Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Jaanch Bone And Muscle Health

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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Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH BONE AND MUSCLE HEALTH	Ready
CALCIUM	Ready
CREATININE PHOSPHOKINASE (MUSCLE/BRAIN)	Ready
MAGNESIUM	Ready
MYOGLOBIN	Ready
PHOSPHOROUS	Ready
INTACT PARATHYROID HORMONE (PTH)	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
VITAMIN D PROFILE	Ready
SERUM ALBUMIN-GLOBULIN RATIO	Ready

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Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	33.6	%	40.0-50.0
HEMOGLOBIN	10.4	g/dL	13.0-17.0
LYMPHOCYTE	17.4	%	20-40
MEAN CORP.HEMO.CONC(MCHC)	31	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.8	pq	27.0-32.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	15.4	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	48.9	fL	39-46
TOTAL RBC	3.88	X 10^6/µL	4.5-5.5

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.

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TEST ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
MYOGLOBIN	C.L.I.A	< 18.2	ng/mL

Bio. Ref. Interval. :-

Normal: < 36.4 ng/mL

Clinical Significance:

Myoglobin is noted for its rapid release into the circulation following tissue injury. Elevated levels of myoglobin can be found in conditions of muscle damage, such as acute and chronic skeletal muscle disease, renal failure, myocarditis, open-heart surgery, and after heavy exercise.

Specifications:

Precision: Intra assay (%CV): 3.4, Inter assay (%CV): 3.8, Sensitivity: 3 ng/mL

Kit Validation Reference:

Chapelle JP, Lemache K, el Allaf M, el Allaf D, Piérard L. Fast determination of myoglobin in serum using a new radial partition immunoassay. Clin Biochem. 1994;27:423–8

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED TWO SITE SANDWICH 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

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

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TEST ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
INTACT PARATHYROID HORMONE (PTH)	C.L.I.A	< 50	pg/mL

Bio. Ref. Interval. :-

Adults : 12 - 88 pg/ml

Clinical Significance :

In Hypercalcemia due to malignancy or other causes, the concentration of PTH in circulation is typically low or within normal reference range limits. Levels are characteristically high in secondary hyperparathyroidism - usually associated with renal failure - as a result of constant stimulation of the parathyroid gland by low calcium levels. Hypocalcemia accompanied by a low PTH level, on the other hand, is to be expected in hypoparathyroidism, either postsurgical or idiopathic. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications :

Precision: Intra assay (%CV): 6.8, Inter assay (%CV): 8.1, Sensitivity: 6 pg/mL

Kit validation references :

Mundy GR,Guise TA,Hormonal control of calcium Homeostasis clinical chem 1999,45:1347-1352

Please correlate with clinical conditions.

Method:- TWO-STEP IMMUNOENZYMATIC (SANDWICH) 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 :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE PHOSPHOKINASE (MUSCLE/BRAIN)	PHOTOMETRY	< 12.46	U/L

Bio. Ref. Interval. :-

< 25

Clinical significance:
Detecting the activity of creatinine kinase isoenzymes in serum is one of the most valuable enzymatic indicators for clinical diagnosis of acute myocardial infarction.

Secifications:
Precision: Intra assay (%CV): 0.93, Inter assay (%CV): 4.7, Sensitivity: >=0.010.

Kt validation references
Wurzburg, U, et al, Clin. Chem. 1976; 54: 357.

Please correlate with clinical conditions.

Method:- DGKC

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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TEST ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALBUMIN - SERUM	PHOTOMETRY	4.14	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.84	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.46	Ratio	0.9 - 2
PROTEIN - TOTAL	PHOTOMETRY	6.98	gm/dL	5.7-8.2

Please correlate with clinical conditions.

Method :

SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values
PROT - Biuret 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 : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	< 2.5	mg/dL

Bio. Ref. Interval. :-

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
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 ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
PHOSPHOROUS	PHOTOMETRY	4.24	mg/dL

Bio. Ref. Interval. :
Adults : 2.4 - 5.1 mg/dL
Children : 4.0 - 7.0 mg/dL

Clinical Significance:
In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

Specifications:
Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

Kit Validation Reference:
Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

Method : UNREDUCED PHOSPHOMOLYBDATE METHOD

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interva
CALCIUM	PHOTOMETRY	9.62	mg/dL	8.8-10.6

Please correlate with clinical conditions.

Method :

CALC - Arsenazo III Method, End Point.

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 ASKED : JAANCH BONE AND MUSCLE HEALTH

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN D2	LC-MS/MS	< 100	ng/mL

Method : Liquid Chromatography Tandem Mass Spectrometry

VITAMIN D3	LC-MS/MS	< 100	ng/mL

Method : Liquid Chromatography Tandem Mass Spectrometry

VITAMIN D TOTAL	LC-MS/MS	< 65	ng/mL

Bio. Ref. Interval. :
Deficiency : <20 ng/mL
Insufficiency : 20-30 ng/mL
Sufficiency : 30-100 ng/mL
Toxicity : >100 ng/mL

Method : Liquid Chromatography Tandem Mass Spectrometry

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

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval
HEMOGLOBIN	**SLS-Hemoglobin Method**	**10.4**	**g/dL**	**13.0-17.0**
Hematocrit (PCV)	**CPH Detection**	**33.6**	**%**	**40.0-50.0**
Total RBC	**HF & EI**	**3.88**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	Calculated	86.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**26.8**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**31**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**48.9**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	**Calculated**	**15.4**	**%**	**11.6-14**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	343.7	-	*Refer Note below
MENTZER INDEX	Calculated	22.3	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	7.77	X 10³ / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	75.2	%	40-80
Lymphocytes Percentage	**Flow Cytometry**	**17.4**	**%**	**20-40**
Monocytes Percentage	Flow Cytometry	2.7	%	2-10
Eosinophils Percentage	Flow Cytometry	3.9	%	1-6
Basophils Percentage	Flow Cytometry	0.5	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.1	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	5.84	X 10³ / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.35	X 10³ / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.21	X 10³ / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10³ / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.3	X 10³ / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10³ / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10³ / µL	0.0-0.5
PLATELET COUNT	HF & EI	260	X 10³ / µL	150-410
Mean Platelet Volume (MPV)	Calculated	10.3	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	11.2	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	26.6	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.27	%	0.19-0.39

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing

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 Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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**