Thyrocare

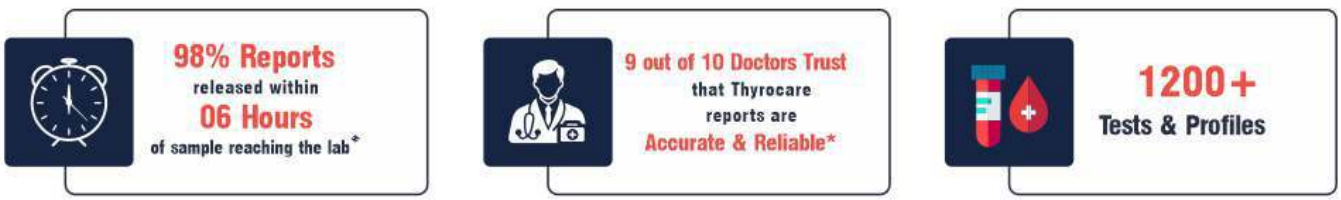
Tests you can trust

Pcog : XXXXXXXXXXXXXXXX

Fcvg : XXXXXXXXX

Vguv'Cumgf : Jaanch Diabetes Advanced

Tgrqtv'Uvcwu : Complete Report


Thyrocare
Tests you can trust

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

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

Patient Name : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Address : XXXXXXXXXXXX

Tests Done : JAANCH DIABETES ADVANCED

## 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 DIABETES ADVANCED** | Ready |
| FASTING BLOOD SUGAR(GLUCOSE) | Ready |
| CHLORIDE | Ready |
| SODIUM | Ready |
| URINARY MICROALBUMIN | Ready |
| HBA PROFILE | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |
| ROUTINE URINE ANALYSIS | Ready |
| KIDPRO | Ready |
| LIPID PROFILE | Ready |

Patient Name : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Address : XXXXXXXXXXXX

Tests Done : JAANCH DIABETES ADVANCED

## Tests Outside Reference Range

**Note:** Please refer to the table below for 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 |
| **LIPID** | | | |
| LDL / HDL RATIO | **0.9** | Ratio | 1.5-3.5 |
| TC/ HDL CHOLESTEROL RATIO | **2.2** | Ratio | 3 - 5 |
| **RENAL** | | | |
| CREATININE - SERUM | **0.7** | mg/dL | 0.72-1.18 |
| **URINOGRAM** | | | |
| SPECIFIC GRAVITY | **< 1.003** | - | 1.003-1.030 |

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| | | | |
|---|---|---|---|
| **Patient Name** | : XXXXXXXXXXXX | **Sample Collected on (SCT)** | : XXXXXXXXXXXX |
| **Referred By** | : XXXXXXXXXXXX | **Sample Received on (SRT)** | : XXXXXXXXXXXX |
| **Address** | : XXXXXXXXXXXX | **Report Released on (RRT)** | : XXXXXXXXXXXX |
| | | **Sample Type \| Barcode** | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **DIABETES SCREEN (URINE)** | | | |
| URINARY MICROALBUMIN | PHOTOMETRY | < 12.46 | µg/mL |
| **Bio. Ref. Interval. :** Adults: Less than 25 µg/ml | | | |
| **Method :** Fully Automated Immuno Turbidometry | | | |
| CREATININE - URINE | PHOTOMETRY | < 149 | mg/dL |
| **Bio. Ref. Interval. :** Male: 39 - 259 mg/dl Female: 28 - 217 mg/dl | | | |
| **Method :** Creatinine Jaffe Method, Rate-Blanked and Compensated | | | |
| URI. ALBUMIN/CREATININE RATIO (UA/C) | CALCULATED | 8.4 | µg/mg of Creatinine |
| **Bio. Ref. Interval. :** Adults : Less than 30 µg/mg of Creatinine | | | |
| **Method :** Derived from Albumin and Creatinine values | | | |

**Please correlate with clinical conditions.**

**Tests Done :** JAANCH DIABETES ADVANCED

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:2005124167/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
| Referred By | : XXXXXXXXXXXX | Sample Received on (SRT) | : XXXXXXXXXXXX |
| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| **Complete Urinogram** | | | | |
| **Physical Examination** | | | | |
| VOLUME | Visual Determination | 1 | mL | - |
| COLOUR | Visual Determination | PALE YELLOW | - | Pale Yellow |
| APPEARANCE | Visual Determination | CLEAR | - | Clear |
| **SPECIFIC GRAVITY** | **pKa change** | **< 1.003** | **-** | **1.003-1.030** |
| PH | pH indicator | 5 | - | 5-8 |
| **Chemical Examination** | | | | |
| URINARY PROTEIN | PEI | ABSENT | mg/dL | Absent |
| URINARY GLUCOSE | GOD-POD | ABSENT | mg/dL | Absent |
| URINE KETONE | Nitroprusside | ABSENT | mg/dL | Absent |
| URINARY BILIRUBIN | Diazo coupling | ABSENT | mg/dL | Absent |
| UROBILINOGEN | Diazo coupling | Normal | mg/dL | <=0.2 |
| URINE BLOOD | Peroxidase reaction | ABSENT | - | Absent |
| NITRITE | Diazo coupling | ABSENT | - | Absent |
| LEUCOCYTE ESTERASE | Esterase reaction | ABSENT | - | Absent |
| **Microscopic Examination** | | | | |
| URINARY LEUCOCYTES (PUS CELLS) | Microscopy | 2.5 | cells/HPF | 0-5 |

**(Reference** : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase**)**

**Tests Done :** ROUTINE URINE ANALYSIS,URINARY MICROALBUMIN

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:2005124167/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
| Referred By | : XXXXXXXXXXXX | Sample Received on (SRT) | : XXXXXXXXXXXX |
| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| TOTAL CHOLESTEROL | PHOTOMETRY | 123 | mg/dL | < 200 |
| HDL CHOLESTEROL - DIRECT | PHOTOMETRY | 56 | mg/dL | 40-60 |
| LDL CHOLESTEROL - DIRECT | PHOTOMETRY | 53.5 | mg/dL | < 100 |
| TRIGLYCERIDES | PHOTOMETRY | 120 | mg/dL | < 150 |
| **TC/ HDL CHOLESTEROL RATIO** | **CALCULATED** | **2.2** | **Ratio** | **3 - 5** |
| TRIG / HDL RATIO | CALCULATED | 2.12 | Ratio | < 3.12 |
| **LDL / HDL RATIO** | **CALCULATED** | **0.9** | **Ratio** | **1.5-3.5** |
| HDL / LDL RATIO | CALCULATED | 1.05 | Ratio | > 0.40 |
| NON-HDL CHOLESTEROL | CALCULATED | 66.2 | mg/dL | < 160 |
| VLDL CHOLESTEROL | CALCULATED | 23.94 | mg/dL | 5 - 40 |

**Please correlate with clinical conditions.**

**Method :**

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
LDL - Direct Measure
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
TRI/H - Derived from TRIG and HDL Values
LDL/ - Derived from serum HDL and LDL Values
HD/LD - Derived from HDL and LDL values.
NHDL - Derived from serum Cholesterol and HDL values
VLDL - Derived from serum Triglyceride values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

| TOTAL CHOLESTEROL | (mg/dl) | HDL | (mg/dl) | LDL | (mg/dl) | TRIGLYCERIDES | (mg/dl) |
|---|---|---|---|---|---|---|---|
| DESIRABLE | <200 | LOW | <40 | OPTIMAL | <100 | NORMAL | <150 |
| BORDERLINE HIGH | 200-239 | HIGH | >60 | NEAR OPTIMAL | 100-129 | BORDERLINE HIGH | 150-199 |
| HIGH | >240 | | | BORDERLINE HIGH | 130-159 | HIGH | 200-499 |
| | | | | HIGH | 160-189 | VERY HIGH | >500 |
| | | | | VERY HIGH | >190 | | |

**Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.**

**Tests Done :** JAANCH DIABETES ADVANCED

**Report Remarks :** Labcode:2005124168/IT011

**Doctor 1 Sign** **Doctor 2 Sign**

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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| CHLORIDE | I.S.E - INDIRECT | 101 | mmol/L |

**Bio. Ref. Interval. :**
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

**Method :** ION SELECTIVE ELECTRODE - INDIRECT

| | | | |
|---|---|---|---|
| SODIUM | I.S.E - INDIRECT | 137 | mmol/L |

**Bio. Ref. Interval. :**
Adults: 136-145 mmol/l

**Method :** ION SELECTIVE ELECTRODE - INDIRECT

**Please correlate with clinical conditions.**

**Tests Done :** JAANCH DIABETES ADVANCED

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:2005124168/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
| Referred By | : XXXXXXXXXXXX | Sample Received on (SRT) | : XXXXXXXXXXXX |
| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| BLOOD UREA NITROGEN (BUN) | PHOTOMETRY | 12.6 | mg/dL | 7.94 - 20.07 |
| **CREATININE - SERUM** | **PHOTOMETRY** | **0.7** | **mg/dL** | **0.72-1.18** |
| BUN / Sr.CREATININE RATIO | CALCULATED | 18 | Ratio | 9:1-23:1 |
| UREA (CALCULATED) | CALCULATED | 26.96 | mg/dL | Adult : 17-43 |
| UREA / SR.CREATININE RATIO | CALCULATED | 38.52 | Ratio | < 52 |
| CALCIUM | PHOTOMETRY | 9.62 | mg/dL | 8.8-10.6 |
| URIC ACID | PHOTOMETRY | 6.8 | mg/dL | 4.2 - 7.3 |

**Please correlate with clinical conditions.**

**Method :**

BUN - Kinetic UV Assay.
SCRE - Creatinine Enzymatic Method
B/CR - Derived from serum Bun and Creatinine values
UREAC - Derived from BUN Value.
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method

**Tests Done :** JAANCH DIABETES ADVANCED

**Report Remarks :** Labcode:2005124168/IT011

Doctor 1 Sign

Doctor 2 Sign

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| EST. GLOMERULAR FILTRATION RATE (eGFR) | CALCULATED | 134 | mL/min/1.73 m2 |

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

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease
<15 : Kidney Failure

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

**Please correlate with clinical conditions.**

**Method:-** 2021 CKD EPI Creatinine Equation

**Tests Done :** JAANCH DIABETES ADVANCED

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:2005124168/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **HbA1c** | H.P.L.C | 5.1 | % |

**Bio. Ref. Interval. :**

| As per ADA Guidelines | Guidance For Known Diabetics |
|---|---|
| Below 5.7% : Normal | Below 6.5% : Good Control |
| 5.7% - 6.4% : Prediabetic | 6.5% - 7% : Fair Control |
| >=6.5% : Diabetic | 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.**

**Tests Done :** HBA PROFILE,HEMOGRAM

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:2005124169/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| Address | : XXXXXXXXXXXX | Report Released on (RRT) | : XXXXXXXXXXXX |
| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| 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 $10^3$ / 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 $10^3$ / µL | 2.0-7.0 |
| Lymphocytes - Absolute Count | Calculated | 1.35 | X $10^3$ / µL | 1.0-3.0 |
| Monocytes - Absolute Count | Calculated | 0.21 | X $10^3$ / µL | 0.2 - 1.0 |
| Basophils - Absolute Count | Calculated | 0.04 | X $10^3$ / µL | 0.02 - 0.1 |
| Eosinophils - Absolute Count | Calculated | 0.3 | X $10^3$ / µL | 0.02 - 0.5 |
| Immature Granulocytes (IG) | Calculated | 0.02 | X $10^3$ / µL | 0-0.3 |
| Nucleated Red Blood Cells | Calculated | 0.01 | X $10^3$ / µL | 0.0-0.5 |
| **PLATELET COUNT** | HF & EI | 260 | X $10^3$ / 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 |

**Remarks :** Alert!!! RBCs:Mild anisopoikilocytosis. Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

***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**

**(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)**

**Tests Done :** HBA PROFILE,HEMOGRAM

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:2005124169/IT011

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXX | Sample Collected on (SCT) | : XXXXXXXXXXXX |
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| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| FASTING BLOOD SUGAR(GLUCOSE) | PHOTOMETRY | 90.1 | mg/dL |

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

| As per ADA Guideline: Fasting Plasma Glucose (FPG) | |
|---|---|
| **Normal** | 70 to 100 mg/dl |
| **Prediabetes** | 100 mg/dl to 125 mg/dl |
| **Diabetes** | 126 mg/dl or higher |

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

**Please correlate with clinical conditions.**

**Method:-** GOD-POD METHOD

**~~ End of report ~~**

**Tests Done :** BLOOD SUGAR (F)

**Doctor 1 Sign** **Doctor 2 Sign**

**Report Remarks :** Labcode:2005124170/IT011

## 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/nbdYeRgYyQc

## 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 **022-3090 0000**



+ *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*