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REPORT

NAME : VIVEK BARNWAL(32Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3

HOME COLLECTION :
FLAT NO - B-106 TRIFECTA STARLIGHT APARTMENT
GARUDCHARPALYA MAHADEVPURA 560048

PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	0.83	mg/L

Reference Range :-

<= 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 common 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) : 31 Dec 2021 10:40
Sample Received on (SRT) : 31 Dec 2021 14:17
Report Released on (RRT) : 31 Dec 2021 18:15
Sample Type : SERUM
Labcode : 3112070884/DS318
Barcode : X3673282

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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NAME : VIVEK BARNWAL(32Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3

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FLAT NO - B-106 TRIFECTA STARLIGHT APARTMENT
GARUDCHARPALYA MAHADEVPURA 560048

PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	20.21	µmol/L

Reference Range :-

< 30

Clinical Significance:
Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimer's disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels.

High Values:
Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

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NAME : VIVEK BARNWAL(32Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3

HOME COLLECTION :
FLAT NO - B-106 TRIFECTA STARLIGHT APARTMENT GARUDCHARPALYA MAHADEVPURA 560048

PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**16.51**	**ng/ml**

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

VITAMIN B-12	C.L.I.A	228	pg/ml

Reference Range :
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

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 IMMUNO ASSAY

Please correlate with clinical conditions.

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PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	136	mg/dL

Reference Range :
MALE : 86 - 152
FEMALE : 94 - 162
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	97	mg/dL

Reference Range :
MALE : 56 - 145
FEMALE : 53 - 138
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.7	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.

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PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.71	mg/L

Reference Range :-

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:

HSCRP MEASUREMENTS MAY BE USED AS AN INDEPENDENT RISK MARKER FOR THE IDENTIFICATION OF INDIVIDUALS AT RISK FOR FUTURE CARDIOVASCULAR DISEASE. ELEVATED CRP VALUES MAY BE INDICATIVE OF PROGNOSIS OF INDIVIDUALS WITH ACUTE CORONARY SYNDROMES, AND MAY BE USEFUL IN THE MANAGEMENT OF SUCH INDIVIDUALS.

SPECIFICATIONS: PRECISION: WITHIN RUN %CV HAS BEEN RECORDED <=5%.

REFERENCES:
1. CHENILLOT O, HENNY J, STEINMEZ J, ET AL. HIGH SENSITIVITY C-REACTIVE PROTEIN: BIOLOGICAL VARIATIONS AND REFERENCE LIMITS. CLIN CHEM LAB MED 2000;38:1003-11.
2. HIND CRH, PEPYS MB. THE ROLE OF SERUM C-REACTIVE PROTEIN MEASUREMENTS IN CLINICAL PRACTICE. INT MED 1984;5:112-51.

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	**IMMUNOTURBIDIMETRY**	**33.01**	**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 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: 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 ENHANCED IMMUNOTURBIDIMETRY

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PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	110.47	µg/dL

Reference Range :-

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.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.
Method:- 3,5-DIBR-PAESA

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	119.84	µg/dL

Reference Range :-

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.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE:960-965.

Please correlate with clinical conditions.
Method:- NITRO - PAPS

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FLAT NO - B-106 TRIFECTA STARLIGHT APARTMENT
GARUDCHARPALYA MAHADEVPURA 560048

PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	529.69	ng/dL

Reference Range :-

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 Hyperprolactinema, 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.

External quality control program participation:
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 NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	85.45	µg/dl
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	443.02	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	19.29	%
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	192	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	50	mg/dl	40-60
TRIGLYCERIDES	PHOTOMETRY	96	mg/dl	< 150
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**131**	**mg/dl**	**< 100**
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.8	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	2.6	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	19.23	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	141.92	mg/dl	< 160

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
TRIG - Enzymatic, End Point
LDL - Direct Measure
TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
LDL/ - Derived from serum HDL and LDL Values
VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
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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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	91.04	U/L	45 - 129
BILIRUBIN -DIRECT	PHOTOMETRY	0.26	mg/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.84	mg/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.58	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	37.6	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**272**	**U/l**	**< 35**
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**93.83**	**U/l**	**< 45**
PROTEIN - TOTAL	PHOTOMETRY	7.99	gm/dl	5.7-8.2
ALBUMIN - SERUM	**PHOTOMETRY**	**4.93**	**gm/dl**	**3.2-4.8**
SERUM GLOBULIN	PHOTOMETRY	3.06	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.61	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILD - Vanadate Oxidation
BILT - 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 BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 31 Dec 2021 10:40
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Report Released on (RRT) : 31 Dec 2021 18:15
Sample Type : SERUM
Labcode : 3112070884/DS318
Barcode : X3673282

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : VIVEK BARNWAL(32Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3

HOME COLLECTION :
FLAT NO - B-106 TRIFECTA STARLIGHT APARTMENT
GARUDCHARPALYA MAHADEVPURA 560048

PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	90	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7.1	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.93	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.97	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.86	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	6.43	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	10.04	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	12.76	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
URIC - Uricase / Peroxidase Method
CALC - ARSENAZO III METHOD, END POINT.
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	115	mL/min/1.73 m2

Reference Range :-

> = 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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.84	µg/l	< 5
CADMIUM	ICP-MS	0.6	µg/l	< 1.5
MERCURY	ICP-MS	1.78	µg/l	< 5
LEAD	ICP-MS	63.34	µg/l	< 150
CHROMIUM	ICP-MS	3.71	µg/l	< 30
BARIUM	ICP-MS	5.61	µg/l	< 30
COBALT	ICP-MS	0.33	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	2.06	µg/l	< 5
THALLIUM	ICP-MS	0.08	µg/l	< 1
URANIUM	ICP-MS	0.1	µg/l	< 1
STRONTIUM	ICP-MS	33.8	µg/l	8 - 38
ANTIMONY	ICP-MS	7.05	µg/l	0.10 - 18
TIN	ICP-MS	1.17	µg/l	< 2
MOLYBDENUM	ICP-MS	1.31	µg/l	0.70 - 4.0
SILVER	ICP-MS	1.82	µg/l	< 4
VANADIUM	ICP-MS	0.64	µg/l	< 0.8
BERYLLIUM	**ICP-MS**	**0.09**	**µg/l**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.15	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	134.08	µg/l	60 - 340
ALUMINIUM	ICP-MS	1.96	µg/l	< 30
NICKEL	ICP-MS	4.23	µg/l	< 15
MANGANESE	ICP-MS	12.65	µg/l	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

Sample Collected on (SCT) : 31 Dec 2021 10:40
Sample Received on (SRT) : 31 Dec 2021 14:30
Report Released on (RRT) : 31 Dec 2021 20:56
Sample Type : EDTA
Labcode : 3112071572/DS318
Barcode : X4420657

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REPORT

NAME : VIVEK BARNWAL(32Y/M)
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TEST ASKED : AAROGYAM 1.3

HOME COLLECTION :
FLAT NO - B-106 TRIFECTA STARLIGHT APARTMENT GARUDCHARPALYA MAHADEVPURA 560048

PATIENTID : VB18181374

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.3	%

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% : Poor Control

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

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	105	mg/dl

Reference Range :

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.

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HOME COLLECTION :
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TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	6.2	X 10³ / µL	4.0-10.0
NEUTROPHILS	57.9	%	40-80
LYMPHOCYTE PERCENTAGE	32.7	%	20-40
MONOCYTES	3.1	%	0-10
EOSINOPHILS	5.5	%	0.0-6.0
BASOPHILS	0.5	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	3.59	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.03	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**0.19**	**X 10³ / µL**	**0.2-1**
BASOPHILS - ABSOLUTE COUNT	0.03	X 10³ / µL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.34	X 10³ / µL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0-0.3
TOTAL RBC	5.38	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10³ / µL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	16.3	g/dL	13-17
HEMATOCRIT(PCV)	45.64	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	93.3	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	30.3	pg	27-32
MEAN CORP.HEMO.CONC(MCHC)	32.5	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	43.9	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.5	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.3	fL	6.5-12
PLATELET COUNT	290	X 10³ / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	27.2	%	19.7-42.4
PLATELETCRIT(PCT)	0.3	%	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 ~~

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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 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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**