Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Jaanch Monsoon Fever Panel - Advanced (Including Influenza)

Dummy Report



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

PROCESSED AT :
Thyrocare

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

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

NAME	:	XXXXXXXXXXXXXXXX	**SAMPLE COLLECTED AT :**
REF. BY	:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED	:	JAANCH MONSOON FEVER PANEL - ADVANCED (INCLUDING INFLUENZA)	

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	33	%	40.0-50.0
HEMOGLOBIN	11.3	g/dL	13.0-17.0
MEAN PLATELET VOLUME(MPV)	12.6	fL	6.5-12
PLATELET DISTRIBUTION WIDTH(PDW)	16.4	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	46.3	%	19.7-42.4
TOTAL RBC	3.53	X 10^6/µL	4.5-5.5

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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MC-2407

Thyrocare
Tests you can trust

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH MONSOON FEVER PANEL - ADVANCED (INCLUDING INFLUENZA)
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CHIKUNGUNYA-IGM	E.L.I.S.A	0.34	OD Ratio

Bio. Ref. Interval. :-

Negative : < 0.90
Equivocal: 0.90 - 1.10
Positive : > 1.10

Please correlate with clinical conditions.
Method:- INDIRECT ELISA

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH MONSOON FEVER PANEL - ADVANCED (INCLUDING INFLUENZA)
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DENGUE-IGM - ELISA	E.L.I.S.A	0.65	Ab Units

Bio. Ref. Interval. :-

Negative : < 9
Equivocal: 9 - 11
Positive : > 11

Clinical Significance
Diagnosis of an infectious disease should not be established on the basis of a single test result. A precise diagnosis should take into consideration clinical history, symptomatology as well as serological data. The Flaviviridae family includes the serotypes of Dengue virus as well as yellow fever and Japanese encephalitis viruses. There is a cross reactivity among flaviviruses, due to the presence of common antigenic determinants.

Reference: Pinheiro FP, CorberSJ : Global situation of Dengue and Dengue haemorrhagic fever and its emergence in the Americas. World Health Stat ! 50(3/4):161-169, 1997

Please correlate with clinical conditions.
Method:- SOLID PHASE CAPTURE ENZYME 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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH MONSOON FEVER PANEL - ADVANCED (INCLUDING INFLUENZA)
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DENGUE NS1 ANTIGEN - ELISA	E.L.I.S.A	0.67	Ag Units

Bio. Ref. Interval. :-

Negative : < 9
Equivocal : 9 - 11
Positive : > 11

Clinical Significance:
The detection of highly specific dengue NS1 antigen is possible in the serum of dengue virus infected individuals from the onset of clinical symptoms in primary as well as secondary infections. Therefore this antigen detection is an important tool for diagnosis of acute dengue virus infection. It allows rapid detection on the first day of fever, before antibodies appear some 5 or more days late.

Specifications:
Sensitivity: 99.5% & Specificity:100%

Kit Validation Reference:
Gubler DJ Trent DW: Emergence of epidemic dengue/dengue haemorrhage fever as a public health problem in the Americans Infect Agents Dis 2:383-393, 1993

Please correlate with clinical conditions.
Method:- SOLID PHASE ENZYME 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

NAME	: XXXXXXXXXXXXXXXX	**SAMPLE COLLECTED AT :**	
REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: JAANCH MONSOON FEVER PANEL - ADVANCED (INCLUDING INFLUENZA)		
PATIENTID	: XXXXXXXXXXXXXXXX		

TEST NAME	**TECHNOLOGY**	**VALUE**	**UNITS**
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	2	mg/L

Bio. Ref. Interval. :-

Acute phase determination : < 5 mg/L

Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

Reference:
Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH MONSOON FEVER PANEL - ADVANCED (INCLUDING INFLUENZA)
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	15	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	17	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.88	Ratio	< 2

Please correlate with clinical conditions.

Method :

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

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH MONSOON FEVER PANEL - ADVANCED (INCLUDING INFLUENZA)
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

Please correlate with clinical conditions.

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

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ESR,HEMOGRAM,MALARIAL ANTIGEN

PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	MODIFIED WESTERGREN	12	mm / hr

Bio. Ref. Interval. :-

Male : 0-15
Female : 0-20

Please correlate with clinical conditions.
Method:- MODIFIED WESTERGREN

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ESR,HEMOGRAM,MALARIAL ANTIGEN
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	RESULT
PLASMODIUM FALCIPARUM	IMMUNOASSAY	NEGATIVE
Method : RAPID IMMUNOASSAY		
PLASMODIUM VIVAX	IMMUNOASSAY	NEGATIVE
Method : RAPID IMMUNOASSAY		

Please correlate with clinical conditions.

METHODOLOGY : RAPID CARD BASED ON THE PRINCIPLE OF IMMUNOCHROMATOGRAPHY

CLINICAL SIGNIFICANCE : Malaria is caused by four species of Plasmodium:- P. falciparum, P. Vivax, P. ovale & P.malariae. The disease results from the multiplication of malaria parasites within red blood cells of the host causing symptoms that typically include fever, headache, joint pain, vomiting, anemia, hemoglobinuria, retinal damage, convulsions, in severe cases progressing to coma and death. Rapid Test can be used as an aid in detection of specific antigen to Plasmodium vivax (Pv) PLDH and Plasmodium falciparum (Pf) HRP-2 in human whole blood.

SPECIFICATIONS : Sensitivity: For PfHRP-II: 98.5% & For PvLDH: 100% Specificity: For PfHRP-II: 99% & For PvLDH: 99%

KIT VALIDATION REFERENCE : Makler, M. et al (1993) Parasite lactate assay for Plasmodium falciparum drug sensitivity AmJ. Trop. Med. Hyg. 48(6), 739-741

Please correlate with clinical conditions.

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

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : ESR,HEMOGRAM,MALARIAL ANTIGEN
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	8.34	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	70	%	40-80
LYMPHOCYTE	Flow Cytometry	21.2	%	20-40
MONOCYTES	Flow Cytometry	2.4	%	2-10
EOSINOPHILS	Flow Cytometry	5.6	%	1-6
BASOPHILS	Flow Cytometry	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	5.81	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.77	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.2	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	0.05	X 10³ / µL	0-0.3
TOTAL RBC	**HF & EI**	**3.53**	**X 10^6/µL**	**4.5-5.5**
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	**SLS-Hemoglobin Method**	**11.3**	**g/dL**	**13-17**
HEMATOCRIT(PCV)	**CPH Detection**	**33**	**%**	**40-50**
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	93.5	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	32	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	34.2	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	44.3	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	12.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	**Calculated**	**16.4**	**fL**	**9-15.2**
MEAN PLATELET VOLUME(MPV)	**Calculated**	**12.6**	**fL**	**6-12**
PLATELET COUNT	HF & EI	213	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	**Calculated**	**46.3**	**%**	**19-42**
PLATELETCRIT(PCT)	Calculated	0.27	%	0.19-0.39

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

Please Correlate with clinical conditions.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

Dummy Report

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

Doctor 1 Sign

Doctor 2 Sign

PROCESSED AT :
Thyrocæ

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : INFLUENZA PANEL
PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	RESULT
H1N1 INFLUENZA A (PDM09)	NOT DETECTED
INFLUENZA A	NOT DETECTED
INFLUENZA B	NOT DETECTED

Interpretation

NOT DETECTED	INFLUENZA A / B / H1N1 (pdm09) was not detected in the patient specimen or less than detection limit
DETECTED	INFLUENZA A / B / H1N1 (pdm09) was detected in the patient specimen
INCONCLUSIVE	Target is inconclusive, Advised to send fresh specimen for recheck

The performance of this test has been validated at Department of Molecular Biology Laboratory, Thyrocare Technologies Limited, Navi Mumbai.

Indications
Influenza, commonly referred to as the flu, is an infectious disease caused by RNA viruses of the family Orthomyxoviridae. Human influenza A and influenza B viruses cause severe infections predominantly of the respiratory tract with fever and coughs as the most frequent symptoms.
In more serious cases, influenza causes pneumonia, which can be fatal particularly for children and elderly people.

Methodology
INFLUENZA A / B / H1N1 (pdm09) detection by Qualitative polymerase chain reaction (PCR) is based on the amplification of specific regions of influenza virus. In real Time PCR the amplified product is detected via fluorescent dyes.

Clinical Significance
Detection of influenza virus RNA in patients with INFLUENZA A / B / H1N1 (pdm09) infection.

Limitation of the assay
1.Presence of PCR inhibitors may interfere with PCR amplification.
2.Undetected result does not rule out the possibility of infection.Presence of inhibitors,mutations & insufficient organism RNA can influence the result.

Disclaimer
1.This test is intended for use in conjunction with clinical presentation and other laboratory markers.
2.Improper specimen collection, handling, storage and transportation may results in false negative results.
3.The report represents only the specimen received in laboratory.

Abbreviation
1.RES - RESPIRATORY SWABS

~~ 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 : SWABS (RES)
Labcode :
Barcode :

Doctor 1 Sign

Doctor 2 Sign

CONDITIONS OF REPORTING

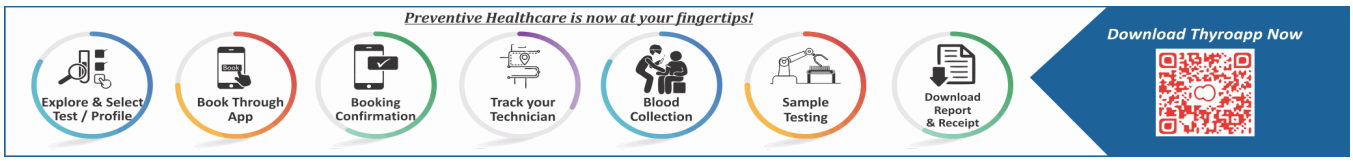
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for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

EXPLANATIONS

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

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 61 30 00**
- SMS:<Labcode No.> to **9 666333**





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