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REPORT

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH - WOMENS HAIRFALL SCREENING ADVANCED

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SEX HORMONE BINDING GLOBULIN (SHBG)	C.L.I.A	52.1	nmol/L

Reference Range :-

Males 10 - 57 nmol/L

Females
Non-Pregnant : 18 - 144

Clinical Significance:

Sex hormone binding globulin (SHBG) has a high affinity for testosterone and Estradiol, and is a major factor regulating their distribution between the protein-bound and free states. The ratio of testosterone to SHBG is also known as the free androgen index (FAI) or the free testosterone index (FTI). This ratio correlates well with both measured and calculated values of free testosterone and helps to discriminate subjects with excessive androgen activity from normal individuals. 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): 5.30 %, Inter assay (%CV):6.60%
Sensitivity: < 0.02 nmol/l and Specificity: no detectable cross- reactivity

Kit validation reference:

Bond A, Davis C. Sex Hormone binding globulin in clinical perspective, ActaObset Gynecol Scand 1987;66:255-62

Please correlate with clinical conditions.
Method:- SOLID-PHASE TWO-SITE CHEMILUMINESCENT IMMUNOMETRIC ASSAY

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 NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	12.8	µg/dL

Reference Range :-

06.00 - 10.00 A.M.: 6.02 - 18.4 µg/dL
04.00 - 08.00 P.M.: 2.68 - 10.5 µg/dL

Clinical Significance:

Cortisol is the Primary Glucocorticoid Hormone synthesized and secreted by the Adrenal Cortex. Addison's Disease is caused by primary adrenal insufficiency of the Adrenal Cortex, While Secondary Adrenal insufficiency is caused by pituitary destruction or failure, resulting in loss of ACTH stimulation. Cushing's syndrome is caused by increased levels of Cortsol due to either primary (Adrenal Tumors and Nodular Adrenal Hyperplasia) or secondary Adrenal Hyperfunction (Pituitary Overproduction of ACTH or Ectopic production of ACTH by a Tumor). 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): 1.40 %, Inter Assay (%CV): 1.9 %; Sensitivity: 0.05 µg/dl

Kit Validation References :

Turpeinen U,hamalainen E.Determination of cortisol in serum,saliva and urine.Best practise & research Cliical Endocrinology & metabolisum 2013.27(6);795-801

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

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

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**10.3**	**ng/mL**

Reference Range :
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 Compitive Immunoassay

VITAMIN B-12	E.C.L.I.A	332	pg/mL

Reference Range :
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 Compitive Immunoassay

Please correlate with clinical conditions.

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	1.06	mg/L

Reference Range : (mg/L)

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 to 10mg/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, its is a nonspecific marker and cannot be interpreted without other

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	3.07	AU/mL

Reference Range :

NEGATIVE : <25 POSITIVE : >= 25

Clinical Significance:
Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rhematic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:
Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:
Antinuclear Antibody The Lancet, September 15, 1984: 611-13

Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

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Report Released on (RRT) : Report release time
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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**23.1**	**µg/dL**
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	394.3	µg/dL
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	**CALCULATED**	**5.86**	**%**
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	**PHOTOMETRY**	**371.2**	**µg/dL**
Reference Range : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			
FERRITIN	**C.L.I.A**	**3.2**	**ng/mL**
Reference Range : Men: 22-322 ng/ml Women: 10-291 ng/ml **Method :** FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY			

Please correlate with clinical conditions.

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	114.3	µg/dL

Reference Range :-

52 - 286

Clinical Significance:
Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key rple in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:
Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT) : Sample collection time
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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	**E.C.L.I.A**	**3.68**	**ng/dL**

Reference Range :-

10.7 - 103

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.
Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Piladelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compitive Immunoassay

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE
VDRL (RPR) FOR SYPHILIS	FLOCCULATION	NON REACTIVE

Clinical Significance :-

Syphilis is a sexually transmitted disease caused by a spirochete Treponema pallidum. It can cause long-term complications by invading the nervous and cardiovascular system, if not adequately treated. It may also be transmitted from mother to baby during pregnancy or at birth, resulting in congenital syphilis.

Interpretation:

RPR test is an effective screening test for syphilis. The test antigen is a modified form of VDRL antigen containing microparticulate carbon, which aids the macroscopic reading of results. RPR test may give false positive results in patients suffering from HIV, tuberculosis, leprosy, infectious mononucleosis and any autoimmune disease. Weak reactive and Reactive results must be confirmed using Treponema pallidum Hemagglutination Assay(TPHA) and fluorescent treponemal antibody absorption (FTA-ABS).

References:

Manual test for Syphilis Phs Publications No 411, (1969)

Please correlate with clinical conditions.
Method:- N/A

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	E.C.L.I.A	4.74	mIU/mL

Reference Range :
Men : 0-12.4 mIU/ml
Women : Folliccular Phase : 0-12.5 mIU/ml
Ovulation Phase : 0-21.5 mIU/ml
Luteal phase : 0-7.7 mIU/ml
Post Menopause 0-134.8 mIU/ml
Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

LUTEINISING HORMONE (LH)	E.C.L.I.A	4.51	mIU/mL

Reference Range :
Men : 0-8.6 mIU/ml
Women -Follicular Phase : 0-12.6 mIU/ml
Ovulation phase : 0-95.6 mIU/ml
Luteal Phase : 0-11.4 mIU/ml
PostMenopause : 0-58.5 mIU/ml
Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

PROLACTIN (PRL)	C.L.I.A	31.98	ng/mL

Reference Range :
Females :
Normally Menstruating : 2.8 - 29.2
Pregnant : 9.7 - 208.5
Postmenopausal : 1.8 - 20.3
Male : 2.1 - 17.7
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.03	mg/dL

Reference Range :-

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnsemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

Please correlate with clinical conditions.

Method:- MODIFIED XYLIDYL BLUE REACTION METHOD

Sample Collected on (SCT) : Sample collection time
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Labcode :
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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
CALCIUM	**PHOTOMETRY**	**8.44**	**mg/dL**	**8.8-10.6**
PHOSPHOROUS	PHOTOMETRY	4.82	mg/dL	2.4 - 5.1

Please correlate with clinical conditions.

Method :

CALC - ARSENAZO III METHOD, END POINT.
PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD

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SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	163	ng/dL	80-210
TOTAL THYROXINE (T4)	E.C.L.I.A	10.5	µg/dL	4.7-12.4
TSH - ULTRASENSITIVE	E.C.L.I.A	2.97	µIU/mL	0.72-5.77

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

Method :

T3 - Fully Automated Electrochemiluminescence Compititive Immunoassay
T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

References :
1. Elmlinger MW, Kuhnel W, Lambretch HG, et al. Reference intervals from birth to adulthood for serum thyroxine, T3, free T3, Free T4, TBG and TSH. Clin Chem lab med. 2001; 39:973
2. Edward CC, Carlo B. Paediatric Reference Intervals. 8th edition. 2021

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.

~~ End of report ~~

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