

PROCESSED AT :  
Thyrocare



Corporate office : Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703  
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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX  
REF. BY : XXXXXXXXXXXXXXXXXXXX  
TEST ASKED : HEMOGRAM

SAMPLE COLLECTED AT :  
XX

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	6.53	X 10 <sup>3</sup> / μL	4.0 - 10.0
NEUTROPHILS	74.2	%	40-80
LYMPHOCYTE	23	%	20-40
<b>MONOCYTES</b>	<b>0.8</b>	<b>%</b>	<b>2-10</b>
<b>EOSINOPHILS</b>	<b>0.9</b>	<b>%</b>	<b>1-6</b>
BASOPHILS	0.8	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.85	X 10 <sup>3</sup> / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.5	X 10 <sup>3</sup> / μL	1.0-3.0
<b>MONOCYTES - ABSOLUTE COUNT</b>	<b>0.05</b>	<b>X 10<sup>3</sup> / μL</b>	<b>0.2 - 1.0</b>
BASOPHILS - ABSOLUTE COUNT	0.05	X 10 <sup>3</sup> / μL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.06	X 10 <sup>3</sup> / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 <sup>3</sup> / μL	0-0.3
<b>TOTAL RBC</b>	<b>6.05</b>	<b>X 10<sup>6</sup>/μL</b>	<b>4.5-5.5</b>
NUCLEATED RED BLOOD CELLS	0.01	X 10 <sup>3</sup> / μL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	15.4	g/dL	13.0-17.0
<b>HEMATOCRIT(PCV)</b>	<b>60.2</b>	<b>%</b>	<b>40.0-50.0</b>
MEAN CORPUSCULAR VOLUME(MCV)	99.5	fL	83.0-101.0
<b>MEAN CORPUSCULAR HEMOGLOBIN(MCH)</b>	<b>25.5</b>	<b>pq</b>	<b>27.0-32.0</b>
<b>MEAN CORP.HEMO.CONC(MCHC)</b>	<b>25.6</b>	<b>g/dL</b>	<b>31.5-34.5</b>
<b>RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)</b>	<b>65.9</b>	<b>fL</b>	<b>39-46</b>
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b>	<b>18.7</b>	<b>%</b>	<b>11.6-14</b>
PLATELET COUNT	234	X 10 <sup>3</sup> / μL	150-410

Remarks : Alert!!! RBCs:Moderate anisocytosis mild poikilocytosis. 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)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

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  
Labcode :  
Barcode :

Doctor 1 Sign

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REPORT

NAME : XXXXXXXXXXXXXXXXXXXX  
REF. BY : XXXXXXXXXXXXXXXXXXXX  
TEST ASKED : JAANCH - MENS HAIRFALL SCREENING ADVANCED

SAMPLE COLLECTED AT :  
XX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIHYDROTESTOSTERONE (DHT)	E.L.I.S.A	367.55	pg/mL

Reference Range :-

Male:

(1-9 yrs): 0 - 85.7 pg/mL || (10-14 yrs): 11.1 - 875.6 pg/mL  
(15-18 yrs): 70.3 - 1260.9 pg/mL || (19-89 yrs): 143 - 842 pg/mL

Female:

(2-9 yrs): 0 - 88.9 pg/mL || (10-14 yrs): 22.5- 280.6 pg/mL  
(15-18 yrs): 62.6- 760.3 pg/mL || (18-50 yrs): 0 - 596 pg/mL  
(51-83 yrs): 0 - 431 pg/mL

Clinical Significance:

5 $\alpha$ -dihydrotestosterone is steroid similar to testosterone and androstenedione. Some of the main clinical indications of the DHT measurement in serum are investigations of Delayed puberty in men and evaluation of the presence of active testicular tissues  
Women with too much Dihydrotestosterone may develop increased body, facial and pubic hair growth (called hirsutism), stopping of menstrual periods (amenorrhoea), increased acne and abnormal changes to the genitalia.

Clinical Trends :

1. In Klinefelter's syndrome the DHT level is much more lower than that found in normal men.
2. In polycystic ovaries (PCO) about 35 % of the patients have an increased DHT level.
3. The DHT level in young is much higher than those found in normal older people, hence androgen production increases at puberty which gives rise to masculinizing characteristic.
4. There is very low level of Plasma DHT in patients with anorchia.

Please correlate with clinical conditions.

Method:- COMPETITIVE ENZYME 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 :

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SEX HORMONE BINDING GLOBULIN (SHBG)	C.L.I.A	19.4	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  
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Barcode :

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	7.36	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 Cortisol 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 & metabolismum 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 :

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XX

TEST NAME	TECHNOLOGY	VALUE	UNITS
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**25-OH VITAMIN D (TOTAL)** C.L.I.A 19.47 ng/mL

Reference Range :  
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml  
SUFFICIENCY : 30-100 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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266-81.

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

**VITAMIN B-12** C.L.I.A 258 pg/mL

Reference Range :

Normal : 211 - 911 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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:

Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569-73.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : Sample collection time  
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Sample Type : SERUM  
Labcode :  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	1.86	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, it is a nonspecific marker and cannot be interpreted without other clinical information.

Please correlate with clinical conditions.

Sample Collected on (SCT) : Sample collection time  
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Sample Type : SERUM  
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XX

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>ANTI NUCLEAR ANTIBODIES (ANA)</b>	E.L.I.S.A	12.66	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 rheumatic 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.**

**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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REPORT

NAME :XXXXXXXXXXXXXXXXXXXXX  
REF. BY :XXXXXXXXXXXXXXXXXXXXX  
TEST ASKED : JAANCH - MENS HAIRFALL SCREENING ADVANCED

SAMPLE COLLECTED AT :  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>IRON</b> Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	46.2	µg/dL
<b>TOTAL IRON BINDING CAPACITY (TIBC)</b> Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	263	µg/dL
<b>% TRANSFERRIN SATURATION</b> Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	17.57	%
<b>UNSAT.IRON-BINDING CAPACITY(UIBC)</b> Reference Range : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	216.8	µg/dL
<b>FERRITIN</b> Reference Range : Men: 22-322 ng/ml Women: 10-291 ng/ml Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY	C.L.I.A	78.2	ng/mL

Please correlate with clinical conditions.

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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XX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	> 500	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  
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
MAGNESIUM	PHOTOMETRY	2.29	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 hypermagnesemia 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  
Sample Received on (SRT) : Sample receiving time at Lab  
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Sample Type : SERUM  
Labcode :  
Barcode :

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
CALCIUM	PHOTOMETRY	8.55	mg/dL	8.8-10.6
PHOSPHOROUS	PHOTOMETRY	8.83	mg/dL	2.4 - 5.1

Please correlate with clinical conditions.

**Method :**

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

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 NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	115	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.6	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.L.I.A	1.412	µIU/mL	0.55-4.78

Comments : \*\*\*

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

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
USTSH - Third Generation Ultrasensitive Chemi Luminescent Immuno Assay

**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 ~~

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

## 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 / 6712 3400**
- ✓ SMS:<Labcode No.> to **9870666333**

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Launching

# Jaanh

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Heart	Fever	Cancer	Women's - Reproductive Health	
Thyroid	Diabetes	STDs	Skin Care	Hair Fall

