

Name : XX

Date : XX XX XXXX

Test Asked : Amh

Report Status: Complete Report



**9 out of 10 Doctors trust** that Thyrocare reports are accurate & reliable\*



**98% Reports**  
released within  
**06 Hours**  
of sample reaching the lab<sup>+</sup>



**Samples**  
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**700+**  
Tests & Profiles



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Controlled  
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2007

PROCESSED AT :



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

NAME : XXXXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXXXX

TEST ASKED : AMH

SAMPLE COLLECTED AT : XX

Report Availability Summary

Note: Please refer to the table below for status of your tests.

1 Ready

0 Ready with Cancellation

0 Processing

0 Cancelled in Lab

TEST DETAILS	REPORT STATUS
ANTI MULLERIAN HORMONE (AMH)	Ready

PROCESSED AT :



**Thyrocare**  
Tests you can trust

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

NAME : XXXXXXXXXXXXXXXX  
REF. BY : XXXXXXXXXXXXXXXX  
TEST ASKED : AMH

SAMPLE COLLECTED AT :  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI MULLERIAN HORMONE (AMH)	E.C.L.I.A	0.02	ng/mL
Bio. Ref. Interval. :-			

Healthy Male : 0.77-14.5

Females

<= 2 years : <4.7  
02-12 years : <8.8  
12-20 years : 0.9-9.5  
20-24 years : 1.22-11.7  
25-29 years : 0.89-9.85  
30-34 years : 0.57-8.13  
35-39 years : 0.14-7.49  
40-44 years : 0.02-5.47  
45-50 years : 0.010-2.71

PCOS women : 1.86-18.9

Clinical Significance:

1. Antimullerian hormone (AMH), also known as mullerian inhibiting substance, belongs to the transforming growth factor-beta family.
2. It is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females.
3. AMH is expressed in the follicles of females of reproductive age and inhibits the transition of follicles from primordial to primary stages.
4. Measurement of AMH has utility in the assessment of gender, gonadal function, fertility, and as a gonadal tumor marker.
5. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycles, it is superior to the episodically released gonadotropins and ovarian steroids as a marker of ovarian reserve.
6. The monoclonal antibodies used are highly specific to Human AMH but it may cross react with high levels of LH, FSH, Inhibin A, Activin A, biotin etc.

References :

1. Kit Inserts
2. Wilson CA, di Clemente N, Ehrenfels C, et al. Mullerian inhibiting substance requires its N-terminal domain for maintenance of biological activity, a novel finding within the transforming growth factor-beta superfamily. Mol Endocrinol 1993;7(2):247-257.

**Please correlate with clinical conditions.**

**Method:-** SANDWICH ELECTRO-CHEMILUMINESCENCE IMMUNOASSAY (E.C.L.I.A)

~~ 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** : SERUM  
**Labcode** :  
**Barcode** :

Doctor 1 Sign

Doctor 2 Sign

Page : 1 of 2

#### 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](mailto:info@thyrocare.com) or call us on **022-3090 0000 / 62 300**
- ✓ SMS:<Labcode No.>to **98666333**

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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)