



Tests you can trust

Name : Pratibha Rane(49Y/F)

Date : 20 Feb 2025

Test Asked : Aarogyam Winter - Advanced With Utsh, Fbs + 1 Others

Report Status: Complete Report



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**NAME** : PRATIBHA RANE(49Y/F)  
**REF. BY** :  
**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,FBS,ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
ANDHERI RAILWAY STATION ANDHERI EAST  
MUMBAI 400069

## Report Availability Summary

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

✅ **21** Ready

🟡 **0** Ready with Cancellation

🔄 **0** Processing

❌ **0** Cancelled in Lab

**TEST DETAILS****REPORT STATUS****FASTING BLOOD SUGAR(GLUCOSE)**

Ready ✅

**AAROGYAM WINTER - ADVANCED WITH UTSH**

Ready ✅

CALCIUM

Ready ✅

CYSTATIN C

Ready ✅

FRUCTOSAMINE

Ready ✅

HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)

Ready ✅

Lipoprotein (a) [Lp(a)]

Ready ✅

SERUM COPPER

Ready ✅

SERUM ZINC

Ready ✅

TESTOSTERONE

Ready ✅

URIC ACID

Ready ✅

HBA PROFILE

Ready ✅

HEMOGRAM - 6 PART (DIFF)

Ready ✅

LIVER FUNCTION TESTS

Ready ✅

IRON DEFICIENCY PROFILE

Ready ✅

LIPID PROFILE

Ready ✅

T3-T4-USTSH

Ready ✅

VITAMIN D TOTAL AND B12 COMBO

Ready ✅

APOLIPROTEIN RATIO

Ready ✅

SERUM BUN-CREATININE RATIO

Ready ✅

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<b>NAME</b>	: PRATIBHA RANE(49Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	:	C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP
<b>TEST ASKED</b>	: AAROGYAM WINTER - ADVANCED WITH UTSH,FBS,ROUTINE URINE ANALYSIS	ANDHERI RAILWAY STATION ANDHERI EAST MUMBAI 400069

**Report Availability Summary**

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

🟢 **21** Ready      🟡 **0** Ready with Cancellation      🔵 **0** Processing      🔴 **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
BLOOD KETONE (D3HB)	Ready 🟢
ROUTINE URINE ANALYSIS	Ready 🟢

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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,FBS,ROUTINE  
URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP ANDHERI  
RAILWAY STATION ANDHERI EAST MUMBAI 400069

**Summary Report****Tests outside reference range**

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
<b>COMPLETE HEMOGRAM</b>			
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	25.5	pq	27.0-32.0
MEAN CORPUSCULAR VOLUME(MCV)	80.7	fL	83.0-101.0
TOTAL RBC	4.91	X 10 <sup>6</sup> /μL	3.8-4.8
<b>COMPLETE URINE ANALYSIS</b>			
APPEARANCE	Turbid	-	Clear
LEUCOCYTE ESTERASE	PRESENT	-	Absent
<b>DIABETES</b>			
AVERAGE BLOOD GLUCOSE (ABG)	128	mg/dL	90-120
FASTING BLOOD SUGAR(GLUCOSE)	102.3	mg/dL	70-100
FRUCTOSAMINE	341	μmol/L	<=286
HbA1c	6.1	%	< 5.7
<b>ELEMENTS</b>			
SERUM ZINC	50	μg/dL	52 - 286
<b>IRON DEFICIENCY</b>			
% TRANSFERRIN SATURATION	8.28	%	13 - 45
IRON	28	μg/dL	50 - 170
<b>LIPID</b>			
LDL / HDL RATIO	1.5	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	2.7	Ratio	3 - 5
<b>RENAL</b>			
CREATININE - SERUM	0.5	mg/dL	0.55-1.02
<b>URINOGRAM</b>			
URINARY LEUCOCYTES (PUS CELLS)	20	cells/HPF	0-5
<b>VITAMINS</b>			
25-OH VITAMIN D (TOTAL)	5.77	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** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD  
SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
ANDHERI RAILWAY STATION ANDHERI EAST  
MUMBAI 400069

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>Complete Urinogram</b>				
<b>Physical Examination</b>				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
<b>APPEARANCE</b>	<b>Visual Determination</b>	<b>Turbid</b>	-	<b>Clear</b>
SPECIFIC GRAVITY	pKa change	< 1.003	-	1.003-1.030
PH	pH indicator	6	-	5-8
<b>Chemical Examination</b>				
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
<b>LEUCOCYTE ESTERASE</b>	<b>Esterase reaction</b>	<b>PRESENT</b>	-	<b>Absent</b>
<b>Microscopic Examination</b>				
<b>URINARY LEUCOCYTES (PUS CELLS)</b>	<b>Microscopy</b>	<b>20</b>	<b>cells/HPF</b>	<b>0-5</b>

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

**Sample Collected on (SCT)** : 20 Feb 2025 11:04

**Sample Received on (SRT)** : 20 Feb 2025 13:02

**Report Released on (RRT)** : 20 Feb 2025 14:51

**Sample Type** : URINE

**Labcode** : 2002041209/PP015

**Barcode** : DF079701



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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,BLOOD SUGAR (F),ROUTINE URINE

**HOME COLLECTION :**

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MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	102.3	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-PAP METHOD

**Sample Collected on (SCT)** : 20 Feb 2025 11:04  
**Sample Received on (SRT)** : 20 Feb 2025 13:05  
**Report Released on (RRT)** : 20 Feb 2025 13:49  
**Sample Type** : FLUORIDE PLASMA  
**Labcode** : 2002076756/PP015  
**Barcode** : DM717979

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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD  
SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	6.1	%

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

<b>AVERAGE BLOOD GLUCOSE (ABG)</b>	<b>CALCULATED</b>	<b>128</b>	<b>mg/dL</b>
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**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)** : 20 Feb 2025 11:04  
**Sample Received on (SRT)** : 20 Feb 2025 13:10  
**Report Released on (RRT)** : 20 Feb 2025 14:59  
**Sample Type** : EDTA Whole Blood  
**Labcode** : 2002077152/PP015  
**Barcode** : DM525130

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**NAME :** PRATIBHA RANE(49Y/F)

**REF. BY :**

**TEST ASKED :** AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD  
SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>HEMOGLOBIN</b>	SLS-Hemoglobin Method	12.5	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	39.6	%	36.0-46.0
<b>Total RBC</b>	<b>HF &amp; EI</b>	<b>4.91</b>	<b>X 10<sup>6</sup>/μL</b>	<b>3.8-4.8</b>
<b>Mean Corpuscular Volume (MCV)</b>	<b>Calculated</b>	<b>80.7</b>	<b>fL</b>	<b>83.0-101.0</b>
<b>Mean Corpuscular Hemoglobin (MCH)</b>	<b>Calculated</b>	<b>25.5</b>	<b>pq</b>	<b>27.0-32.0</b>
Mean Corp.Hemo. Conc (MCHC)	Calculated	31.6	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	40.4	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	13.9	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	228.5	-	*Refer Note below
MENTZER INDEX	Calculated	16.4	-	*Refer Note below
<b>TOTAL LEUCOCYTE COUNT (WBC)</b>	HF & FC	8.16	X 10 <sup>3</sup> / μL	4.0 - 10.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils Percentage	Flow Cytometry	63.1	%	40-80
Lymphocytes Percentage	Flow Cytometry	29.7	%	20-40
Monocytes Percentage	Flow Cytometry	3.1	%	2-10
Eosinophils Percentage	Flow Cytometry	3.4	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	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
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
Neutrophils - Absolute Count	Calculated	5.15	X 10 <sup>3</sup> / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.42	X 10 <sup>3</sup> / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.25	X 10 <sup>3</sup> / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.03	X 10 <sup>3</sup> / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.28	X 10 <sup>3</sup> / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10 <sup>3</sup> / μL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 <sup>3</sup> / μL	0.0-0.5
<b>PLATELET COUNT</b>	HF & EI	276	X 10 <sup>3</sup> / μL	150-410
Mean Platelet Volume (MPV)	Calculated	9.5	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	10.8	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	21.1	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.26	%	0.19-0.39

**Remarks :** Alert!!! 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 (6 Part Differential SYSMEX XN-1000)**

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

**Sample Collected on (SCT)** : 20 Feb 2025 11:04

**Sample Received on (SRT)** : 20 Feb 2025 13:10

**Report Released on (RRT)** : 20 Feb 2025 14:59

**Sample Type** : EDTA Whole Blood

**Labcode** : 2002077152/PP015

**Barcode** : DM525130

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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,BLOOD SUGAR (F),ROUTINE URINE

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
ANDHERI RAILWAY STATION ANDHERI EAST  
MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	0.77	mg/L

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

<= 60 years: <= 1.03 mg/L

> 60 years : < 1.50 mg/L

**Clinical significance**

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

**Reference**

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res commun 1984; 120: 631-6.

2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

**Please correlate with clinical conditions.**

**Method:-** LATEX ENHANCED IMMUNOTURBIDIMETRY

**Sample Collected on (SCT)** : 20 Feb 2025 11:04  
**Sample Received on (SRT)** : 20 Feb 2025 13:06  
**Report Released on (RRT)** : 20 Feb 2025 19:13  
**Sample Type** : SERUM  
**Labcode** : 2002076867/PP015  
**Barcode** : DK188678

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**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD  
SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
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**25-OH VITAMIN D (TOTAL)****C.L.I.A****5.77****ng/mL****Bio. Ref. Interval. :**

DEFICIENCY : &lt;20 ng/ml || INSUFFICIENCY : 20-&lt;30 ng/ml

SUFFICIENCY : 30-100 ng/ml || TOXICITY : &gt;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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266-81.

**Method :** Fully Automated Chemi Luminescent Immuno Assay

**VITAMIN B-12****C.L.I.A****250****pg/mL****Bio. Ref. Interval. :**

Normal : 211 - 911 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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

**Kit Validation reference:**

Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569-73.

**Method :** COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** :20 Feb 2025 11:04

**Sample Received on (SRT)** : 20 Feb 2025 13:06

**Report Released on (RRT)** : 20 Feb 2025 19:13

**Sample Type** :SERUM

**Labcode** : 2002076867/PP015

**Barcode** : DK188678

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SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
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MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
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APOLIPOPROTEIN - A1 (APO-A1)

IMMUNOTURBIDIMETR

129

mg/dL

Y

**Bio. Ref. Interval. :**

Male : 86 - 152

Female : 94 - 162

**Method :** FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)

IMMUNOTURBIDIMETR

67

mg/dL

Y

**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

0.5

Ratio

**Bio. Ref. Interval. :**

Male : 0.40 - 1.26

Female : 0.38 - 1.14

Clinical Significance :

- Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.
- Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.
- The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.
- An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.
- All results have to be interpreted in Conjunction with clinical history and other findings.

**Method :** Derived from serum Apo A1 and Apo B values

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 20 Feb 2025 11:04

**Sample Received on (SRT)** : 20 Feb 2025 13:06

**Report Released on (RRT)** : 20 Feb 2025 19:13

**Sample Type** : SERUM

**Labcode** : 2002076867/PP015

**Barcode** : DK188678

Dr Sumanta Basak, DPB

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**NAME** : PRATIBHA RANE(49Y/F)**REF. BY** :**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,BLOOD SUGAR (F),ROUTINE URINE**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
ANDHERI RAILWAY STATION ANDHERI EAST  
MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.2	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 data 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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**Sample Type** : SERUM  
**Labcode** : 2002076867/PP015  
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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,BLOOD SUGAR (F),ROUTINE URINE

**HOME COLLECTION :**

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MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
BLOOD KETONE (D3HB)	PHOTOMETRY	0.29	mg/dL

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

0.21-2.81 mg/dL

**Clinical Significance:**

Three types of ketones can be produced in body D-3- Hydroxybutyrate, Acetoacetate and Acetone. D-3- Hydroxybutyrate accounts for approximately 75% of the ketone bodies. During periods of ketosis, D-3- Hydroxybutyrate increases more than the other two. It has been shown to be a better index of ketoacidosis. In diabetics, D-3- Hydroxybutyrate is needed for the assessment of the severity of diabetic coma and to calculate insulin requirements.

**Spetication:**

Precision: Intra assay (%CV): 4.53, Inter assay (%CV): 2.9, Sensitivity: 10.41 mg/dL.

**Kit validation references:**

Mcmurray, C.H., Blanchflower, W.J., Rice, D.A., ClinChem., 1984;30:No.3.

**Please correlate with clinical conditions.**

**Method:-** ENZYMATIC (KINETIC)

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**Sample Type** : SERUM

**Labcode** : 2002076867/PP015 Dr Sumanta Basak, DPB

**Barcode** : DK188678

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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,BLOOD SUGAR (F),ROUTINE URINE

**HOME COLLECTION :**

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MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
FRUCTOSAMINE	PHOTOMETRY	341	μmol/L
Bio. Ref. Interval. :-			

Normal < 286 μmol/L

**Clinical Significance:**

Fructosamine assay is useful in monitoring the degree of glycemia over short-to-intermediate time frames (1-3 weeks) concentration greater than the established normal range is an indication of prolonged hyperglycemia of 1-3 weeks or longer. The higher fructosamine value, poorer is the degree of glycemia control.

**Specifications:**

Precision %CV : Intra assay %CV- 3.2% , Inter assay %CV-4.0%, Sensitivity:- 290 umol/L

**Kit Validation Reference:**

Howey JEA, Browning MCK, Fraser CG. Assay of serum fructosamine that minimizes standardization and matrix problems: Use to assess components of biological variation. Clin Chem 1987; 33: 269- 272.

**Please correlate with clinical conditions.**

**Method:-** NITROBLUE TETRAZOLIUM ASSAY (NBT)

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**Sample Type** : SERUM  
**Labcode** : 2002076867/PP015  
**Barcode** : DK188678

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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,BLOOD SUGAR (F),ROUTINE URINE

**HOME COLLECTION :**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	15.9	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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**Sample Type** : SERUM

**Labcode** : 2002076867/PP015 Dr Sumanta Basak, DPB

**Barcode** : DK188678

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**NAME** : PRATIBHA RANE(49Y/F)

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**HOME COLLECTION :**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	130	µg/dL

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

Male : 63.5 - 150

Female : 80 - 155

**Clinical significance:**

Copper is an important trace element and a component of numerous enzymes and proteins involved in energy production, connective tissue formation, melanin synthesis, iron metabolism, development of central nervous system, angiogenesis as well as an antioxidant. Deficiency can cause- Malnourishment, cardiovascular disease, anemia & neuropathy, toxicity may be manifested as acute renal failure, gastroenteritis & chronic liver disease.

**Specifications:**

Precision: Intra assay (%CV): 1.17, Inter assay (%CV): 2.32.

**Kit validation references:**

Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 337-8

**Please correlate with clinical conditions.**

**Method:-** 3,5-DIBR-PAESA

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**Sample Type** : SERUM

**Labcode** : 2002076867/PP015 Dr Sumanta Basak, DPB

**Barcode** : DK188678

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**NAME** : PRATIBHA RANE(49Y/F)

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UTSH,BLOOD SUGAR (F),ROUTINE URINE

**HOME COLLECTION :**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	50	µg/dL
Bio. Ref. Interval. :-			

52 - 286

**Clinical Significance:**

Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key role in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

**Specifications:**

Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

**Kit Validation References:**

Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

**Please correlate with clinical conditions.**

**Method:-** NITRO - PAPS

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**NAME** : PRATIBHA RANE(49Y/F)

**REF. BY** :

**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH  
UTSH,BLOOD SUGAR (F),ROUTINE URINE

**HOME COLLECTION :**

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MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	8.83	ng/dL

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

Adult Male

21 - 49 Yrs : 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22

Adult Female

Pre-Menopause : 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93

Boys

2-10 Years : < 7.00 - 25.91

11 Years : < 7.00 - 341.53

12 Years : < 7.00 - 562.59

13 Years : 9.34 - 562.93

14 Years : 23.28 - 742.46

15 Years : 144.15 - 841.44

16-21 Years : 118.22 - 948.56

Girls

2-10 Years : < 7.00 - 108.30

11-15 Years : < 7.00 - 48.40

16-21 Years : 17.55 - 50.41

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males.

Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657-662.

**Please correlate with clinical conditions.**

**Method:-** COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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**Labcode** : 2002076867/PP015 Dr Sumanta Basak, DPB

**Barcode** : DK188678

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**NAME** : PRATIBHA RANE(49Y/F)**REF. BY** :**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD  
SUGAR (F),ROUTINE URINE ANALYSIS**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP  
ANDHERI RAILWAY STATION ANDHERI EAST  
MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>IRON</b> <b>Bio. Ref. Interval. :</b> Male : 65 - 175 Female : 50 - 170 <b>Method :</b> Ferrozine method without deproteinization	<b>PHOTOMETRY</b>	<b>28</b>	<b>µg/dL</b>
<b>TOTAL IRON BINDING CAPACITY (TIBC)</b> <b>Bio. Ref. Interval. :</b> Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl <b>Method :</b> Spectrophotometric Assay	<b>PHOTOMETRY</b>	<b>338</b>	<b>µg/dL</b>
<b>% TRANSFERRIN SATURATION</b> <b>Bio. Ref. Interval. :</b> 13 - 45 <b>Method :</b> Derived from IRON and TIBC values	<b>CALCULATED</b>	<b>8.28</b>	<b>%</b>
<b>UNSAT. IRON-BINDING CAPACITY(UIBC)</b> <b>Bio. Ref. Interval. :</b> 162 - 368 <b>Method :</b> SPECTROPHOTOMETRIC ASSAY	<b>PHOTOMETRY</b>	<b>310</b>	<b>µg/dL</b>

**Please correlate with clinical conditions.**

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**NAME** : PRATIBHA RANE(49Y/F)  
**REF. BY** :  
**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP ANDHERI RAILWAY STATION ANDHERI EAST MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	65.7	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.49	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.37	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	15.1	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	22.6	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	19	U/L	< 34
PROTEIN - TOTAL	PHOTOMETRY	7.48	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.18	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.3	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.27	Ratio	0.9 - 2
SGOT / SGPT RATIO	CALCULATED	1.19	Ratio	< 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  
PROT - Biuret Method  
SALB - Albumin Bcg<sup>1</sup>method (Colorimetric Assay Endpoint)  
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES  
A/GR - Derived from serum Albumin and Protein values  
OT/PT - Derived from SGOT and SGPT values.

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**NAME** : PRATIBHA RANE(49Y/F)  
**REF. BY** :  
**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD  
SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP ANDHERI  
RAILWAY STATION ANDHERI EAST MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	8.68	mg/dL	7.94 - 20.07
<b>CREATININE - SERUM</b>	<b>PHOTOMETRY</b>	<b>0.5</b>	<b>mg/dL</b>	<b>0.55-1.02</b>
BUN / SR.CREATININE RATIO	CALCULATED	17.36	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.19	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.18	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

CALC - Arsenazo III Method, End Point.

URIC - Uricase / Peroxidase Method

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**HOME COLLECTION :**

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	128	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9.9	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.L.I.A	2.061	µIU/mL	0.55-4.78

**Comments :** \*\*\*

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

**Method :**

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

USTSH - Third Generation Ultrasensitive Chemi Luminescent Immuno Assay

Pregnancy reference ranges for TSH/USTSH :

Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)

1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5

2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0

3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References :

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243

2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

**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.

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**Labcode** : 2002076867/PP015 Dr Sumanta Basak, DPB

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**HOME COLLECTION :**

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ANDHERI RAILWAY STATION ANDHERI EAST  
MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	115	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:-** 2021 CKD EPI Creatinine Equation

**Sample Collected on (SCT)** : 20 Feb 2025 11:04  
**Sample Received on (SRT)** : 20 Feb 2025 13:06  
**Report Released on (RRT)** : 20 Feb 2025 19:13  
**Sample Type** : SERUM  
**Labcode** : 2002076867/PP015  
**Barcode** : DK188678

Dr Sumanta Basak, DPB

**PROCESSED AT :****Thyrocare**

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lbs marg, kurla (w),  
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**NAME** : PRATIBHA RANE(49Y/F)  
**REF. BY** :  
**TEST ASKED** : AAROGYAM WINTER - ADVANCED WITH UTSH,BLOOD SUGAR (F),ROUTINE URINE ANALYSIS

**HOME COLLECTION :**

C 603 BAJAJ EMI SN MARG SAHAR ROAD OPP ANDHERI RAILWAY STATION ANDHERI EAST MUMBAI 400069

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	140	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	53	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	77	mg/dL	< 100
<b>TC/ HDL CHOLESTEROL RATIO</b>	<b>CALCULATED</b>	<b>2.7</b>	<b>Ratio</b>	<b>3 - 5</b>
TRIGLYCERIDES	PHOTOMETRY	57	mg/dL	< 150
<b>LDL / HDL RATIO</b>	<b>CALCULATED</b>	<b>1.5</b>	<b>Ratio</b>	<b>1.5-3.5</b>
NON-HDL CHOLESTEROL	CALCULATED	87.6	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	11.42	mg/dL	5 - 40
HDL / LDL RATIO	CALCULATED	0.69	Ratio	> 0.40
TRIG / HDL RATIO	CALCULATED	1.08	Ratio	< 3.12

**Please correlate with clinical conditions.**

**Method :**

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

~~ End of report ~~

**Sample Collected on (SCT)** : 20 Feb 2025 11:04  
**Sample Received on (SRT)** : 20 Feb 2025 13:06  
**Report Released on (RRT)** : 20 Feb 2025 19:13  
**Sample Type** : SERUM  
**Labcode** : 2002076867/PP015  
**Barcode** : DK188678



Dr Sumanta Basak, DPB

## 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, \*As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)