

Name : XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

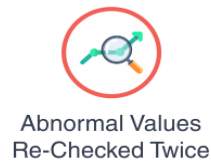
Date : XX XX XXXX

Test Asked : Torch All Ten Profile

Report Status: Complete Report



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NABL From 2005



ISO 9001: 2015 – From 2015



CAP From 2007

NAME

: XXXXXXXXXXXXXXXXXXXX

REF. BY

: XXXXXXXXXXXXXXXXXXXX

TEST ASKED


: TORCH ALL TEN PROFILE


SAMPLE COLLECTED AT :


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


Report Availability Summary












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

 **10** Ready

 **0** Ready with Cancellation

 **0** Processing

 **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
TORCH ALL TEN PROFILE	Ready 
CYTOMEGALO VIRUS (CMV) - IgG	Ready 
CYTOMEGALO VIRUS (CMV) - IgM	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 
RUBELLA - IgG	Ready 
RUBELLA - IgM	Ready 
TOXO GONDII - IgG	Ready 
TOXO GONDII - IgM	Ready 

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : TORCH ALL TEN PROFILE

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XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
INFECTIOUS DISEASES			
HERPES SIMPLEX VIRUS I (HSV)-IGG	< 7	OD Ratio	< 0.8
HERPES SIMPLEX VIRUS I (HSV)-IGM	< 3	OD Ratio	< 0.8
HERPES SIMPLEX VIRUS II (HSV)-IGG	< 4.5	OD Ratio	< 0.8
HERPES SIMPLEX VIRUS II (HSV)-IGM	< 3	OD Ratio	< 0.8

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.

NAME : XXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXX
TEST ASKED : TORCH ALL TEN PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYTOMEGALO VIRUS (CMV) - IgG Bio. Ref. Interval. : Negative : < 10 Equivocal : 10 - 14 Positive : > 14 Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY	C.M.I.A	< 5	AU/mL
CYTOMEGALO VIRUS (CMV) - IgM Bio. Ref. Interval. : Negative : < 8 Equivocal : 8 - 12 Positive : > 12 Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY	C.M.I.A	< 4	AU/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 :

Doctor 1 Sign

Doctor 2 Sign

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NAME : XXXXXXXXXXXXXXXXX
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TEST ASKED : TORCH ALL TEN PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS I (HSV)-IGG Bio. Ref. Interval. : Negative : < 0.80 Equivocal : 0.80- 1.20 Positive : >1.20 Method : Immunoenzymatic assay	ELISA	< 7	OD Ratio
HERPES SIMPLEX VIRUS I (HSV)-IGM Bio. Ref. Interval. : Negative : < 0.80 Equivocal : 0.80- 1.20 Positive : >1.20 Method : Immunoenzymatic assay	ELISA	< 3	OD Ratio

Please correlate with clinical conditions.

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NAME : XXXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXXX
TEST ASKED : TORCH ALL TEN PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS II (HSV)-IGG Bio. Ref. Interval. : Negative : < 0.80 Equivocal : 0.80- 1.20 Positive : >1.20 Method : Immunoenzymatic assay	ELISA	< 4.5	OD Ratio
HERPES SIMPLEX VIRUS II (HSV)-IGM Bio. Ref. Interval. : Negative : < 0.80 Equivocal : 0.80- 1.20 Positive : >1.20 Method : Immunoenzymatic assay	ELISA	< 3	OD Ratio

Please correlate with clinical conditions.

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NAME : XXXXXXXXXXXXXXXXX
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TEST ASKED : TORCH ALL TEN PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
RUBELLA - IgG Bio. Ref. Interval. : Negative : < 5 Equivocal : 5 - 10 Positive : > 10 Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY	C.M.I.A	< 2.5	IU/mL
RUBELLA - IgM Bio. Ref. Interval. : Negative : < 5 Equivocal : 5 - 8 Positive : > 8 Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY	C.M.I.A	< 2.5	AU/mL

Please correlate with clinical conditions.

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

Doctor 1 Sign

Doctor 2 Sign

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

NAME : XXXXXXXXXXXXXXXXX
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TEST ASKED : TORCH ALL TEN PROFILE

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
TOXO GONDII - IgG Bio. Ref. Interval. : Negative : < 0.81 Equivocal : 0.81 - 1.20 Positive : > 1.20 Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY	C.M.I.A	< 0.41	IU/mL
TOXO GONDII - IgM Bio. Ref. Interval. : Negative : < 6 Equivocal : 6 - 10 Positive : > 10 Method : FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY	C.M.I.A	< 3	AU/mL

Please correlate with clinical conditions.

~~ 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: (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.
- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRqYyQc>

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, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-309 0000**

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*T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)