Thyrocare

Tests you can trust

Name : Seetha Rathna (72Y/F)

Date : 03 Sep 2024

Test Asked : Aarogyam Camp Profile 2

Report Status: Complete Report

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NAME : SEETHA RATHNA (72Y/F)
REF. BY : SELF
TEST ASKED : AAROGYAM CAMP PROFILE 2

SAMPLE COLLECTED AT :
(5832297584),KARATAGI DIAGNOSTIC LABORATORY,R.G. ROAD NEAR GOVERNMENT HOSPITAL KARATAGI,583229

Report Availability Summary

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

8 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
AAROGYAM CAMP PROFILE 2	Ready
CARDIAC RISK MARKERS	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
VITAMIN D TOTAL AND B12 COMBO	Ready

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REF. BY	: SELF	
TEST ASKED	: AAROGYAM CAMP PROFILE 2	

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	10.2	mg/L	< 3
COMPLETE HEMOGRAM			
HEMOGLOBIN	11.2	g/dL	12.0-15.0
LYMPHOCYTE	40.9	%	20-40
MEAN CORP.HEMO.CONC(MCHC)	29.4	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH (RDW-CV)	15.1	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	52.2	fL	39.0-46.0
LIPID			
HDL / LDL RATIO	0.38	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	113	mg/dL	< 100
LIVER			
ASPARTATE AMINOTRANSFERASE (SGOT)	32.4	U/L	< 31
RENAL			
EST. GLOMERULAR FILTRATION RATE (eGFR)	88	mL/min/1.73 m2	>= 90
THYROID			
TSH - ULTRASENSITIVE	6.55	µIU/mL	0.54-5.30
VITAMINS			
25-OH VITAMIN D (TOTAL)	13.5	ng/mL	30-100

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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NAME : SEETHA RATHNA (72Y/F)
REF. BY : SELF
TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
(5832297584),KARATAGI DIAGNOSTIC LABORATORY,R.G. ROAD NEAR GOVERNMENT HOSPITAL KARATAGI,583229

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5	%

Bio. Ref. Interval. :

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	97	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.

Sample Collected on (SCT) : 02 Sep 2024 22:02
Sample Received on (SRT) : 03 Sep 2024 08:08
Report Released on (RRT) : 03 Sep 2024 10:59
Sample Type : EDTA Whole Blood
Labcode : 0309061162/A9179
Barcode : CM403575

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	6.74	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	51.7	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**40.9**	**%**	**20-40**
MONOCYTES	Flow Cytometry	4	%	2-10
EOSINOPHILS	Flow Cytometry	2.4	%	1-6
BASOPHILS	Flow Cytometry	0.7	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.48	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.76	X 10^3 / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.27	X 10^3 / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10^3 / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.16	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10^3 / µL	0.0-0.3
TOTAL RBC	HF & EI	4.03	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10^3 / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	**SLS-Hemoglobin Method**	**11.2**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	CPH Detection	38.1	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	94.5	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	27.8	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**Calculated**	**29.4**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**52.2**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**15.1**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	12.2	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	10.6	fL	6.5-12
PLATELET COUNT	HF & EI	241	X 10^3 / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	28.9	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.25	%	0.19-0.39

Remarks : Alert!!! RBCs:Mild anisopoikilocytosis. Predominantly normocytic normochromic with 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**)**

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NAME : SEETHA RATHNA (72Y/F)
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TEST ASKED : AAROGYAM CAMP PROFILE 2

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**13.5**	**ng/mL**

Bio. Ref. Interval. :
Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 ng/ml || Toxicity : >100 ng/ml

Clinical Significance:
Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health.
Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome.
Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

VITAMIN B-12	E.C.L.I.A	319	pg/mL

Bio. Ref. Interval. :
Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

Please correlate with clinical conditions.

Sample Collected on (SCT) : 02 Sep 2024 22:02
Sample Received on (SRT) : 03 Sep 2024 08:10
Report Released on (RRT) : 03 Sep 2024 13:01
Sample Type : SERUM
Labcode : 0309061211/A9179
Barcode : CF292612

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	118	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	102	mg/dL

Bio. Ref. Interval. :
Male : 56 - 145
Female : 53 - 138

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.9	Ratio

Bio. Ref. Interval. :
Male : 0.40 - 1.26
Female : 0.38 - 1.14

Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**10.2**	**mg/L**

Bio. Ref. Interval. :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	5.6	mg/dL

Bio. Ref. Interval. :-

Adults : < 30.0 mg/dl

Clinical Significance:
Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:
Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:
Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.
Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	155	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	43	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**113**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	89	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.6	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.05	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.6	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.38**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	CALCULATED	111.27	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	17.79	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	53.09	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.83	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.19	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.64	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.1	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**32.4**	**U/L**	**< 31**
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	18.2	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.78	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.63	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.84	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.79	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.38	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.
PROT - Biuret Method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.91	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.67	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	14.79	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	21.21	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	31.65	Ratio	< 52
CALCIUM	PHOTOMETRY	9.01	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.45	mg/dL	3.2 - 6.1

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

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TEST ASKED : AAROGYAM CAMP PROFILE 2

SAMPLE COLLECTED AT :
(5832297584),KARATAGI DIAGNOSTIC LABORATORY,R.G. ROAD NEAR GOVERNMENT HOSPITAL KARATAGI,583229

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	105	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	8.68	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	**E.C.L.I.A**	**6.55**	**µIU/mL**	**0.54-5.30**

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

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

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

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) : 02 Sep 2024 22:02
Sample Received on (SRT) : 03 Sep 2024 08:10
Report Released on (RRT) : 03 Sep 2024 13:01
Sample Type : SERUM
Labcode : 0309061211/A9179
Barcode : CF292612

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

PROCESSED AT :

Thyrocare,
5CA-711, 3rd Floor,
HRBR 2nd Block,
Hennur, Bengaluru-560043

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*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME : SEETHA RATHNA (72Y/F)
REF. BY : SELF
TEST ASKED : AAROGYAM CAMP PROFILE 2

SAMPLE COLLECTED AT :
(5832297584),KARATAGI DIAGNOSTIC LABORATORY,R.G. ROAD NEAR GOVERNMENT HOSPITAL KARATAGI,583229

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**88**	**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

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:- CKD-EPI Creatinine Equation

~~ End of report ~~

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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)*