



Tests you can trust

Name : Jitender Kumar Gambhir(38Y/M)

Date : 02 Jun 2024

Test Asked : Mediwheel Package 16 Male




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



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

NAME : JITENDER KUMAR GAMBHIR(38Y/M)

HOME COLLECTION :

REF. BY : SELF

House no 2/79 teliwara shahdara near blind school

TEST ASKED : MEDIWHEEL PACKAGE 16 MALE

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
MEAN PLATELET VOLUME(MPV)	12.2	fL	6.5-12
PLATELET DISTRIBUTION WIDTH(PDW)	16.3	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	44.2	%	19.7-42.4
LIPID			
HDL CHOLESTEROL - DIRECT	37	mg/dL	40-60
TRIG / HDL RATIO	5.97	Ratio	< 3.12
TRIGLYCERIDES	221	mg/dL	< 150
VLDL CHOLESTEROL	44.17	mg/dL	5 - 40
LIVER			
ALANINE TRANSAMINASE (SGPT)	49.4	U/L	< 45
SERUM ALB/GLOBULIN RATIO	2.15	Ratio	0.9 - 2
SERUM GLOBULIN	2.21	gm/dL	2.5-3.4
RENAL			
URIC ACID	7.5	mg/dL	4.2 - 7.3
VITAMIN			
25-OH VITAMIN D (TOTAL)	15.5	ng/mL	30-100
VITAMIN B-12	778	pg/mL	197-771

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	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
<u>Physical Examination</u>				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.025	-	1.003-1.030
PH	pH indicator	5	-	5-8
<u>Chemical Examination</u>				
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
<u>Microscopic Examination</u>				
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5

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

Sample Collected on (SCT) : 02 Jun 2024 07:38

Sample Received on (SRT) : 02 Jun 2024 13:14

Report Released on (RRT) : 02 Jun 2024 14:19

Sample Type : URINE

Labcode : 0206040974/DS853

Barcode : CF529640



Dr Manzalat Fatima MD(Path)

Dr Bhumika MD(Path)

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TEST ASKED : MEDIWHEEL PACKAGE 16 MALE

HOME COLLECTION :
House no 2/79 teliwara shahdara near blind school

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	15.5	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. Vitamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002;9(1)87-98.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Competitive Immunoassay

Sample Collected on (SCT) : 02 Jun 2024 07:38
Sample Received on (SRT) : 02 Jun 2024 13:30
Report Released on (RRT) : 02 Jun 2024 17:07
Sample Type : SERUM
Labcode : 0206041114/DS853
Barcode : CJ052248

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TEST ASKED : MEDIWHEEL PACKAGE 16 MALE

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL
Bio. Ref. Interval. :			
ADULT : <= 18			

Clinical Significance:

Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:

Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:

Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP) Bio. Ref. Interval. :-	IMMUNOTURBIDIMETRY	1.07	mg/L

< 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 data 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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	778	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 Compitative Immunoassay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA) Bio. Ref. Interval. :-	C.L.I.A	0.31	ng/mL

Normal : < 4.00 ng/ml
Border line : 4.01 to 10.00 ng/ml

Clinical Significance:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Specification:

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

Kit validation references:

Wang MC, Valenzuela LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

Please correlate with clinical conditions.

Method:- TWO SITE SANDWICH IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	120	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	37	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	67	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	221	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.2	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	5.97	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.8	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.55	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	82.76	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	44.17	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	65.49	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.78	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.16	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.62	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	31.2	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	31.42	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	49.4	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.64	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.96	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.75	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.21	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	2.15	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	Bio. Ref. Interval.
CALCIUM	PHOTOMETRY	10.44	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	7.5	mg/dL	4.2 - 7.3
UREA (CALCULATED)	CALCULATED	19.09	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	8.92	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	24.47	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.78	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	11.44	Ratio	9:1-23:1
PHOSPHOROUS	PHOTOMETRY	3.16	mg/dL	2.4 - 5.1
SODIUM	I.S.E	142	mmol/L	136 - 145
POTASSIUM	I.S.E	4.44	mmol/L	3.5 - 5.1
CHLORIDE	I.S.E	104.3	mmol/L	98 - 107

Please correlate with clinical conditions.

Method :

CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase 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
PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD
SOD - ION SELECTIVE ELECTRODE
POT - ION SELECTIVE ELECTRODE
CHL - ION SELECTIVE ELECTRODE

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE	E.C.L.I.A	1.81	μIU/mL	0.54-5.30

Comments :

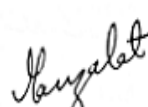

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	115	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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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 : JITENDER KUMAR GAMBHIR(38Y/M)

HOME COLLECTION :

REF. BY : SELF

House no 2/79 teliwara shahdara near blind school

TEST ASKED : MEDIWHEEL PACKAGE 16 MALE

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.3	%

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 105 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.

Sample Collected on (SCT) :02 Jun 2024 07:38

Sample Received on (SRT) : 02 Jun 2024 12:49

Report Released on (RRT) : 02 Jun 2024 15:22

Sample Type : EDTA Whole Blood

Labcode : 0206074644/DS853

Barcode : CG280388

Dr Manzalat Fatima MD(Path)

Dr Bhumika MD(Path)

**PROCESSED AT :
Thyrocare**

D-79, 3rd floor, sector-63,
gautam budh nagar,
Noida, UP-201301.



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REF. BY : SELF
TEST ASKED : MEDIWHEEL PACKAGE 16 MALE

HOME COLLECTION :
House no 2/79 teliwara shahdara near blind school

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	6.46	X 10 ³ / μL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	63.2	%	40-80
LYMPHOCYTE	Flow Cytometry	27.1	%	20-40
MONOCYTES	Flow Cytometry	4.3	%	2-10
EOSINOPHILS	Flow Cytometry	4.3	%	1-6
BASOPHILS	Flow Cytometry	0.8	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	4.08	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.75	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.28	X 10 ³ / μL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10 ³ / μL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.28	X 10 ³ / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10 ³ / μL	0-0.3
TOTAL RBC	HF & EI	5.18	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10 ³ / μL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	14.6	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	43.9	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	84.7	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	28.2	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	33.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	39	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	12.7	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	16.3	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	12.2	fL	6.5-12
PLATELET COUNT	HF & EI	226	X 10 ³ / μL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	44.2	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.28	%	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)

Sample Collected on (SCT) : 02 Jun 2024 07:38
Sample Received on (SRT) : 02 Jun 2024 12:49
Report Released on (RRT) : 02 Jun 2024 15:22
Sample Type : EDTA Whole Blood
Labcode : 0206074644/DS853
Barcode : CG280388

Dr Manzalal Fatima MD(Path)

Dr Bhumika MD(Path)

PROCESSED AT :**Thyrocare**

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NAME : JITENDER KUMAR GAMBHIR(38Y/M)
REF. BY : SELF
TEST ASKED : MEDIWHEEL PACKAGE 16 MALE

HOME COLLECTION :
House no 2/79 teliwara shahdara near blind school

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	87.88	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 ~~

Sample Collected on (SCT) : 02 Jun 2024 07:38
Sample Received on (SRT) : 02 Jun 2024 12:43
Report Released on (RRT) : 02 Jun 2024 13:27
Sample Type : FLUORIDE
Labcode : 0206074292/DS853
Barcode : CF623535



Dr Manzalat Fatima MD(Path)

Dr Bhumika MD(Path)

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**


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