Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx

Date : xxxxxxxxxxxxxxxx

Test Asked : Complete Health Check With Vitamins, Fbs



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 :

MC-3759

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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	**HOME COLLECTION :**
REF. BY	:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED	:	COMPLETE HEALTH CHECK WITH VITAMINS,FBS	

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMOGLOBIN	11.4	g/dL	12.0-15.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	16	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	54.8	fL	39.0-46.0
COMPLETE URINE ANALYSIS			
APPEARANCE	Turbid	-	Clear
BACTERIA	PRESENT	-	Absent
CRYSTALS	CALCIUM OXALATE CRYSTALS	-	Absent
LEUCOCYTE ESTERASE	PRESENT	-	Absent
RED BLOOD CELLS	15	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	15	cells/HPF	0-5
URINE BLOOD	PRESENT	-	Absent
IRON DEFICIENCY			
% TRANSFERRIN SATURATION	11.02	%	13 - 45
IRON	46.86	µg/dL	50 - 170
UNSAT.IRON-BINDING CAPACITY(UIBC)	378.34	µg/dL	162 - 368
LIPID			
HDL / LDL RATIO	0.28	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	37	mg/dL	40-60
LDL / HDL RATIO	3.5	Ratio	1.5-3.5
LDL CHOLESTEROL - DIRECT	130	mg/dL	< 100
TC/ HDL CHOLESTEROL RATIO	5.2	Ratio	3 - 5
TRIG / HDL RATIO	3.73	Ratio	< 3.12
RENAL			
CREATININE - SERUM	0.51	mg/dL	0.55-1.02
THYROID			
TSH - ULTRASENSITIVE	7.15	µIU/mL	0.54-5.30
TOXIC ELEMENTS			
BERYLLIUM	0.01	µg/L	0.10 - 0.80
VITAMINS			
25-OH VITAMIN D (TOTAL)	27.8	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 : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	C.L.I.A	2.1	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

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 : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**27.8**	**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	261	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

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TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	105	mg/dL
Bio. Ref. Interval. : Male : 86 - 152 Female : 94 - 162 **Method :** FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	90	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	0.9	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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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.88	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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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	5.12	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

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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**46.86**	**µg/dL**
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	425.2	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	**CALCULATED**	**11.02**	**%**
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	**PHOTOMETRY**	**378.34**	**µg/dL**
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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Sample Type : SERUM
Labode :
Barcode :

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	193	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**37**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**130**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	138	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**5.2**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	**CALCULATED**	**3.73**	**Ratio**	**< 3.12**
LDL / HDL RATIO	**CALCULATED**	**3.5**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	**CALCULATED**	**0.28**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	CALCULATED	156.14	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	27.51	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 ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	56.39	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.38	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.05	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.33	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	12.84	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	15.49	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	10.1	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.53	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.98	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.9	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.08	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.27	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 Bcg[1]method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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NAME : XXXXXXXXXXXXXXXX
HOME COLLECTION :
REF. BY : XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	137	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L
Method : ION SELECTIVE ELECTRODE

CHLORIDE	I.S.E	106.9	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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Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	11	mg/dL	7.94 - 20.07
CREATININE - SERUM	**PHOTOMETRY**	**0.51**	**mg/dL**	**0.55-1.02**
BUN / SR.CREATININE RATIO	CALCULATED	21.57	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	23.54	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	46.16	Ratio	< 52
URIC ACID	PHOTOMETRY	4.01	mg/dL	3.2 - 6.1
CALCIUM	PHOTOMETRY	8.94	mg/dL	8.8-10.6

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.
URIC - Uricase / Peroxidase Method
CALC - Arsenazo III Method, End Point.

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REF. BY	: XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TEST ASKED	: BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS		

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	123	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	7.94	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	**E.C.L.I.A**	**7.15**	**µIU/mL**	**0.54-5.30**

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

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

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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HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	111	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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TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	Yellow	-	Pale Yellow
APPEARANCE	**Visual Determination**	**Turbid**	**-**	**Clear**
SPECIFIC GRAVITY	pKa change	1.025	-	1.003-1.030
PH	pH indicator	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**	**PRESENT**	**-**	**Absent**
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	**Esterase reaction**	**PRESENT**	**-**	**Absent**
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	**Microscopy**	**15**	**cells/HPF**	**0-5**
URINARY LEUCOCYTES (PUS CELLS)	**Microscopy**	**15**	**cells/HPF**	**0-5**
EPITHELIAL CELLS	Microscopy	ABSENT	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	**Microscopy**	**CALCIUM OXALATE CRYSTALS**	**-**	**Absent**
BACTERIA	**Microscopy**	**PRESENT**	**-**	**Absent**
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(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
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.65	µg/L	< 5
CADMIUM	ICP-MS	0.67	µg/L	< 1.5
MERCURY	ICP-MS	0.83	µg/L	< 5
LEAD	ICP-MS	20.34	µg/L	< 150
CHROMIUM	ICP-MS	5.71	µg/L	< 30
BARIUM	ICP-MS	1.83	µg/L	< 30
COBALT	ICP-MS	0.8	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	1.82	µg/L	< 5
THALLIUM	ICP-MS	0.02	µg/L	< 1
URANIUM	ICP-MS	0.02	µg/L	< 1
STRONTIUM	ICP-MS	16.86	µg/L	8 - 38
ANTIMONY	ICP-MS	7.91	µg/L	0.10 - 18
TIN	ICP-MS	1.02	µg/L	< 2
MOLYBDENUM	ICP-MS	1.24	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.23	µg/L	< 4
VANADIUM	ICP-MS	0.57	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.01**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.2	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	203.7	µg/L	60 - 340
ALUMINIUM	ICP-MS	11.22	µg/L	< 30
NICKEL	ICP-MS	4.27	µg/L	< 15
MANGANESE	ICP-MS	14.96	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.

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

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.6	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	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	114	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

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Sample Type : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX **HOME COLLECTION :**
REF. BY : XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	5.56	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	56.6	%	40-80
LYMPHOCYTE	Flow Cytometry	35.8	%	20-40
MONOCYTES	Flow Cytometry	4.3	%	2-10
EOSINOPHILS	Flow Cytometry	2.2	%	1-6
BASOPHILS	Flow Cytometry	0.9	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.15	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.99	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.24	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.12	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	HF & EI	3.86	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**	**11.4**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	CPH Detection	36	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	93.3	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	29.5	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	31.7	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**54.8**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**16**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	11.7	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	10.6	fL	6.5-12
PLATELET COUNT	HF & EI	373	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	28.9	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.39	%	0.19-0.39

Remarks : Alert!!! RBCs:Mild anisopoikilocytosis. 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 receiving of 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**)**

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 :

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BLOOD SUGAR (F),COMPLETE HEALTH CHECK WITH VITAMINS

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	84.82	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

~~ 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 : FLUORIDE
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign