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REPORT

NAME : **Test**
REF. BY : SELF
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID :**K**K15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN-A1(APO-A1)	IMMUNOTURBIDIMETRY	151	mg/dL

Reference Range :
Male : 86 -152
Female : 94 -162
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMANCOULTER

APOLIPOPROTEIN-B(APO-B)	IMMUNOTURBIDIMETRY	67	mg/dL

Reference Range :
Male : 56 -145
Female : 53 -138
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMANCOULTER

APOB/APOA1RATIO(APOB/A1)	CALCULATED	0.4	Ratio

Reference Range :
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.

SampleCollectedon(SCT) :15 Mar 2021 08:51
SampleReceivedon(SRT) : 15 Mar 2021 13:59
Report Released on(RRT) :15 Mar 2021 17:25
Sample Type : SERUM
Labcode : 1503028996/NCR22
Barcode : R2632150

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Dr.Caesar SenguptaMD(Micro)

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REPORT

NAME : **Test**
REF. BY : SELF
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID : KK15250601

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGHSENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.41	mg/L

ReferenceRange :-

Adult : <=3.0 mg/L

Interpretation:

High sensitivity C-reactive protein, when used in conjunction with other clinical laboratory evaluation of acute coronary syndromes, may be useful as an independent marker of prognosis for recurrent events, in patients with stable coronary disease or acute coronary syndromes. hsCRP levels should not be substituted for assessment of traditional cardiovascular risk factors. Patients with persistently unexplained, marked evaluation of hsCRP after repeated testing should be evaluated for non - cardiovascular etiologies

Clinical significance:

hsCRPmeasurementsmaybeusedasanindependentriskmarkerfortheidentificationofindividualsatriskforfuturecardiovascular disease.ElevatedCRPvaluesmaybeindicativeofprognosisofindividualswithacutecoronarysyndromes,andmaybeusefulinthe management of suchindividuals.

Specifications: Precision: Within run %CV has been recorded <=5%.

References:
1. ChenillotO,HennyJ,SteinmezJ,etal.HighsensitivityC-reactiveprotein:biologicalvariationsandreferencelimits.ClinChemLab Med 2000;38:1003-11.
2. HindCRH,PepysMB.TheroleofserumC-reactiveproteinmeasurementsinclinicalpractice.IntMed1984;5:112-51.

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

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REF. BY : SELF
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID :KK15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D(TOTAL)	**C.L.I.A**	**6.84**	**ng/ml**

Reference Range :
DEFICIENCY : <20 ng/ml
INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100ng/ml
TOXICITY : >100ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Specifications: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNOASSAY

VITAMIN B-12	C.L.I.A	380	pg/ml

Reference Range :
Normal : 211 - 911 pg/ml

Clinical significance :
VitaminB12orcyanocobalamin,isacomplexcorrinoidcompoundfoundexclusivelyfromanimaldietarysources,suchasmeat,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 otherfindings.

Specifications: Intra assay (%CV):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

External quality control program participation:
College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:
Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNOASSAY

Please correlate with clinical conditions.

SampleCollectedon(SCT) :15 Mar 2021 08:51
SampleReceivedon(SRT) : 15 Mar 2021 13:59
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TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID :KK15250601

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN(A)[LP(A)]	IMMUNOTURBIDIMETRY	3.53	mg/dl

Reference Range :-

Adults : < 30.0 mg/dl

Interpretation:

Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levelsofLPAintheblooddependsongeneticfactors;Therangeofvariationinapopulationisrelativelylargeandhencefordiagnostic purpose,resultsshouldalwaysbeassessedinconjunctionwiththepatient'smedicalhistory,clinicalexaminationandotherfindings.

Specifications:

Precision: Intra Assay (%CV): 3.4 %, Inter Assay (%CV): 2.0 %; Sensitivity: 0.002 gm/l

External Quality Control Program Participation:

College of American Pathologists: General Chemistry and TDM; CAP Number: 7193855-01

Kit Validation References:

Koschinsky ML, Marcovina SM. Lipoprotein A: Structural Implication for Pathophysiology. Int J Clin Lab Res, 1997; 27: 14-23.

Please correlate with clinical conditions.
Method:- LATEX ENHANCEDIMMUNOTURBIDIMETRY

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Barcode : R2632150

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REPORT

NAME : Test
REF. BY : SELF
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID : KK15250601

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	32.76	ng/dL

ReferenceRange :-

Adult Male
21 - 49Yrs: 164.94 -753.38
50 - 89Yrs: 86.49 -788.22
Adult Female
Pre-Menopause: 12.09 -59.46
Post-Menopause: < 7.00 - 48.93
Boys
2-10Years : < 7.00 -25.91
11Years : < 7.00 -341.53
12Years : < 7.00 -562.59
13Years : 9.34 -562.93
14Years : 23.28 -742.46
15Years : 144.15 -841.44
16-21 Years : 118.22 - 948.56
Girls
2-10Years : < 7.00 -108.30
11-15 Years : < 7.00 -48.40
16-21Years : 17.55 -50.41

Clinical Significance:
Clinicalevaluationofserumtestosterone,alongwithserumLH,assistsinevaluationofHypogonadalmales.Majorcausesoflowered testosteroneinmalesincludeHypogonadotropichypogonadism,testicularfailureHyperprolactinema,Hypopituitarismsometypesof liver and kidney diseases and criticalillness.

Specifications:Precision:Intraassay(%CV):8.5%,Interassay(%CV):12.6%;Sensitivity:7ng/dL.

External quality control programparticipation:
College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

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TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID :KK15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**40.8**	**µg/dl**
Reference Range : Male : 65 - 175 Female : 50 - 170			
Method : FERROZINE METHOD WITHOUTDEPROTEINIZATION			
TOTALIRONBINDINGCAPACITY(TIBC)	PHOTOMETRY	454.97	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : SPECTROPHOTOMETRICASSAY			
% TRANSFERRINSATURATION	**CALCULATED**	**8.97**	**%**
Reference Range : 13 - 45			
Method : DERIVED FROM IRON AND TIBCVALUES			

Please correlate with clinical conditions.

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SAMPLE COLLECTED AT :
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PATIENTID :KK15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS	NORMALRANGE
TOTALCHOLESTEROL	PHOTOMETRY	168	mg/dl	125-200
HDL CHOLESTEROL-DIRECT	PHOTOMETRY	70	mg/dl	35-80
LDL CHOLESTEROL-DIRECT	**PHOTOMETRY**	**82**	**mg/dl**	**85-130**
TRIGLYCERIDES	PHOTOMETRY	78	mg/dl	25-200
TC/ HDLCHOLESTEROLRATIO	**CALCULATED**	**2.4**	**Ratio**	**3 - 5**
LDL /HDLRATIO	**CALCULATED**	**1.2**	**Ratio**	**1.5-3.5**
VLDLCHOLESTEROL	CALCULATED	15.6	mg/dl	5 -40
NON-HDLCHOLESTEROL	CALCULATED	98.12	mg/dl	<160

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD
HCHO - ENZYME SELECTIVE PROTECTION METHOD
LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
TRIG-ENZYMATICCOLORIMETRICMETHOD(GPO)[HIGHLYINFLUENCEDBYLEVELOFFASTING] TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDLVALUES
LDL/ - DERIVED FROM SERUM HDL AND LDL VALUES
VLDL-DERIVEDFROMSERUMTRIGLYCERIDEVALUES
NHDL - DERIVED FROM SERUM CHOLESTEROL 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.

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Barcode : R2632150

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REPORT

NAME : Test
REF. BY : SELF
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID :KK15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS	NORMALRANGE
ALKALINEPHOSPHATASE	PHOTOMETRY	47.68	U/L	45 - 129
BILIRUBIN-TOTAL	PHOTOMETRY	0.74	mg/dl	0.3-1.2
BILIRUBIN-DIRECT	PHOTOMETRY	0.23	mg/dl	<0.3
BILIRUBIN(INDIRECT)	CALCULATED	0.51	mg/dl	0-0.9
GAMMA GLUTAMYLTRANSFERASE(GGT)	PHOTOMETRY	19.29	U/l	<38
ASPARTATE AMINOTRANSFERASE(SGOT)	PHOTOMETRY	22.48	U/l	<31
ALANINETRANSAMINASE(SGPT)	PHOTOMETRY	16.71	U/l	<34
PROTEIN-TOTAL	PHOTOMETRY	7.04	gm/dl	5.7-8.2
ALBUMIN-SERUM	PHOTOMETRY	4.17	gm/dl	3.2-4.8
SERUMALB/GLOBULINRATIO	CALCULATED	1.45	Ratio	0.9 -2
SERUMGLOBULIN	PHOTOMETRY	2.87	gm/dL	2.5-3.4

Please correlate with clinical conditions.

Method :

ALKP - MODIFIED IFCC METHOD
BILT - VANADATE OXIDATION
BILD - VANADATE OXIDATION
BILI-DERIVEDFROMSERUMTOTALANDDIRECTBILIRUBINVALUES GGT - MODIFIED IFCCMETHOD
SGOT-IFCC*WITHOUTPYRIDOXALPHOSPHATEACTIVATION
SGPT-IFCC*WITHOUTPYRIDOXALPHOSPHATEACTIVATION
PROT - BIURETMETHOD
SALB-ALBUMINBCG¹METHOD(COLORIMETRICASSAYENDPOINT)
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
SEGB-DERIVEDFROMSERUMALBUMINANDPROTEINVALUES

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REPORT

NAME : Test
REF. BY : SELF
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI,
110008

PATIENTID :KK15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS	REFERENCERANGE
TOTALTRIIODOTHYRONINE(T3)	C.L.I.A	139	ng/dl	60-200
TOTALTHYROXINE(T4)	C.L.I.A	8	µg/dl	4.5-12
THYROID STIMULATINGHORMONE(TSH)	C.L.I.A	2.50	µIU/ml	0.3-5.5

Comments: SUGGESTINGTHYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2ndTrimester:0.20-3.00
3rdTrimester:0.30-3.00

Reference:
GuidelinesofAmericanThyroidAssociationfortheDiagnosisandManagementofThyroidDiseaseDuring Pregnancy and Postpartum, Thyroid, 2011, 21;1-46

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REPORT

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TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID :KK15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS	NORMALRANGE
BLOOD UREANITROGEN(BUN)	PHOTOMETRY	11.47	mg/dl	7 - 25
CREATININE-SERUM	PHOTOMETRY	0.65	mg/dl	0.5-0.8
BUN /SR.CREATININERATIO	CALCULATED	17.65	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.12	mg/dl	8.8-10.6
URICACID	PHOTOMETRY	3.53	mg/dl	3.2 -6.1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
B/CR-DERIVEDFROMSERUMBUNANDCREATININEVALUES
CALC - ARSENAZO III METHOD, ENDPOINT.
URIC - URICASE / PEROXIDASE METHOD

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REF. BY : SELF
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID : KK15250601

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST.GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	121	mL/min/1.73m2

ReferenceRange :-

>=90 : Normal
60 - 89 : MildDecrease
45-59 : Mild to ModerateDecrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : SevereDecrease

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.

Pleasecorrelatewithclinicalconditions.
Method:- CKD-EPI CreatinineEquation

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REPORT

NAME : Test
REF. BY : SELF
TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
NEW DELHI, 110008

PATIENTID :KK15250601

TESTNAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.7	%

Reference Range :

Reference Range: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% :Diabetic	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% : PoorControl

Method : Fully Automated H.P.L.C. using Biorad Variant IITurbo

AVERAGEBLOODGLUCOSE(ABG)	CALCULATED	117	mg/dl

Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
>180mg/dl : PoorControl

Method : Derived from HBA1c values

Please correlate with clinical conditions.

SampleCollectedon(SCT) :15 Mar 2021 08:51
SampleReceivedon(SRT) : 15 Mar 2021 14:10
Report Released on(RRT) :15 Mar 2021 16:03
Sample Type : EDTA
Labcode : 1503029222/NCR22
Barcode : R9069660

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REPORT

NAME : Test
REF. BY : SELF
TEST ASKED : HbA1c,HEMOGRAM
PATIENTID :KK15250601

SAMPLE COLLECTED AT :
NEW DELHI, 110008

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	6.18	X 10³ / µL	4.0-10.0
NEUTROPHILS	59.6	%	40-80
LYMPHOCYTE PERCENTAGE	34.3	%	20.0-40.0
MONOCYTES	3.9	%	0.0-10.0
EOSINOPHILS	1.8	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	3.68	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.12	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.24	X 10³ / µL	0.2-1.0
BASOPHILS - ABSOLUTE COUNT	**0.01**	**X 10³ / µL**	**0.02-0.1**
EOSINOPHILS - ABSOLUTE COUNT	0.11	X 10³ / µL	0.02-0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	4.62	X 10^6/µL	3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	X 10³ / µL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	12	g/dL	12.0-15.0
HEMATOCRIT(PCV)	40.5	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	87.7	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**26**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**29.6**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	44	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.7	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	13.9	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	11.8	fL	6.5-12
PLATELET COUNT	295	X 10³ / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	39	%	19.7-42.4
PLATELETCRIT(PCT)	0.35	%	0.19-0.39

Please Correlate with clinical conditions.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

~~ End of report ~~

SampleCollectedon(SCT) :15Mar202108:51
SampleReceivedon(SRT) :15Mar202114:10
Report Released on (RRT) :15Mar202116:03
Sample Type : EDTA
Labcode :1503029222/NCR22
Barcode : R9069660

Dr V Sandeep MD (Path)

Dr.Caesar Sengupta MD(Micro)

CUSTOMER DETAILS

As declared in our data base

Name: HARPREETKAUR **Age:** 28Y **Sex:** F **Mobile No:**8010021002

Barcodes/Sample_Type	**:** R9069660 (EDTA),R2632150(SERUM)
Labcode	**:**1503029222,1503028996
RefBy	**:**SELF
Sample_Type/Tests	**:** EDTA:HEMOGRAM - 6 PART (DIFF) ,HBA SERUM:AAROGYAM C
SampleCollectedAt	**:** I - 75 BACKSIDE WEST PATEL NAGAR, -, NEW DELHI,110008
Sample Collectedon(SCT)	**:** 15 Mar 202108:51
Report Releasedon(RRT)	**:** 15 Mar 202116:03
AmountCollected	**: Rs.801/-(eight hundred and oneonly)**

Thyrocare,D-37/1,MIDC,Turbhe,Navi Mumbai - 400703. | Phone:022 - 67123400 |www.thyrocare.com | info@thyrocare.com

CONDITIONS OF REPORTING

v The reported results are for information and interpretation of the referring doctor only.
v Itispresumedthatthetestsperformedonthespecimenbelongtothepatient;namedoridentified.
v Resultsoftestsmayvaryfromlaboratorytolaboratoryandalsoinsomeparametersfromtimetotimeforthe samepatient.
v Should the results indicate an unexpected abnormality, the same should bereconfirmed.
v Onlysuchmedicalprofessionalswhounderstandreportingunits,referencerangesandlimitationsoftechnologies should interpretresults.
v This report is not valid for medico-legalpurpose.
v NeitherThyrocare,noritsemployees/representativesassumeanyliability,responsibilityforanylossordamage thatmaybeincurredbyanypersonasaresultofpresumingthemeaningorcontentsofthereport.
v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
v For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

v MajorityofthespecimenprocessedinthelaboratoryarecollectedbyPathologistsandHospitalswecallthem as"Clients".
v **Name**-Thenameisasdeclaredbytheclientandrecoredbythepersonnelwhocollectedthespecimen. v **Ref.Dr**-Thenameofthedoctorwhohasrecommendedtestingasdeclaredbytheclient.
v **Labcode**-Thisistheaccessionnumberinourlaboratoryandithelpsusinarchivingandretrievingthedata. v **Barcode**-Thisisthespecimenidentitynumberanditstatesthattheresultsareforthespecimenbearing the barcode (irrespective of the name).
v **SCP**-SpecimenCollectionPoint-Thisisthelocationwherethebloodorspecimenwascollectedasdeclaredby theclient.
v **SCT**-SpecimenCollectionTime-Thetimewhenspecimenwascollectedasdeclaredbytheclient. v **SRT**-SpecimenReceivingTime-Thistimewhenthespecimenreachedourlaboratory.
v **RRT**-ReportReleasingTime-Thetimewhenourpathologisthasreleasedthevaluesfor Reporting. v **ReferenceRange**-Meanstherangeofvaluesinwhich95%ofthenormalpopulationwouldfall.

SUGGESTIONS

v Valuesoutofreferencerangerequiresreconfirmationbeforestartinganymedicaltreatment. v Retesting is needed if you suspect any qualityshortcomings.
v Testing or retesting should be done in accreditedlaboratories.
v Forsuggestions,complaintsorfeedback,writetousat**info@thyrocare.com**orcalluson **022-3090 0000 / 6712 3400**
v SMS:<Labcode No.> to**9870666333**