Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Jaanch Std Profile Basic

Report Status: Complete Report

First National Diagnostic Chain to have
100% of its Labs with NABL Accreditation#

98% Reports
released within
06 Hours
of sample reaching the lab+

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

1200+
Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

Accredited by

NABL From 2005

ISO 9001: 2015 - From 2015

CAP From 2007

PROCESSED AT :
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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

12 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
JAANCH STD PROFILE BASIC	Ready
HIV I and II	Ready
ANTI CHLAMYDIA ANTIBODY IGG	Ready
ANTI CHLAMYDIA ANTIBODY IGM	Ready
HEPATITIS B SURFACE ANTIGEN (HBSAG)	Ready
VDRL (RPR) FOR SYPHILIS	Ready
TREPONEMA PALLIDUM ANTIBODY (TPAB)	Ready
TREPONEMA PALLIDUM HAEMAGGLUTINATION	Ready
HERPES SIMPLEX VIRUS I (HSV)-IGG	Ready
HERPES SIMPLEX VIRUS I (HSV)-IGM	Ready
HERPES SIMPLEX VIRUS II (HSV)-IGG	Ready
HERPES SIMPLEX VIRUS II (HSV)-IGM	Ready
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	Ready

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TEST NAME	TECHNOLOGY	VALUE
TREPONEMA PALLIDUM HAEMAGGLUTINATION	AGGLUTINATION	Negative

Bio. Ref. Interval. :-

Negative : No agglutination seen
Positive : Agglutination seen at >= 1:80 titre

Clinical significance:
Syphilis is a venereal disease caused by the Spirochaete microorganism Treponema Pallidum. Syphilis is usually spread during sexual contact, including kissing or oral sex. a syphilis infection can spread through the bloodstream to all parts of the body.
Syphilis infection can cause severe heart disease, brain damage, spinal cord damage, blindness, and death.

Interpretation:
TPHA is a highly specific diagnostic test for syphilis. The antibodies persist after a successful course of treatment. Therefore a positive result with TPHA test may indicate a past or current infection. Despite TPHA's high specificity, false positive results have been known to occur with patients suffering from leprosy, infectious mononucleosis and some autoimmune diseases.

References:
1. Sluis j.j. van der. - laboratory techniques in the diagnosis of syphilis: a review. Genitourin med. 1992; 68: 413-9.
2. Houng h. - Syphilis: new diagnostic directions. Intern. j. std and aids 1992; 3: 391-413.

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 :

Doctor 1 Sign Doctor 2 Sign

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	C.M.I.A	< 0.45	OD ratio

Reference range :

NON REACTIVE : < 1.0
REACTIVE : > = 1.0

Method:
FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Clinical significance:
Hepatitis C Virus (HCV) is now recognized as the primary cause of transfusion-associated Non-A, Non-B Hepatitis. The biochemical changes occurring in a Hepatitis C Virus-infected person are increased levels of serum transaminases. The acute presentation of HCV infection is generally mild, often clinically asymptomatic, with only 10 - 25 % of patients developing jaundice, greater than 50% of infected individuals go on to develop chronic hepatitis with serious and possibly life threatening sequel such as cirrhosis and Hepatocellular Carcinoma..

Note: Repeatedly reactive anti HCV specimens should be investigated further in supplemental tests such as other HCV specific immunoassays and immunoblot assays or a combination thereof and/or NAT tests.

Specifications: Precision: Intra assay (%cv): 3.9 %, Inter assay (%cv): 4.5 % Sensitivity: 99.10 % ; Specificity: 99.60%

Kit validation reference
Engvall E,Perlman P .Enzyme-LinkedImmunosobent Assay (ELISA)QuantitativeAssay of Immunoglobulin.G Immunochemistry 1971;8:871-4

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Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	C.M.I.A	< 0.45	OD ratio

Reference range :

NON REACTIVE : < 1 (Indicates absence of Hepatitis B surface antigen)
REACTIVE : >=1 (Indicates presence of Hepatitis B surface antigen)

Clinical Significance:
A positive report does not confirm diagnosis and all positive cases should be confirmed by confirmatory test like PCR. HBsAgcan be detected in the serum as early as 2 to 3 weeks before the onset of the illness and reaches a peak titre at the time when the characteristic symptoms like jaundice and changes in the liver-specific enzymes appear. This is normally followed by a gradual elimination of the antigen. In some cases and in an unknown percentage of subclinicalhepatitis b virus infections, the antigen can be detected in the serum for years, if not for life. False positive results seen in patients with high titre of heterophile antibodies, On Mouse monoclonal antibody therapy, biotin therapy or HBV vaccination for a transient period of time. False negative cases seen if testing done in early course of disease and in patients with immunosuppression .

References: Neurath AR, Kent SB et al. Identification and chemical synthesis of a host cell receptor binding site on hepatitis B virus. Cell 1986; 46, 429-436. National Laboratory guidelines for viral hepatitis.

NOTE : Result Rechecked. Kindly correlate clinically.

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Sample Type : SERUM
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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CHLAMYDIA ANTIBODY IGG	E.L.I.S.A	< 0.45	OD Ratio

Bio. Ref. Interval. :-

Negative: < 0.9
equivocal: 0.9 - 1.1
positive: > 1.1

clinical Significance:

chlamydia Trachomatis Is The Most Prevalent Agent Of Sexually Transmitted Diseases Worldwide. A Severe Problem In Chlamydia Infections Is The Frequent Asymptomatic Insidious Course, Which May Result In The Initiation Of Chronic Diseases And Serious Complications Including Severe Pelvic Inflammatory Diseases (pid). In Many Instances Primary Infections Are Not Recognized And Only The Squeal Caused By Ascended, Persisting Agents Are Diagnosed

interpretation:

it Is Important To Note That The Presence Of Elevated Levels Of Chlamydia Antibody Does Not Necessarily Mean That A Woman Has An Active Chlamydia Infection. It Simply Indicates That She Was Exposed To The Bacteria. In Fact, It Is Estimated That, If Left Untreated, About 45% Of Infected Women Without Symptoms Will Clear The Bacteria From Their Bodies. In Women Who Clear An Infection Rapidly, The Risk Of Tubal Damage May Be Low. On The Other Hand, Persistent Exposure May Result In Chronic Inflammation And May Increase The Risk Of Tubal Damage.

references:

1. Black Cm. Current Methods Of Laboratory Diagnosis Of Chlamydia Trachomats Infections Clin Microbial Rev 1997; 10(1): 160-184.
2. Stamm We. Chlamydia Trachomatis: Progress And Problems: J Infect Dis 1999; Suppl 2: 179.

Please correlate with clinical conditions.

Method:- Solid Phase Enzyme Immunoassay

Sample Collected on (SCT) : Sample collection time
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Labcode :
Barcode :

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TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CHLAMYDIA ANTIBODY IGM	E.L.I.S.A	< 0.45	OD Ratio

Bio. Ref. Interval. :-

Negative: < 0.9
equivocal: 0.9 - 1.1
positive: > 1.1

clinical Significance:

chlamydia Trachomatis Is The Most Prevalent Agent Of Sexually Transmitted Diseases Worldwide. A Severe Problem In Chlamydia Infections Is The Frequent Asymptomatic Insidious Course, Which May Result In The Initiation Of Chronic Diseases And Serious Complications Including Severe Pelvic Inflammatory Diseases (pid). In Many Instances Primary Infections Are Not Recognized And Only The Squeal Caused By Ascended, Persisting Agents Are Diagnosed

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Please correlate with clinical conditions.

Method:- Solid Phase Enzyme Immunoassay

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	INTERPRETATION
HIV I and II	C.M.I.A	< 0.49	OD ratio	NEGATIVE

Reference Ranges:

NON REACTIVE : < 1
REACTIVE : >=1

Method:
FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Clinical Significance
HIV is a screening test being performed as per NACO guidelines. The kits utilize a mixture of recombinant proteins for detection of antibodies to all subtypes of HIV-1 and HIV-2 in human serum or plasma. A positive report does not confirm diagnosis of HIV infection at any point of time and all positive cases should be confirmed by confirmatory test like western blot or PCR. Similarly, a non-reactive test doesnt exclude the possibility of HIV infection and must be interpreted by a medical practitioner in light of the exposure and possible window period.

Specifications:
Precision: Intra-Assay (%CV) :4.76%, Inter-Assay (%CV):6.01%, Sensitivity : 100%, Specificity : >=99.5%

Kid validation reference :
Barre-Sinoussi F, Chermann JC, Rey F, et al.Isolation of a T-Lymphotropic Retrovirus from a Patient at Risk for Acquired Immune Deficiency Syndrome(AIDS). Science 1983;220:868-871.

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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TREPONEMA PALLIDUM ANTIBODY (TPAB)	E.L.I.S.A	< 0.5	OD Ratio

Bio. Ref. Interval. :-

NEGATIVE : < 1.00
POSITIVE : > 1.00

Clinical Significance:
The etiological agent is Treponema Pallisium. It include the development of gummatous lessions, cardiovascular syphilis and neurological syphilis.

Specifications:
Sensitivity: 100%, Specificity: 100%

Kit Validation References:
World Health Organization, Treponemal Infections Technical reports series 674. Geneva: WHO, 1982

Please correlate with clinical conditions.
Method:- ENZYME IMMUNOASSAY

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Barcode :

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TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS I (HSV)-IGG	C.M.I.A	< 7	AU/mL

Bio. Ref. Interval. :
Negative : < 14
Equivocal : 14 - 19
Positive : > 19

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

HERPES SIMPLEX VIRUS I (HSV)-IGM	C.M.I.A	< 3	AU/mL

Bio. Ref. Interval. :
Negative : < 6
Equivocal : 6 - 10
Positive : > 10

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Please correlate with clinical conditions.

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TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS II (HSV)-IGG	C.M.I.A	< 4.5	AU/mL

Bio. Ref. Interval. :
Negative : < 9
Equivocal : 9 - 13
Positive : > 13

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

HERPES SIMPLEX VIRUS II (HSV)-IGM	C.M.I.A	< 3	AU/mL

Bio. Ref. Interval. :
Negative : < 6
Equivocal : 6 - 10
Positive : > 10

Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Please correlate with clinical conditions.

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TEST ASKED : JAANCH STD PROFILE BASIC

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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:- RAPID PLASMA REAGIN

~~ End of report ~~

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Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v Neither Thyrocare, nor its employees/representatives assume: (a) 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, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- v Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- v **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- v **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- v **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- v **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- v **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- v **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**