



Tests you can trust

Name : XXXXXXXXXXXXXXXXXXXX

Date : XXXXXXXX

Test Asked : Hemogram - 6 Part (Diff)

Report Status: Complete Report



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NABL From 2005[#]



ISO 9001: 2015 – From 2015



CAP From 2007⁺

PROCESSED AT :

 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[#]

NAME
REF. BY
TEST ASKED

: XXXXXXXXXXXXXXXXXXXXXXXX

: XXXXXXXXXXXXXXXXXXXXXXXX

: HEMOGRAM - 6 PART (DIFF)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

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

 **1** Ready

 **0** Ready with Cancellation

 **0** Processing

 **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
HEMOGRAM - 6 PART (DIFF)	Ready 

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

SAMPLE COLLECTED AT :
 XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	8.4	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	25.4	%	36.0-46.0
Total RBC	HF & EI	2.73	X 10⁶/μL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	93	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	30.8	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.1	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	57.5	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	18.1	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	616.6	-	*Refer Note below
MENTZER INDEX	Calculated	34.1	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	3.62	X 10³ / μL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	45.3	%	40-80
Lymphocytes Percentage	Flow Cytometry	50	%	20-40
Monocytes Percentage	Flow Cytometry	3.3	%	2-10
Eosinophils Percentage	Flow Cytometry	0.8	%	1-6
Basophils Percentage	Flow Cytometry	0.3	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	1.64	X 10³ / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.81	X 10 ³ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.12	X 10³ / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.01	X 10³ / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.03	X 10 ³ / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	X 10 ³ / μL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 ³ / μL	0.0-0.5
PLATELET COUNT	HF & EI	144	X 10³ / μL	150-410
Mean Platelet Volume (MPV)	Calculated	10.3	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	9.4	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	25.1	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.15	%	0.19-0.39

Remarks : Alert!!! RBCs: Moderate anisocytosis mild poikilocytosis. Predominantly normocytic normochromic with ovalocytes. WBCs: Mild Leukopenia is present. Platelets: Appear mildly reduced 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 (6 Part Differential SYSMEX XN-1000)

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

~~ End of report ~~

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

- ✓ 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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* 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