Name	: **Ms. SAKSHI TOMAR**		**Age**	: **27 Years**	
Lab No.	: **183370909**		**Gender**	: **Female**	
Ref By	: **DR POONAM DABAS**		**Reported**	: **22/5/2025 4:39:32PM**	
Collected	: **22/5/2025 11:11:00AM**		**Report Status**	: **Final**	
A/c Status	: **P**				
Collected at	: **ROHINI LAB, (HOME VISIT) ROHINI, DELHI DELHI**		**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**	

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
T3,FREE;FT3, SERUM (CLIA)	4.18	pg/mL	2.30 - 4.20

Interpretation

REFERENCE GROUP	REFERENCE RANGE for FT3 in pg/mL
PREGNANCY	
1st Trimester	2.11-3.83
2nd Trimester	1.96-3.38
3rd Trimester	1.96-3.38

Clinical Use

- Diagnose and monitor treatment of Hyperthyroidism
- Clarify thyroid status in presence of possible protein binding abnormality

Increased Levels : Graves disease, T3 thyrotoxicosis, Thyroid hormone resistance, Functional thyroid adenoma (T3 producing)

Decreased Levels : Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Pregnancy, Estrogen therapy

T4,FREE;FT4, SERUM (CLIA)	1.18	ng/dL	0.89 - 1.76

Interpretation

REFERENCE GROUP		REFERENCE RANGE in ng/dL
Pregnancy		
	1st Trimester	0.70-2.00
	2nd Trimester	0.50-1.60
	3rd Trimester	0.50-1.60

Clinical Use

- Initial test of thyroid function in patients with suspected thyroid dysfunction
- Assess thyroid status in patients with abnormal total T4 concentrations
- Distinguish Euthyroid hyperthyroxinemias from hypothyroidism.

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Increased Levels: Thyroid hormone resistance, Hyperthyroidism			
Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism			
TSH, ULTRASENSITIVE, SERUM (CLIA)	1.069	µIU/mL	0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis

Interpretation

REFERENCE GROUP	REFERENCE RANGE in µIU/mL (As per American Thyroid Association)
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
TORCH PANEL, IgG & IgM, SERUM			
Toxoplasma IgG	<3.00	IU/mL	<7.20
Toxoplasma IgM	3.52	AU/mL	<6.00
Rubella IgG	**42.10**	IU/mL	<7.00
Rubella IgM	<10.0	AU/mL	<20.00
Cytomegalovirus, IgG	**133.00**	U/mL	<12.00
Cytomegalovirus, IgM	14.10	U/mL	<18.00
Herpes simplex virus 1+2, IgG	<0.500	Index	<0.90
Herpes simplex virus 1+2, IgM	0.86	Index	<0.90

Interpretation

INFECTION	UNITS	NEGATIVE	EQUIVOCAL	POSITIVE
Toxoplasma IgG	IU/mL	<7.20	7.20- <8.80	≥8.80
Rubella IgG	IU/mL	<7.00	7.00- <10.00	≥10.00
CMV IgG	U/mL	<12.00	12.00- <14.00	≥14.00
HSV 1+2 IgG	Index	<0.90	0.90- <1.10	≥1.10
Toxoplasma IgM	AU/mL	<6.00	6.00-8.00	>8.00
Rubella IgM	AU/mL	<20.00	20.00- <25.00	≥25.00
CMV IgM	U/mL	<18.00	18.00- <22.00	≥22.00
HSV 1+2 IgM	Index	<0.90	0.90- <1.10	≥1.10

TORCH IgG

Note

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
3. Equivocal results should be re-tested in 10-14 days.
4. Negative result indicates person has not been exposed to TORCH in the past. Pregnant females with

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.

5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present.

TORCH IgM

Note

1. This assay is used for quantitative detection of specific IgM antibodies to TORCH in serum samples.
2. Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and persistence of positive IgM (except Herpes Simplex virus) for upto 2 years is not uncommon.
3. An equivocal result requires repeat testing in 10-14 days.
4. Negative result indicates no serological evidence of infection with TORCH. False negative can be due to immunosuppression or due to low/undetectable level of IgM antibodies. A suspected diagnosis of acute TORCH infection should be confirmed by PCR analysis or repeat test after 10-14 days.
5. The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings.
6. The magnitude of the measured result is not indicative of the amount of antibody present.

Comments

Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes Toxoplasma, Rubella, Cytomegalovirus & Herpes Simplex virus, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity but have serious fetal consequences. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection. Primary CMV infection may result in establishment of persistent or latent infection. In man the infection is usually asymptomatic. Infections can be acquired through direct contact with individuals shedding the virus. Once HSV infection occurs, it persists in a latent state in sensory ganglia from where it may re-emerge to cause periodic recurrence of infection induced by many stimuli, which may or may not result in clinical lesions. Demonstration of Toxoplasma IgG in the serum of person with eye lesion helps in diagnosing ocular toxoplasmosis while persistent or increasing IgG antibody levels in the infant compared with the mother and/or positive result of Toxoplasma specific IgM or IgA are diagnostic of Congenital

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Test Report

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toxoplasmosis. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of postnatal Rubella infection and to check response to Rubella vaccination. Single test results of CMV IgG are useful in screening organ transplant recipients and donors before transplantation and donors of blood products that are to be administered to premature infants and bone marrow transplant patients. Positive result of HSV (1+2) IgG indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection.

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----------End of report ----------

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IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.