



Tests you can trust

Pco g : XXXXXXXXXXXXXXXXXXXX

F cvg : XXXXXXXXXX

VguV'Cungf : J aanch Diabetes Screening

T gr qtv"Uvcwu : Complete Report



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



Accredited by



NABL From 2005[#]



ISO 9001: 2015 - From 2015



CAP From 2011[#]

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





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

Patient Name : XXXXXXXXXXXXX
 Referred By : XXXXXXXXXXXXX
 Address : XXXXXXXXXXXXX

Tests Done : JAANCH DIABETES SCREENING

Report Availability Summary

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

 **5** Ready
  **0** Ready with Cancellation
  **0** Processing
  **0** Cancelled in Lab

TEST DETAILS

REPORT STATUS

JAANCH DIABETES SCREENING	Ready 
FASTING BLOOD SUGAR(GLUCOSE)	Ready 
TOTAL CHOLESTEROL	Ready 
TRIGLYCERIDES	Ready 
HBA PROFILE	Ready 
KIDPRO	Ready 

Patient Name : XXXXXXXXXXXXX
 Referred By : XXXXXXXXXXXXX
 Address : XXXXXXXXXXXXX

Tests Done : JAANCH DIABETES SCREENING



Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
RENAL			
CREATININE - SERUM	0.7	mg/dL	0.72-1.18



Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Address : XXXXXXXXXXXXX

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

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 SCREENING

Report Remarks : Labcode:2005124162/IT011

Doctor 1 Sign

Doctor 2 Sign



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Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Address : XXXXXXXXXXXXX

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	123	mg/dL	< 200
TRIGLYCERIDES	PHOTOMETRY	120	mg/dL	< 150

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
TRIG - Enzymatic, End Point

***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 SCREENING

Report Remarks : Labcode:2005124162/IT011

Doctor 1 Sign

Doctor 2 Sign



Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Address : XXXXXXXXXXXXX

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

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

> = 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 SCREENING

Report Remarks : Labcode:2005124162/IT011

Doctor 1 Sign

Doctor 2 Sign



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Address : XXXXXXXXXXXXX

Sample Collected on (SCT): XXXXXXXXXXXXX
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Report Released on (RRT) : XXXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXXX

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

Bio. Ref. Interval. :

As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
≥6.5% : Diabetic

Guidance For Known Diabetics

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.

Tests Done : HBA PROFILE

Report Remarks : Labcode:2005124163/IT011

Doctor 1 Sign

Doctor 2 Sign



Patient Name : XXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXX
Address : XXXXXXXXXXXXX

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

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)

Report Remarks : Labcode:2005124164/IT011

Doctor 1 Sign

Doctor 2 Sign

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**

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 Blood Collection

 Sample Testing

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 Thyroid	 Diabetes	 STDs	 Skin Care
			 Hair Fall



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