Thyrocare

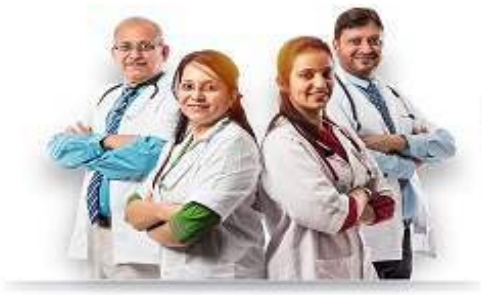
Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date : XX XX XXXX

Test Asked : Jaanch Pre-Marital Health Check Up

Report Status: XXXXXXXXXXXXXXXXX



9 out of 10 Doctors trust that Thyrocare **reports are accurate & reliable***

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

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH PRE-MARITAL HEALTH CHECK UP

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
LYMPHOCYTE	50.2	%	20-40
LYMPHOCYTES - ABSOLUTE COUNT	5.12	X 10³ / µL	1.0-3.0
MEAN CORP.HEMO.CONC(MCHC)	29.5	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	22.2	pq	27.0-32.0
MEAN CORPUSCULAR VOLUME(MCV)	75.1	fL	83.0-101.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.9	%	11.6-14
TOTAL LEUCOCYTES COUNT (WBC)	10.2	X 10³ / µL	4.0 - 10.0
TOTAL RBC	6.27	X 10^6/µL	4.5-5.5
IRON DEFICIENCY			
IRON	58.88	µg/dL	65 - 175

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 PRE-MARITAL HEALTH CHECK UP
PATIENTID :

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI HEPATITIS C VIRUS (ANTI HCV) - TOTAL	C.M.I.A	0.1	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

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 PRE-MARITAL HEALTH CHECK UP

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**58.88**	**µg/dL**
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	380.5	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	15.47	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	321.62	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			
FERRITIN	C.L.I.A	24	ng/mL
Bio. Ref. Interval. : Men: 22-322 ng/ml Women: 10-291 ng/ml			
Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay			

Please correlate with clinical conditions.

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TEST ASKED : JAANCH PRE-MARITAL HEALTH CHECK UP

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	217	pg/mL

Bio. Ref. Interval. :-

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.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH PRE-MARITAL HEALTH CHECK UP
PATIENTID :

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HEPATITIS B SURFACE ANTIGEN (HBSAG)	C.M.I.A	0.2	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.

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

Doctor 1 Sign Doctor 2 Sign

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH PRE-MARITAL HEALTH CHECK UP
PATIENTID :

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	INTERPRETATION
HIV I and II	C.M.I.A	0.28	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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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : JAANCH PRE-MARITAL HEALTH CHECK UP

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

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:- N/A

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

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NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST ASKED : JAANCH PRE-MARITAL HEALTH CHECK UP

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE	C.L.I.A	2.996	µIU/mL	0.55-4.78

Comments :

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

Method :

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.

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 : BETA-THALASSEMIA SCREENING,BLOOD GROUPING,HBA PROFILE,HEMOGRAM
PATIENTID :

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.1	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	100	mg/dL

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.
Alert!!! Normal hemoglobin variant analysis.

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Sample Type : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BETA-THALASSEMIA SCREENING,BLOOD GROUPING,HBA PROFILE,HEMOGRAM
PATIENTID :

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN A2	H.P.L.C	2.3	%	ADULT : 2.1 - 3.5
HEMOGLOBIN F	H.P.L.C	0.4	%	ADULT : < 2
HEMOGLOBIN C	H.P.L.C	Not Detected	-	--
HEMOGLOBIN D	H.P.L.C	Not Detected	-	--
HEMOGLOBIN S	H.P.L.C	Not Detected	-	--

Alert!!! Normal hemoglobin variant analysis.

CLINICAL INFORMATION : THALASSEMIA SYNDROME

The Thalassaemia syndromes are a heterogeneous group of inherited conditions characterized by defects in the synthesis of one or more of the globin chains that form the hemoglobin tetramer. The clinical syndromes associated with thalassaemia arise from the combined consequences of the inadequate hemoglobin production and of unbalanced accumulation of one type of globin chain. The former causes anemia with hypochromia and microcytosis; the latter leads to ineffective erythropoiesis and haemolysis. Clinical manifestations range from completely asymptomatic microcytosis to profound anemia which is incompatible with life and can cause death in utero. The laboratory diagnosis of hemoglobinopathies and thalassemias is of growing importance, particularly because of an increasing requirement for antenatal diagnosis of significant disorders of globin chain synthesis. It has been recommended that all individuals of all ethnic groups except Northern European Caucasians be screened for variant hemoglobin's, all ethnic groups for β-thalassemia trait, and selected ethnic groups for α-thalassemia trait. Family studies can be of considerable importance in elucidating the nature of disorders of hemoglobin synthesis, but definite identification can be achieved only by DNA analysis or amino acid sequencing.

PERFORMANCE SPECIFICATIONS:Intra assay precision as low as 0.6% for HBF% and 1.0% for HbA2% and inter assay precision as low as 1.4% for HBF% and 1.9% for HbA2%. .

Please Correlate with clinical conditions.

Method :- FULLY AUTOMATED HPLC USING BIO-RAD VARIANT II

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REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BETA-THALASSEMIA SCREENING,BLOOD GROUPING,HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID :

TEST NAME	TECHNOLOGY	VALUE
BLOOD GROUPING	AGGLUTINATION	B
RH TYPING	AGGLUTINATION	POSITIVE

Method:- Processed on fully automated Matrix Automax analyser based on gel column agglutination technology.

Alert!!! Normal hemoglobin variant analysis.

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Barcode :

Doctor 1 Sign Doctor 2 Sign

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : BETA-THALASSEMIA SCREENING,BLOOD GROUPING,HBA PROFILE,HEMOGRAM
PATIENTID :

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	**HF & FC**	**10.2**	**X 10³ / µL**	**4.0 - 10.0**
NEUTROPHILS	Flow Cytometry	45.3	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**50.2**	**%**	**20-40**
MONOCYTES	Flow Cytometry	2.5	%	2-10
EOSINOPHILS	Flow Cytometry	1.2	%	1-6
BASOPHILS	Flow Cytometry	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	4.62	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**Calculated**	**5.12**	**X 10³ / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	Calculated	0.26	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.12	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.03	X 10³ / µL	0-0.3
TOTAL RBC	**HF & EI**	**6.27**	**X 10^6/µL**	**4.5-5.5**
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	13.9	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	47.1	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	**Calculated**	**75.1**	**fL**	**83.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**Calculated**	**22.2**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**Calculated**	**29.5**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	39.9	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**14.9**	**%**	**11.6-14**
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	13.3	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	10.7	fL	6.5-12
PLATELET COUNT	HF & EI	358	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	31.3	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.38	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with microcytes & ovalocytes. Platelets:Appear adequate in smear.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

***Alert!!! Normal hemoglobin variant analysis.**

~~ End of report ~~

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Report Released on (RRT) : Report release time
Sample Type : EDTA Whole Blood
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CUSTOMER DETAILS

As declared in our data base

Name: xxxxxxxxxxxxxxxxx **Age:** xxxxx **Sex:** xxxxxxxx

Barcodes/Sample_Type	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Labcode	:	xxxxxxxxxxxxxxxxx
Ref By	:	
Sample_Type/Tests	:	EDTA:BETA-THALASSEMIA SCREENING , BLOOD GROUPING AND RH TYPING , HBA PROFILE , HEMOGRAM - 6 PART (DIFF) SERUM:JAANCH PRE-MARITAL HEALTH CHECK UP
Sample Collected At	:	Sample collection time
Sample Collected on (SCT)	:	Sample receiving time at Lab
Report Released on (RRT)	:	
Amount Collected	:	

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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** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**

*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*