



Tests you can trust

Name : Ms Nidhi Chauhan (29Y/F)

Date : 05 Aug 2025

Test Asked : Doctor Recommended Full Body Checkup Basic, Ferr

Report Status: Complete Report



First National Diagnostic Chain to have
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Temperature-
Controlled
Sample Logistics



Unique Barcode
Tracking



Fully Automated
Machines Inspected
Daily



Abnormal Values
Re-Checked Twice



Reports Verified By Expert
MD Pathologists Stationed
at Every Lab



Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity
of reported values

QR code will remain active for 30 days from report release date

Accredited by



NABL From 2005[#]



ISO 9001: 2015 – From 2015



CAP From 2007⁺

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Fortune City, Hoshangabad
Road,Bhopal-462 003



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NAME : MS NIDHI CHAUHAN (29Y/F)
REF. BY : SELF
TEST ASKED : DOCTOR RECOMMENDED FULL BODY CHECKUP
BASIC,FERR

HOME COLLECTION :
FAST CARE KAMDHENU COMPLEX BAGH
MUGHALIYA MADHYAPRADESH 474002 - 474002

Report Availability Summary

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

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

TEST DETAILS

REPORT STATUS

DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC

Ready ✓

HBA PROFILE

Ready ✓

HEMOGRAM - 6 PART (DIFF)

Ready ✓

LIVER FUNCTION TESTS

Ready ✓

IRON DEFICIENCY PROFILE

Ready ✓

KIDPRO

Ready ✓

LIPID PROFILE

Ready ✓

T3-T4-USTSH

Ready ✓

VITAMIN D TOTAL AND B12 COMBO

Ready ✓

FERRITIN

Ready ✓

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FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA

MADHYAPRADESH 474002 - 474002

Summary Report**Tests outside reference range**

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
BASOPHILS - ABSOLUTE COUNT	0.01	X 10 ³ / μ L	0.02 - 0.1
HEMATOCRIT(PCV)	32.6	%	36.0-46.0
HEMOGLOBIN	9.9	g/dL	12.0-15.0
MEAN CORP.HEMO.CONC(MCHC)	30.4	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH (RDW-CV)	18.3	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	65.3	fL	39.0-46.0
TOTAL RBC	3.34	X 10 ⁶ / μ L	3.8-4.8
IRON DEFICIENCY			
% TRANSFERRIN SATURATION	8.86	%	13 - 45
IRON	35.9	μ g/dL	50 - 170
UNSAT.IRON-BINDING CAPACITY(UIBC)	369.1	μ g/dL	162 - 368
LIPID			
HDL CHOLESTEROL - DIRECT	37	mg/dL	40-60
RENAL			
BLOOD UREA NITROGEN (BUN)	7.76	mg/dL	7.94 - 20.07
CALCIUM	8.56	mg/dL	8.8-10.6
CREATININE - SERUM	0.53	mg/dL	0.55-1.02
UREA (CALCULATED)	16.61	mg/dL	Adult : 17-43
VITAMINS			
25-OH VITAMIN D (TOTAL)	5.8	ng/mL	30-100
VITAMIN B-12	< 100	pg/mL	197-771

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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BASIC, FERRITIN**HOME COLLECTION :**

FAST CARE KAMDHENU COMPLEX BAGH
MUGHALIYA MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	5.8	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. Vitamin 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 Competitive Immunoassay

VITAMIN B-12	E.C.L.I.A	< 100	pg/mL
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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 Laboratory Diagnostics : Use and Assessment of Clinical Laboratory Results 1st Edition, TH Books-Verl-Ges, 1998:424-431

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

Please correlate with clinical conditions.

Sample Collected on (SCT) : 05 Aug 2025 10:10**Sample Received on (SRT)** : 05 Aug 2025 16:29**Report Released on (RRT)** : 05 Aug 2025 19:55**Sample Type** : SERUM**Labcode** : 0508098047/MAD06 Dr. Kavita Patwa MD(Path)**Barcode** : EF133872

Dr. Swapnil Gupta MD(Path)

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BASIC, FERRITIN**HOME COLLECTION :**FAST CARE KAMDHENU COMPLEX BAGH
MUGHALIYA MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 Method : Ferrozine method without deproteinization	PHOTOMETRY	35.9	µg/dL
TOTAL IRON BINDING CAPACITY (TIBC) Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : Spectrophotometric Assay	PHOTOMETRY	405	µg/dL
% TRANSFERRIN SATURATION Bio. Ref. Interval. : 13 - 45 Method : Derived from IRON and TIBC values	CALCULATED	8.86	%
FERRITIN Bio. Ref. Interval. : Men: 21.81 - 274.66 ng/ml Women: 4.63 - 204.00 ng/ml Method : Fully Automated Chemi Luminescent Microparticle Immunoassay	C.M.I.A	8.4	ng/mL
UNSAT. IRON-BINDING CAPACITY (UIBC) Bio. Ref. Interval. : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	369.1	µg/dL

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	135	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	37	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	86	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	41	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.6	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.09	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.44	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	97.42	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	8.11	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :


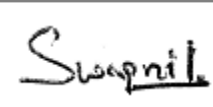
CHOL - Cholesterol Oxidase, Esterase, Peroxidase
 HCHO - Direct Enzymatic Colorimetric
 LDL - Direct Measure
 TRIG - Enzymatic, End Point
 TC/H - Derived from serum Cholesterol and Hdl values
 TRI/H - Derived from TRIG and HDL Values
 LDL/ - Derived from serum HDL and LDL Values
 HD/LD - Derived from 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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Labcode : 0508098047/MAD06
Barcode : EF133872

 
 Dr.Kavita Patwa MD(Path) Dr Swapnil Gupta MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	69.4	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.46	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.11	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.35	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	23.59	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.72	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	24.27	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	0.94	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.93	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.03	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.9	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.39	Ratio	0.9 - 2

Please correlate with clinical conditions.

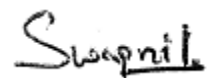
Method :

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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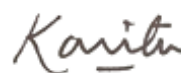
TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	7.76	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.53	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	14.64	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	16.61	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	31.33	Ratio	< 52
CALCIUM	PHOTOMETRY	8.56	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.09	mg/dL	3.2 - 6.1

Please correlate with clinical conditions.

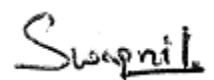
Method :

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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MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	143	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	6.84	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.56	µIU/mL	0.54-5.30

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

T3, T4 - Fully Automated Electrochemiluminescence Competitive Immunoassay

USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

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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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	128	mL/min/1.73 m ²
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

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FAST CARE KAMDHENU COMPLEX BAGH

MUGHALIYA MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.5	%

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

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	111	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)** : 05 Aug 2025 10:10**Sample Received on (SRT)** : 05 Aug 2025 16:38**Report Released on (RRT)** : 05 Aug 2025 18:58**Sample Type** : EDTA Whole Blood**Labcode** : 0508098515/MAD06**Barcode** : DS396798

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TEST ASKED : HBA PROFILE, HEMOGRAM

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 FAST CARE KAMDHENU COMPLEX BAGH
 MUGHALIYA MADHYAPRADESH 474002 - 474002

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	9.9	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	32.6	%	36.0-46.0
Total RBC	HF & EI	3.34	X 10⁶/μL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	97.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	29.6	pg	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	30.4	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	65.3	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	18.3	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	534.8	-	*Refer Note below
MENTZER INDEX	Calculated	29.2	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	4.97	X 10³ / μL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	65	%	40-80
Lymphocytes Percentage	Flow Cytometry	27.8	%	20-40
Monocytes Percentage	Flow Cytometry	5.6	%	2-10
Eosinophils Percentage	Flow Cytometry	1.2	%	1-6
Basophils Percentage	Flow Cytometry	0.2	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.23	X 10 ³ / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.38	X 10 ³ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.28	X 10 ³ / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.01	X 10³ / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.06	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	272	X 10³ / μL	150-410
Mean Platelet Volume (MPV)	Calculated	10.1	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	9.8	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	24	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.27	%	0.19-0.39

Remarks : Alert!!! RBCs: Moderate anisocytosis mild poikilocytosis. 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)

~~ End of report ~~

Sample Collected on (SCT) : 05 Aug 2025 10:10

Sample Received on (SRT) : 05 Aug 2025 16:38

Report Released on (RRT) : 05 Aug 2025 18:58

Sample Type : EDTA Whole Blood

Labcode : 0508098515/MAD06

Barcode : DS396798

Kavita

Swapnil

Dr. Kavita Patwa MD(Path)

Dr. Swapnil Gupta MD(Path)

Page : 9 of 11

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

CUSTOMER DETAILS

As declared in our data base

Name: MS NIDHI CHAUHAN **Age:** 29Y **Sex:** F

Barcodes/Sample_Type : DS396798 (EDTA),EF133872 (SERUM)
Labcode : 0508098515,0508098047
Ref By : SELF
Sample_Type/Tests : EDTA:HBA PROFILE , HEMOGRAM - 6 PART (DIFF)
SERUM:DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC ,
FERR
Sample Collected At : FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA
MADHYAPRADESH 474002 - 474002
Sample Collected on (SCT) : 05 Aug 2025 10:10
Report Released on (RRT) : 05 Aug 2025 18:58
Amount Collected : -

Thyrocare,D-37/1,MIDC,Turbhe,Navi Mumbai - 400703. | Phone:022 - 6712 3400 |www.thyrocare.com | info@thyrocare.com

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.
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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