

Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Allergy Asthma / Rhinitis Screening (by Phadia)

Report Status : Complete Report



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

 <p>98% Reports released within 06 Hours of sample reaching the lab⁺</p>	 <p>9 out of 10 Doctors Trust that Thyrocare reports are Accurate & Reliable*</p>	 <p>1200+ Tests & Profiles</p>
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 <p>Temperature- Controlled Sample Logistics</p>	 <p>Unique Barcode Tracking</p>	 <p>Fully Automated Machines Inspected Daily</p>	 <p>Abnormal Values Re-Checked Twice</p>	 <p>Reports Verified By Expert MD Pathologists Stationed at Every Lab</p>
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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



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

Patient Name : XXXXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXXXXXX

Tests Done : ALLERGY ASTHMA / RHINITIS
SCREENING (BY PHADIA)

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

ALLERGY ASTHMA / RHINITIS SCREENING (BY PHADIA)

Ready 

Dummy Report

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Patient Name : XXXXXXXXXXXXXXXX
 Referred By : XXXXXXXXXXXXXXXX
 Sample Collected At : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
 Sample Received on (SRT) : XXXXXXXXXXXXXXXX
 Report Released on (RRT) : XXXXXXXXXXXXXXXX
 Sample Type | Barcode : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALLERGY HOUSE DUST (BY PHADIA)	FEIA	0.23	kUA/L	< 0.35
ALLERGY HOUSE DUST MITE - DERMATOPHAGOIDES PTEROISSINUS (BY PHADIA)	FEIA	0.22	kUA/L	< 0.35
ALLERGY HOUSE DUST MITE- DERMATOPHAGOIDES FARINACEA (BY PHADIA)	FEIA	0.27	kUA/L	< 0.35
ALLERGY COCKROACH GERMAN (BY PHADIA)	FEIA	0.18	kUA/L	< 0.35

Please correlate with clinical conditions.

Method :

APDUS - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD
 APHDP - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD
 APHDF - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD
 APCOC - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD

Tests Done : ALLERGY ASTHMA / RHINITIS SCREENING (BY PHADIA)

Report Remarks : PatientId:AS28618048 Labcode:0801001080/IT001

Doctor 1 Sign

Doctor 2 Sign

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

Patient Name : XXXXXXXXXXXXXXXX
 Referred By : XXXXXXXXXXXXXXXX
 Sample Collected At : XXXXXXXXXXXXXXXX

Sample Collected on (SCT): XXXXXXXXXXXXXXXX
 Sample Received on (SRT) : XXXXXXXXXXXXXXXX
 Report Released on (RRT) : XXXXXXXXXXXXXXXX
 Sample Type | Barcode : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALLERGY PENICILLIUM CHRYSOGENUM (BY PHADIA)	FEIA	0.2	kUA/L	< 0.35
ALLERGY CLADOSPORIUM HERBARUM (BY PHADIA)	FEIA	0.19	kUA/L	< 0.35
ALLERGY ASPERGILLUS FUMIGATUS (BY PHADIA)	FEIA	0.25	kUA/L	< 0.35
ALLERGY ALTERNARIA ALTERNATA (BY PHADIA)	FEIA	0.15	kUA/L	< 0.35

Please correlate with clinical conditions.

Method :

APENC - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD
 APCLA - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD
 APASF - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD
 APALT - IMMUNOCAP, FLUORESCENT ENZYME IMMUNOASSAY (FEIA) METHOD

~~ End of report ~~

Tests Done : ALLERGY ASTHMA / RHINITIS SCREENING (BY PHADIA)

Report Remarks : PatientId:AS28618048 Labcode:0801001080/IT001

Doctor 1 Sign

Doctor 2 Sign

CUSTOMER DETAILS

As declared in our data base

Name: XXXXXXXXXXXX Age: XX Sex: XX

Barcodes/Sample_Type : XXXXXXXXXXXXXXXX
Labcode : XXXXXXXXXXXXXXXX
Ref By : XXXXXXXXXXXXXXXX
Sample_Type/Tests : SERUM SPL:ALLERGY ASTHMA / RHINITIS SCREENING (BY PHADIA)
Sample Collected At : XXXXXXXXXXXXXXXX
Sample Collected on (SCT) : XXXXXXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXXXXXX
Amount Collected : XXXXXXXXXXXXXXXX

Thyrocare,D-37/1,MIDC,Turbhe,Navi Mumbai - 400703. | Phone:022 - 6712 3400 |www.thyrocare.com | info@thyrocare.com

Dummy Report

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/nbdYeRqYyQc>

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**

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Thyrocare
Tests you can trust

* T&C Apply, #As on 5th December 2024 (Applicable for all company owned labs except Bhagalpur & Vijayawada),

* As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited