Comments : ***

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 - Third Generation Ultrasensitive Chemi Luminescent Immuno Assay

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 :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :

MC-4346

Thyrocare
Tests you can trust

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : SUPER HEALTHY PACKAGE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	98	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:- CKD-EPI Creatinine Equation

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Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

Dummy Report

PROCESSED AT :

MC-4246

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NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.52	µg/L	< 5
CADMIUM	ICP-MS	0.21	µg/L	< 1.5
MERCURY	ICP-MS	0.24	µg/L	< 5
LEAD	ICP-MS	9.71	µg/L	< 150
CHROMIUM	ICP-MS	7.03	µg/L	< 30
BARIUM	ICP-MS	4.22	µg/L	< 30
COBALT	ICP-MS	0.53	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	2.66	µg/L	< 5
THALLIUM	ICP-MS	0.04	µg/L	< 1
URANIUM	ICP-MS	0.04	µg/L	< 1
STRONTIUM	ICP-MS	13.93	µg/L	8 - 38
ANTIMONY	ICP-MS	10.53	µg/L	0.10 - 18
TIN	ICP-MS	0.91	µg/L	< 2
MOLYBDENUM	ICP-MS	1.79	µg/L	0.70 - 4.0
SILVER	ICP-MS	1.6	µg/L	< 4
VANADIUM	ICP-MS	0.37	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.06**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.21	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	128.45	µg/L	60 - 340
ALUMINIUM	ICP-MS	10.05	µg/L	< 30
NICKEL	ICP-MS	6.03	µg/L	< 15
MANGANESE	ICP-MS	15.55	µg/L	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note:Reference range has been obtained after considering 95% population as cutoff.

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 :

Doctor 1 Sign Doctor 2 Sign

PROCESSED AT :

MC-4246

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

NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**8**	**%**

Bio. Ref. Interval. :

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**	**183**	**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

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

PROCESSED AT :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	8.01	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	42.1	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**48.3**	**%**	**20-40**
MONOCYTES	Flow Cytometry	2.9	%	2-10
EOSINOPHILS	Flow Cytometry	5.9	%	1-6
BASOPHILS	Flow Cytometry	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.37	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**Calculated**	**3.87**	**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	0.47	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.03	X 10³ / µL	0.0-0.3
TOTAL RBC	**HF & EI**	**4.88**	**X 10^6/µL**	**3.8-4.8**
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	13	g/dL	12.0-15.0
HEMATOCRIT(PCV)	CPH Detection	41.1	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	84.2	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**Calculated**	**26.6**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	Calculated	31.6	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	41.1	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	13.3	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	13.5	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	10.4	fL	6.5-12
PLATELET COUNT	HF & EI	205	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	30.1	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.21	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receivingpf 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**)**

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

PROCESSED AT :

MC-4248

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXX

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	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.02	-	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	ABSENT	-	Absent
LEUCOCYTE ESTERASE	**Esterase reaction**	**PRESENT**	**-**	**Absent**
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	**Microscopy**	**60**	**cells/HPF**	**0-5**
EPITHELIAL CELLS	**Microscopy**	**8**	**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 ~~

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

Dummy Report

CONDITIONS OF REPORTING

- 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 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.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- v For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 62 300**
- v SMS:<Labcode No.>to **9[illegible]666333**





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