



Tests you can trust

Name : XX

Date : XX XX XXXX

Test Asked : Male Hormone Screening Panel

Report Status: XXXXXXXXXXXXXXXXXXXX



**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



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Abnormal Values Re-Checked Twice



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Accredited by



NABL From 2005\*



ISO 9001: 2015 - From 2015



CAP From 2007

PROCESSED AT :  
Thyrocare



Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

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**NAME** : XXXXXXXXXXXXXXXXXXXX **HOME COLLECTION :**  
**REF. BY** : XXXXXXXXXXXXXXXXXXXX XX  
**TEST ASKED** : MALE HORMONE SCREENING PANEL

**Summary Report**

**Tests outside reference range**

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
INFERTILITY			
ANDROSTENEDIONE (A4)	< 0.3	ng/mL	0.6 - 3.1

**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** : MALE HORMONE SCREENING PANEL

**PATIENTID** : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIHYDROTESTOSTERONE (DHT)	E.L.I.S.A	342.2	pg/mL

**Bio. Ref. Interval. :-**

Male:

(1-9 yrs): 0 - 85.7 pg/mL || (10-14 yrs): 11.1 - 875.6 pg/mL  
(15-18 yrs): 70.3 - 1260.9 pg/mL || (19-89 yrs): 143 - 842 pg/mL

Female:

(2-9 yrs): 0 - 88.9 pg/mL || (10-14 yrs): 22.5- 280.6 pg/mL  
(15-18 yrs): 62.6- 760.3 pg/mL || (18-50 yrs): 0 - 596 pg/mL  
(51-83 yrs): 0 - 431 pg/mL

Clinical Significance:

5 $\alpha$ -dihydrotestosterone is steroid similar to testosterone and androstenedione. Some of the main clinical indications of the DHT measurement in serum are investigations of Delayed puberty in men and evaluation of the presence of active testicular tissues  
Women with too much Dihydrotestosterone may develop increased body, facial and pubic hair growth (called hirsutism), stopping of menstrual periods (amenorrhoea), increased acne and abnormal changes to the genitalia.

Clinical Trends :

1. In Klinefelter's syndrome the DHT level is much more lower than that found in normal men.
2. In polycystic ovaries (PCO) about 35 % of the patients have an increased DHT level.
3. The DHT level in young is much higher than those found in normal older people, hence androgen production increases at puberty which gives rise to masculinizing characteristic.
4. There is very low level of Plasma DHT in patients with anorchia.

**Please correlate with clinical conditions.**

**Method:-** COMPETITIVE ENZYME 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

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HOME COLLECTION :  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
SEX HORMONE BINDING GLOBULIN (SHBG)	C.L.I.A	10	nmol/L

**Bio. Ref. Interval. :-**

Males 10 - 57 nmol/L

Females  
Non-Pregnant : 18 - 144

Clinical Significance:

Sex hormone binding globulin (SHBG) has a high affinity for testosterone and Estradiol, and is a major factor regulating their distribution between the protein-bound and free states. The ratio of testosterone to SHBG is also known as the free androgen index (FAI) or the free testosterone index (FTI). This ratio correlates well with both measured and calculated values of free testosterone and helps to discriminate subjects with excessive androgen activity from normal individuals. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications:

Precision: Intra assay (%CV): 5.30 %, Inter assay (%CV):6.60%  
Sensitivity: < 0.02 nmol/l and Specificity: no detectable cross- reactivity

Kit validation reference:

Bond A, Davis C. Sex Hormone binding globulin in clinical perspective, ActaObset Gynecol Scand 1987;66:255-62

**Please correlate with clinical conditions.**

**Method:-** SOLID-PHASE TWO-SITE CHEMILUMINESCENT IMMUNOMETRIC ASSAY

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**HOME COLLECTION :**  
XX

**PATIENTID** : XXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>ANDROSTENEDIONE (A4)</b>	<b>C.L.I.A</b>	<b>&lt; 0.3</b>	<b>ng/mL</b>
<b>Bio. Ref. Interval. :-</b>			

Adult males : 0.60 - 3.10 ng/mL  
Adult females : 0.30 - 3.30 ng/mL

**Interpretation :**

Serum levels of androstenedione acts as a useful marker of androgen biosynthesis. Elevated androstenedione levels have been demonstrated in virilizing congenital adrenal hyperplasia; androstenedione levels in addition to 17- hydroxyprogesterone levels are very useful in monitoring treatment of this condition. Serum androstenedione level is high in fetal and neonatal serum, decrease during childhood, and increase in puberty. Serum androstenedione levels can also show significant diurnal variation dependent on the secretion of acth.

**Specifications**

Precision: intra assay (%cv): 11.3, inter assay (%cv): 13.2, sensitivity: 0.3 ng/mL

**Kit validation references :**

1. Dorfman ri, shipley ra: androgens, john wiley and sons, new york, pp. 116-128, 1956.
2. Androstenedione production and interconversion rates measured in peripheral blood and studies on the possible site of its conversion to testosterone. J endocrinol invest 45: 301-313, 1966.

**Please correlate with clinical conditions.**

**Method:-** COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	E.L.I.S.A	10.01	pg/mL

Bio. Ref. Interval. :-

- Male
- < 12 Yrs : < 4.60
- 12-18 Yrs : 0.18 - 23.08
- 19-55 Yrs : 1.00 - 28.28
- > 55 Yrs : 0.70 - 21.45
- Female
- < 12 Yrs : < 1.46
- 12-18 Yrs : < 2.24
- 19-55 Yrs : < 2.85
- > 55 Yrs : < 1.56

Please correlate with clinical conditions.  
Method:- SOLID PHASE ENZYME IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HUMAN GROWTH HORMONE (HGH)	C.L.I.A	0.02	ng/mL

Bio. Ref. Interval. :-

Males

0-2 years : 0.12-8.24 ng/ml || 2-7 years : 0.04-3.01 ng/ml || 7-12 years : 0.02-4.76 ng/ml  
12-14 years : 0.01-6.20 ng/ml || 14-19 years : 0.01-3.73 ng/ml || Adults : 0.003-0.97 ng/ml

Females

0-2 years : 0.12-8.24 ng/ml || 2-7 years : 0.03-6.24 ng/ml || 7-12 years : 0.02-4.76 ng/ml  
12-14 years : 0.01-6.20 ng/ml || 14-19 years : 0.03-5.22 ng/ml || Adults : 0.01-3.60 ng/ml

Clinical Significance:

Caution must be exercised in the clinical interpretation of growth hormone levels. These vary throughout the day, making it difficult to define a reference range or to judge an individuals status based on single determination. Many factors are known to influence the rate of growth hormone secretion, including periods of sleep and wakefulness, exercise, stress hypoglycemia, estrogens, corticosteroids, l-Dopa and others. 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): 11.26 %, Inter assay (%CV): 14.40 %; Sensitivity: up to 0.002 ng/ml

Kit validation references: Iranmanesh A, Grisso B, Veldhuis JD, Low basal and persistent pulsatile growth hormone secretion are revealed in normal and hyposomatotropic men studied with a new ultra sensitive Chemiluminescence assay. J Clin Endocrinol Metab 1994;78:526-535.

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	232.56	ng/dL

Bio. Ref. Interval. :-

- Adult Male
- 21 - 49 Yrs : 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22
- Adult Female
- Pre-Menopause : 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93
- Boys
- 2-10 Years : < 7.00 - 25.91
- 11 Years : < 7.00 - 341.53
- 12 Years : < 7.00 - 562.59
- 13 Years : 9.34 - 562.93
- 14 Years : 23.28 - 742.46
- 15 Years : 144.15 - 841.44
- 16-21 Years : 118.22 - 948.56
- Girls
- 2-10 Years : < 7.00 - 108.30
- 11-15 Years : < 7.00 - 48.40
- 16-21 Years : 17.55 - 50.41

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657-662.

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

~~ End of report ~~

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