PharmEasy Labs

Report for Sachin(23Y/M)

Tests asked Ftes, Liver Function Tests + 6 Others

Test date 27 Jul 2024 **Report status** Complete Report

6 STEP quality control to ensure 100% report accuracy

- Qualified and trained technicians
- Temperature-controlled containers to store samples
- Strict quality checks on samples before processing
- Regular monitoring of lab analyzers by experts
- Assured machine inspection on a daily basis
- Verified reports by qualified pathologists

25+ Years of Trust & Experience | **NABL Accredited Labs** | **100+ Crore Samples Processed**

PharmEasy Labs

Name	: SACHIN(23Y/M)	**ADDRESS :**	
Ref. By	: SELF	2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI	

Report Availability Summary

☑ Full Report Available

Note : This is summary page. Please refer to the table below for the details

Test	Report Status
CARDIAC RISK MARKERS	☑ Available
ERYTHROCYTE SEDIMENTATION RATE (ESR)	☑ Available
FREE TESTOSTERONE	☑ Available
HEMOGRAM - 6 PART (DIFF)	☑ Available
KIDPRO	☑ Available
LIVER FUNCTION TESTS	☑ Available
T3-T4-USTSH	☑ Available
TOTAL THYROXINE (T4)	☑ Available
TOTAL TRIIODOTHYRONINE (T3)	☑ Available
TSH - ULTRASENSITIVE	☑ Available
VITAMIN D AND B12 COMBO	☑ Available
25-OH VITAMIN D (TOTAL)	☑ Available
VITAMIN B-12	☑ Available

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

PharmEasy Labs

NAME	: SACHIN(23Y/M)	**HOME COLLECTION :**
REF. BY	: SELF	2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI
TEST ASKED	: CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION TESTS,T3-T4-USTSH,VITAMIN D AND B12 COMBO	

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	MODIFIED WESTERGREN	15	mm / hr

Bio. Ref. Interval. :-

Male : 0-15
Female : 0-20

Please correlate with clinical conditions.

Method:- MODIFIED WESTERGREN

Sample Collected on (SCT)	: 27 Jul 2024 08:03
Sample Received on (SRT)	: 27 Jul 2024 12:11
Report Released on (RRT)	: 27 Jul 2024 16:27
Sample Type	: EDTA Whole Blood
Labcode	: 2707040796/PE003
Barcode	: CM688019

Saakshi

Dr Saakshi Mittal MD(Path)

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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

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Registered Address: DOCON TECHNOLOGIES PRIVATE LIMITED, Office No 208, 209 & 210 Second floor, A wing, 'Dattani Plaza', Near East West Industrial Estate, Safed Pool, Saki Naka, Andheri (East), Mumbai - 400072

Lab Address: Plot No.428, 2nd flr, Phase-IV, Udyog| Vihar, Gurgaon, Haryana - 122015

7022 000 900

PharmEasy Labs

NAME : SACHIN(23Y/M)
REF. BY : SELF
TEST ASKED : CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION

HOME COLLECTION :
2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	7.35	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	51.1	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**42.3**	**%**	**20-40**
MONOCYTES	Flow Cytometry	4.5	%	2-10
EOSINOPHILS	Flow Cytometry	1.6	%	1-6
BASOPHILS	Flow Cytometry	0.4	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.1	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.76	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**Calculated**	**3.11**	**X 10³ / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	Calculated	0.33	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.03	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.12	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10³ / µL	0-0.3
TOTAL RBC	HF & EI	4.76	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	14.6	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	44.6	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	93.7	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	30.7	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	32.7	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**48.4**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	13.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	**Calculated**	**20.7**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**Calculated**	**13.3**	**fL**	**6.5-12**
PLATELET COUNT	HF & EI	174	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	**Calculated**	**51.9**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	Calculated	0.23	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.

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**)**

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7022 000 900

PharmEasy Labs

NAME	: SACHIN(23Y/M)	**HOME COLLECTION :**
REF. BY	: SELF	2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI
TEST ASKED	: CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION TESTS,T3-T4-USTSH,VITAMIN D AND B12 COMBO	

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	E.L.I.S.A	1.24	pg/mL

Bio. Ref. Interval. :-

Male
< 12 Yrs : < 4.60
12-18 Yrs : 0.18 - 23.08
19-55 Yrs : 1.00 - 28.28
> 55 Yrs : 0.70 - 21.45
Female
< 12 Yrs : < 1.46
12-18 Yrs : < 2.24
19-55 Yrs : < 2.85
> 55 Yrs : < 1.56

Please correlate with clinical conditions.

Method:- SOLID PHASE ENZYME IMMUNOASSAY

Sample Collected on (SCT)	: 27 Jul 2024 08:03
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Report Released on (RRT)	: 27 Jul 2024 18:48
Sample Type	: SERUM
Labcode	: 2707040992/PE003
Barcode	: CJ809182

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PharmEasy Labs

NAME	:	SACHIN(23Y/M)
REF. BY	:	SELF
TEST ASKED	:	CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION

HOME COLLECTION :
2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	32.2	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. Vtamin 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 Compititive Immunoassay

VITAMIN B-12	E.C.L.I.A	456	pg/mL

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 laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

Please correlate with clinical conditions.

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Sample Type	:	SERUM
Labcode	:	2707040992/PE003
Barcode	:	CJ809182

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PharmEasy Labs

NAME	:	SACHIN(23Y/M)
REF. BY	:	SELF
TEST ASKED	:	CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION

HOME COLLECTION :
2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	122	mg/dL

Bio. Ref. Interval. :

Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	62	mg/dL

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

Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

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TEST ASKED	: CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION TESTS,T3-T4-USTSH,VITAMIN D AND B12 COMBO		

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.54	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 date 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

Sample Collected on (SCT)	: 27 Jul 2024 08:03
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TEST ASKED	: CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION TESTS,T3-T4-USTSH,VITAMIN D AND B12 COMBO		

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	15	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	60.6	U/L	45-129
BILIRUBIN - TOTAL	**PHOTOMETRY**	**1.22**	**mg/dL**	**0.3-1.2**
BILIRUBIN -DIRECT	PHOTOMETRY	0.29	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	**CALCULATED**	**0.93**	**mg/dL**	**0-0.9**
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	10.3	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	20	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	21.1	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.95	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.63	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.69	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.94	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.6	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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2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	17.3	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.77	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	22.47	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	37.02	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	48.08	Ratio	< 52
CALCIUM	PHOTOMETRY	9.87	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	5.6	mg/dL	4.2 - 7.3

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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	**E.C.L.I.A**	**69**	**ng/dL**	**80-200**
TOTAL THYROXINE (T4)	E.C.L.I.A	5.57	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	4.92	µIU/mL	0.54-5.30

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

Method :

T3 - Fully Automated Electrochemiluminescence Compititive Immunoassay
T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

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.

Sample Collected on (SCT)	:	27 Jul 2024 08:03
Sample Received on (SRT)	:	27 Jul 2024 12:25
Report Released on (RRT)	:	27 Jul 2024 18:48
Sample Type	:	SERUM
Labcode	:	2707040992/PE003
Barcode	:	CJ809182

Saakshi

Dr Saakshi Mittal MD(Path)

Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

PharmEasy Labs
Registered Address: DOCON TECHNOLOGIES PRIVATE LIMITED, Office No 208, 209 & 210 Second floor, A wing, 'Dattani Plaza', Near East West Industrial Estate, Safed Pool, Saki Naka, Andheri (East), Mumbai - 400072
Lab Address: Plot No.428, 2nd flr, Phase-IV, Udyog| Vihar, Gurgaon, Haryana - 122015
7022 000 900

PharmEasy Labs

NAME	: SACHIN(23Y/M)	**HOME COLLECTION :**	
REF. BY	: SELF	2ND FLOOR RZ-26 GALI NO 21 VASHISTH PARK NEW DELHI NEAR DESU COLONY BUS STAND NEAR DESU COLONY BUS STAND AND SHAKUNTALA HOSPITAL NANGAL RAYA DELHI	
TEST ASKED	: CARDIAC RISK MARKERS,ESR,FREE TESTOSTERONE,HEMOGRAM,KIDPRO,LIVER FUNCTION TESTS,T3-T4-USTSH,VITAMIN D AND B12 COMBO		

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	128	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:- CKD-EPI Creatinine Equation

~~ End of report ~~

Sample Collected on (SCT)	: 27 Jul 2024 08:03
Sample Received on (SRT)	: 27 Jul 2024 12:25
Report Released on (RRT)	: 27 Jul 2024 18:48
Sample Type	: SERUM
Labcode	: 2707040992/PE003
Barcode	: CJ809182

Saakshi

Dr Saakshi Mittal MD(Path)

Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

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7022 000 900

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.
- Docon Technologies Private Limited,Thyrocare Technologies Limited and its employees/representatives do not assume 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.

EXPLANATIONS

- **Name -** The name is as declared by the client and recorded by the personnel who collected the specimen.
- **Ref.By -** 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).
- **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.
- For suggestions, complaints or feedback, write to us at grievance-office@docon.co.in or call us on 7022000900.