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# REPORT

**NAME** : MRS NIVETHA M (31Y/F)
**REF. BY** : SELF
**TEST ASKED** : ESTRADIOL,HGH,PHOSPHOROUS,PROGESTERONE,INGF1

**HOME COLLECTION :**
1, 1ST FLOOR, THIRUMULLAI ILLAM , JANAKIRAMAN STREET , PERUNGUDI, CHENNAI - 600096

**PATIENTID** : NM21878978

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| INSULIN LIKE GROWTH FACTOR 1 | C.L.I.A | 193 | ng/mL |

**Reference Range :-**

| Age | Range | Age | Range |
|---|---|---|---|
| 1-7days | <26 | 17 years | 193-731 |
| 8-15days | <41 | 18 years | 163-584 |
| 01 year | 55-327 | 19 years | 141-483 |
| 02 years | 51-303 | 20 years | 127-424 |
| 03 years | 49-289 | 21-25 years | 116-358 |
| 04 years | 49-283 | 26-30 years | 117-329 |
| 05 years | 50-286 | 31-35 years | 115-307 |
| 06 years | 52-297 | 36-40 years | 109-284 |
| 07 years | 57-316 | 41-45 years | 101-267 |
| 08 years | 64-345 | 46-50 years | 94-252 |
| 09 years | 74-388 | 51-55 years | 87-238 |
| 10 years | 88-452 | 56-60 years | 81-225 |
| 11 years | 111-551 | 61-65 years | 75-212 |
| 12 years | 143-693 | 66-70 years | 69-200 |
| 13 years | 183-850 | 71-75 years | 64-188 |
| 14 years | 220-972 | 76-80 years | 59-177 |
| 15 years | 237-996 | 81-85 years | 55-166 |
| 16 years | 226-903 | | |

Clinical Significance: Maternal IGF-1 plasma levels increase during pregnancy. A normal plasma or serum IGF-I concentration is strong evidence against GH deficiency. A low IGF-I value implies GH deficiency and requires additional testing to determine whether GH secretion is subnormal.

Specifications: Precision: Intra assay (%CV): 6.3, Inter assay (%CV): 7.6, Sensitivity: 13.3 ng/mL

Kit Validation reference: Daughaday WH, Rotwein P. Insulin-like growth factors I and II. Peptide, messenger ribonucleic acid and gene structures, serum, and tissue concentrations. Endocr Rev 1989;10: 68-91.

**Please correlate with clinical conditions.**
**Method:-** SOLID-PHASE ENZYME LABELLED CHEMILUMINESCENT IMMUNOMETRIC ASSAY

**Sample Collected on (SCT)** : 25 Jun 2023 08:20
**Sample Received on (SRT)** : 26 Jun 2023 03:43
**Report Released on (RRT)** : 26 Jun 2023 10:08
**Sample Type** : SERUM
**Labcode** : 2506104514/CHE33
**Barcode** : AU828182

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

**PROCESSED AT :**

**Thyrocare**
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# REPORT

**NAME** : MRS NIVETHA M (31Y/F)
**REF. BY** : SELF
**TEST ASKED** : ESTRADIOL,HGH,PHOSPHOROUS,PROGESTERONE,INGF1

**HOME COLLECTION :**
1, 1ST FLOOR, THIRUMULLAI ILLAM , JANAKIRAMAN STREET , PERUNGUDI, CHENNAI - 600096

**PATIENTID** : NM21878978

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| PROGESTERONE | C.M.I.A | < 0.1 | ng/mL |

**Reference Range :-**

Adult males : < 0.10 - 0.20 ng/ml

Normal menstruating females
Follicular phase : < 0.10 - 0.30 ng/ml
Luteal phase : 1.20 - 15.9 ng/ml
Postmenopausal females : < 0.10 - 0.20 ng/ml

Pregnant Women
1st Trimester : 2.80 - 147.3 ng/ml
2nd Trimester : 22.5 - 95.3 ng/ml
3rd Trimester : 27.9 - 242.5 ng/ml

Clinical significance: Clinical evaluation of progesterone confirms ovulation and normal luteal function in nonpregnant women. Inadequate progesterone production by the corpus luteum may indicate luteal phase deficiency (LPD), which is associated with infertility and early miscarriage. 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): 5.5 %, Inter assay (%CV): 6.2%; Sensitivity: < 0.1 ng/ml

Kit Validation Reference: Weigel NL, Rowan BG. Estrogen and progesterone action. In: DeGroot LJ, Jameson JL, et al. eds. Endocrinology. Vol 3. 4th ed. Philadelphia: WB Saunders Co., 2001. 2053-2060

**Please correlate with clinical conditions.**
**Method:-** FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

**Sample Collected on (SCT)** : 25 Jun 2023 08:20
**Sample Received on (SRT)** : 26 Jun 2023 03:43
**Report Released on (RRT)** : 26 Jun 2023 10:08
**Sample Type** : SERUM
**Labcode** : 2506104514/CHE33
**Barcode** : AU828182

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# REPORT

**NAME** : MRS NIVETHA M (31Y/F)
**REF. BY** : SELF
**TEST ASKED** : ESTRADIOL,HGH,PHOSPHOROUS,PROGESTERONE,INGF1

**HOME COLLECTION :**
1, 1ST FLOOR, THIRUMULLAI ILLAM , JANAKIRAMAN STREET , PERUNGUDI, CHENNAI - 600096

**PATIENTID** : NM21878978

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| ESTRADIOL/OESTROGEN (E2) | C.M.I.A | 26 | pg/mL |

**Reference Range :-**

Males : 11 - 44 pg/mL

Normal Menstruating Females ;
Follicular Phase : 21 - 251 pg/mL
Mid-Cycle Phase : 38 - 649 pg/mL
Luteal Phase : 21 - 312 pg/mL

Postmenopausal
Females not on HRT: < 10 - 28 pg/mL
Female on HRT : < 10 - 144 pg/mL

Clinical Significance: During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicle is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

Specification: Precision: Intra assay (%CV): 6.4, Inter assay (%CV):7.4,Sensitivity: <=10 pg/mL.

Kit Validation References: Muse K, Wilson EA. Monitoring ovulation induction: use of biochemical and biophysical parameters. Sem Reproduct Endocrinol 1986;4(3):301-9

**Please correlate with clinical conditions.**
**Method:-** FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

**Sample Collected on (SCT)** : 25 Jun 2023 08:20
**Sample Received on (SRT)** : 26 Jun 2023 03:43
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# REPORT

**NAME** : MRS NIVETHA M (31Y/F)
**REF. BY** : SELF
**TEST ASKED** : ESTRADIOL,HGH,PHOSPHOROUS,PROGESTERONE,INGF1

**HOME COLLECTION :**
1, 1ST FLOOR, THIRUMULLAI ILLAM , JANAKIRAMAN STREET , PERUNGUDI, CHENNAI - 600096

**PATIENTID** : NM21878978

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| **PHOSPHOROUS** | PHOTOMETRY | 4.4 | mg/dL |

**Reference Range :**

Adults : 2.4 - 5.1 mg/dL

Clinical Significance:
In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

Specifications:
Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

Kit Validation Reference:
Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

**Method :** UNREDUCED PHOSPHOMOLYBDATE METHOD

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 25 Jun 2023 08:20
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**Sample Type** : SERUM
**Labcode** : 2506104514/CHE33
**Barcode** : AU828182

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# REPORT

**NAME** : MRS NIVETHA M (31Y/F)
**REF. BY** : SELF
**TEST ASKED** : ESTRADIOL,HGH,PHOSPHOROUS,PROGESTERONE,IN GF1

**HOME COLLECTION :**
1, 1ST FLOOR, THIRUMULLAI ILLAM , JANAKIRAMAN STREET , PERUNGUDI, CHENNAI - 600096

**PATIENTID** : NM21878978

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| HUMAN GROWTH HORMONE (HGH) | C.L.I.A | 1.15 | ng/mL |

**Reference Range :-**

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.**
**Method:-** ONE-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY.

**Sample Collected on (SCT)** : 25 Jun 2023 08:20
**Sample Received on (SRT)** : 26 Jun 2023 03:43
**Report Released on (RRT)** : 26 Jun 2023 10:08
**Sample Type** : SERUM
**Labcode** : 2506104514/CHE33
**Barcode** : AU828182

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# REPORT

**NAME** : MRS NIVETHA M 1 HR (31Y/F)
**REF. BY** : SELF
**TEST ASKED** : HGH

**HOME COLLECTION :**
1, 1ST FLOOR, THIRUMULLAI ILLAM ,
JANAKIRAMAN STREET , PERUNGUDI, CHENNAI - 600096

**PATIENTID** : NH21879060

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| HUMAN GROWTH HORMONE (HGH) | C.L.I.A | 0.55 | ng/mL |

**Reference Range :-**

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.**
**Method:-** ONE-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY.

**Sample Collected on (SCT)** : 25 Jun 2023 08:45
**Sample Received on (SRT)** : 26 Jun 2023 03:43
**Report Released on (RRT)** : 26 Jun 2023 05:46
**Sample Type** : SERUM
**Labcode** : 2506104512/CHE33
**Barcode** : AU828191

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

**PROCESSED AT :**
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# REPORT

**NAME** : MRS NIVETHA M 2 HR (31Y/F)
**REF. BY** : SELF
**TEST ASKED** : HGH

**HOME COLLECTION :**
1, 1ST FLOOR, THIRUMULLAI ILLAM ,
JANAKIRAMAN STREET , PERUNGUDI, CHENNAI - 600096

**PATIENTID** : NH21879919

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| HUMAN GROWTH HORMONE (HGH) | C.L.I.A | 0.45 | ng/mL |

**Reference Range :-**

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.**
**Method:-** ONE-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY.

**Sample Collected on (SCT)** : 25 Jun 2023 08:45
**Sample Received on (SRT)** : 26 Jun 2023 03:44
**Report Released on (RRT)** : 26 Jun 2023 05:46
**Sample Type** : SERUM
**Labcode** : 2506104558/CHE33
**Barcode** : AU828970

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)