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REPORT

NAME : XXXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	120	mg/dL
Reference Range : Male : 86 - 152 Female : 94 - 162 **Method :** FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	78	mg/dL
Reference Range : Male : 56 - 145 Female : 53 - 138 **Method :** FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.6	Ratio
Reference Range : 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

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 ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.4	mg/L

Reference Range :-

< 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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TEST ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	21.7	mg/dL

Reference Range :-

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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TEST ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	93.7	µg/dL
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	412.5	µg/dL
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	22.72	%
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	318.8	µg/dL
Reference Range : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	147	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	50	mg/dL	40-60
HDL / LDL RATIO	CALCULATED	0.56	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	90	mg/dL	< 100
TRIG / HDL RATIO	CALCULATED	1.89	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	94	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.9**	**Ratio**	**3 - 5**
LDL / HDL RATIO	CALCULATED	1.8	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	18.84	mg/dL	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	96.6	mg/dL	< 160

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
HD/LD - Derived from HDL and LDL values.
LDL - Direct Measure
TRI/H - Derived from TRIG and HDL Values
TRIG - Enzymatic, End Point
TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
LDL/ - DERIVED FROM SERUM HDL AND LDL VALUES
VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
NHDL - DERIVED FROM SERUM CHOLESTEROL AND HDL 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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REPORT

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	80.63	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.38	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.26	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	54	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	1.2	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	31.6	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	26.3	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.29	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.54	gm/dL	3.2-4.8
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.65	Ratio	0.9 - 2
SERUM GLOBULIN	CALCULATED	2.75	gm/dL	2.5-3.4

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
OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
PROT - BIURET METHOD
SALB - ALBUMIN BCG[1]METHOD (COLORIMETRIC ASSAY ENDPOINT)
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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REPORT

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TEST ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
UREA (CALCULATED)	CALCULATED	22.3	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.42	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	21.65	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	1.03	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	10.12	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	10	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	7.19	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

UREAC - Derived from BUN Value.
BUN - KINETIC UV ASSAY.
UR/CR - Derived from UREA and Sr.Creatinine values.
SCRE - CREATININE ENZYMATIC METHOD
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
CALC - ARSENAZO III METHOD, END POINT.
URIC - URICASE / PEROXIDASE METHOD

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REPORT

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TEST ASKED : AAROGYAM A WITH UTSH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	116	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	8.3	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	2.012	µIU/mL	0.35-4.94

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

Method :

T3 - Fully Automated Chemi Luminescent Microparticle Immunoassay
T4 - Fully Automated Chemi Luminescent Microparticle Immunoassay
USTSH - Fully Automated Chemi Luminescent Microparticle 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.

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**87**	**mL/min/1.73 m2**

Reference Range :-

> = 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

~~ End of report ~~

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CONDITIONS OF REPORTING

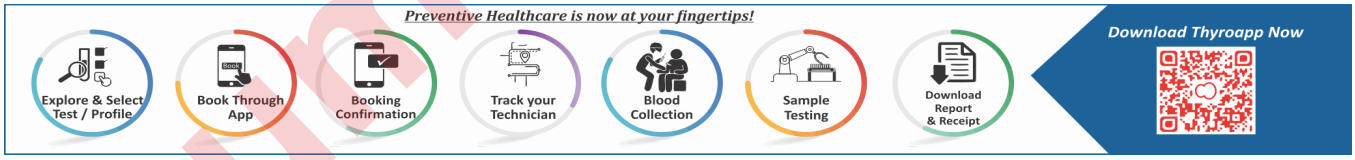
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**





Dummy Report