Thyrocare

260 - 261, Tribhuvan Complex, Ishwar Nagar, New Delhi - 110 065







REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : HEMOGRAM - 6 PART (DIFF), HBA

SAMPLE COLLECTED AT:

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag Mandir, Jain Nagar, New Delhi, 110081

TEST NAME TECHNOLOGY VALUE UNITS

HbA1c - (HPLC - NGSP Certified)

H.P.L.C

CALCULATED

%

mg/dl

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic Guidance For Known Diabetics

5

Below 6.5% : Good Control 6.5% - 7% : Fair Control

7.0% - 8% : Unsatisfactory Control

97

>8% : Poor Control

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

AVERAGE BLOOD GLUCOSE (ABG)

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.

Sample Collected on (SCT)
Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode Barcode :01 Aug 2020 11:35

:01 Aug 2020 17:43

:01 Aug 2020 22:41

: EDTA

: 0108035945/NCR22

:Q1593464

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Dr Firdaus Ali MD(Path)

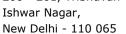
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Dr.Caesar Sengupta MD(Micro)

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PROCESSED AT: **Thyrocare**

260 - 261, Tribhuvan Complex,









Corporate Office: Thyrocare Technologies Limited ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : HEMOGRAM - 6 PART (DIFF), HBA

SAMPLE COLLECTED AT:

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag Mandir, Jain Nagar, New Delhi, 110081

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	6.99	X 10 ³ / μL	4.0-10.0
NEUTROPHILS	56.5	%	40-80
LYMPHOCYTE PERCENTAGE	33.2	%	20-40
MONOCYTES	4.1	%	0-10
EOSINOPHILS	5.7	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	3.93	$X~10^3$ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.32	$X~10^3$ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.29	$X~10^3$ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.01	$X~10^3$ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.4	$X~10^3$ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.05	$X~10^3$ / μL	0-0.3
TOTAL RBC	4.77	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	$X~10^3$ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	14.8	g/dL	13-17
HEMATOCRIT(PCV)	44.3	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	92.9	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	31	pq	27-32
MEAN CORP.HEMO.CONC(MCHC)	33.4	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	47.6	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	17.9	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	14.2	fL	6.5-12
PLATELET COUNT	146	X 10³ / μL	
PLATELET TO LARGE CELL RATIO(PLCR)	60.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.21	%	0.19-0.39

Remarks: ALERT !!! Platelet mildly reduced

Please Correlate with clinical conditions.

Method: Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

: Q1593464

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow

Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

:01 Aug 2020 11:35 Sample Collected on (SCT) Sample Received on (SRT) :01 Aug 2020 17:43 Report Released on (RRT) :01 Aug 2020 22:41

Sample Type : EDTA

Barcode

Labcode

: 0108035945/NCR22

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260 - 261, Tribhuvan Complex, Ishwar Nagar, New Delhi - 110 065







REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT:

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag Mandir, Jain Nagar, New Delhi, 110081

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	50.16	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).

Method: FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 C.L.I.A 212 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):4.0%, Inter assay (%CV):4.4 %; 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.

Sample Collected on (SCT):01 Aug 2020 11:35Sample Received on (SRT):01 Aug 2020 17:36Report Released on (RRT):02 Aug 2020 00:02

Sample Type : SERUM

Labcode : 0108035575/NCR22

Barcode : Q1652067

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REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM C SAMPLE COLLECTED AT :

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag Mandir, Jain Nagar, New Delhi, 110081

TEST NAME TECHNOLOGY VALUE UNITS C.L.I.A **TESTOSTERONE** 456.09 ng/dL

Reference Range :-

Adult Male

21 - 49 Yrs: 164.94 - 753.38 50 - 89 Yrs: 86.49 - 788.22

Adult Female

12.09 - 59.46 Pre-Menopause: < 7.00 - 48.93 Post-Menopause:

Bovs

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

:Q1652067

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) :01 Aug 2020 11:35 Sample Received on (SRT) :01 Aug 2020 17:36 Report Released on (RRT) :02 Aug 2020 00:02

Sample Type

Barcode

Labcode : 0108035575/NCR22

: SERUM Dr Firdaus Ali MD(Path)

Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT:

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag Mandir, Jain Nagar, New Delhi, 110081

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	133.91	μg/dl
Reference Range : Male : 65 - 175			
Female: 50 - 170			
Method: FERROZINE METHOD WITHOUT DEPROTEINIZA	ATION		
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	273	μg/dl
Reference Range :			
Male: 225 - 535 μg/dl Female: 215 - 535 μg/dl			
Method: SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	49.05	%
Reference Range :			
13 - 45			
Method: DERIVED FROM IRON AND TIBC VALUES			

Please correlate with clinical conditions.

Sample Collected on (SCT):01 Aug 2020 11:35Sample Received on (SRT): 01 Aug 2020 17:36Report Released on (RRT): 02 Aug 2020 00:02Sample Type: SERUM

Labcode : 0108035575/NCR22

Barcode : Q1652067

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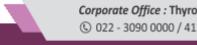
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Ishwar Nagar,

New Delhi - 110 065







REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED: AAROGYAM C

SAMPLE COLLECTED AT:

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag

Mandir, Jain Nagar, New Delhi, 110081

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	131.71	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	1.7	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.39	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	1.31	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	29.96	U/I	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	44.74	U/I	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	54.12	U/I	< 45
PROTEIN - TOTAL	PHOTOMETRY	8.24	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.92	gm/dl	3.2-4.8
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.48	Ratio	0.9 - 2
SERUM GLOBULIN	PHOTOMETRY	3.32	gm/dL	2.5-3.4

Please correlate with clinical conditions.

Method:

Barcode

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

PROT - BIURET METHOD

SALB - ALBUMIN BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)

A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 01 Aug 2020 11:35

Sample Received on (SRT) : 01 Aug 2020 17:36

Report Released on (RRT) : 02 Aug 2020 00:02

Sample Type : SERUM

Labcode : 0108035575/NCR22

: Q1652067

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Dr.Caesar Sengupta MD(Micro)

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PROCESSED AT : Thyrocare

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Ishwar Nagar,

New Delhi - 110 065







REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT:

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag

Mandir, Jain Nagar, New Delhi, 110081

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	257	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	53	mg/dl	35-80
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	189	mg/dl	85-130
TRIGLYCERIDES	PHOTOMETRY	121	mg/dl	25-200
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.8	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3.5	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	24.12	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	203.98	mg/dl	< 160

Please correlate with clinical conditions.

Method:

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

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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Sample Type : SERUM

Labcode : 0108035575/NCR22

Barcode : Q1652067

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REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM C **SAMPLE COLLECTED AT:**

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag

Mandir, Jain Nagar, New Delhi, 110081

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	130	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7.3	μg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.42	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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Sample Type : SERUM

: 0108035575/NCR22 Labcode

Barcode : Q1652067

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Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY: SELF

TEST ASKED: AAROGYAM C

SAMPLE COLLECTED AT:

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag

Mandir, Jain Nagar, New Delhi, 110081

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	14.36	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.92	mg/dl	0.6-1.1
BUN / SR.CREATININE RATIO	CALCULATED	15.61	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.14	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	5.93	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

CALC - ARSENAZO III METHOD, END POINT.

URIC - URICASE / PEROXIDASE METHOD

Sample Collected on (SCT) : 01 Aug 2020 11:35

Sample Received on (SRT) : 01 Aug 2020 17:36

Report Released on (RRT) : 02 Aug 2020 00:02

Sample Type : SERUM
Labcode : 0108035575/NCR22

Barcode : Q1652067

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Dr Firdaus Ali MD(Path)

Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : AYUSH OJHA (25Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM C SAMPLE COLLECTED AT :

HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag Mandir, Jain Nagar, New Delhi, 110081

TECHNOLOGY TEST NAME 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

~~ End of report ~~

Sample Collected on (SCT)

Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode

Barcode

:01 Aug 2020 11:35

:01 Aug 2020 17:36

:02 Aug 2020 00:02

: SERUM

: 0108035575/NCR22

:Q1652067

Dr Firdaus Ali MD(Path)

Dr.Caesar Sengupta MD(Micro)

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CUSTOMER DETAILS

As declared in our data base

Name: AYUSH OJHA Age: 25Y Sex: M Mobile No: 8010021002

Barcodes/Sample_Type : Q1593464 (EDTA),Q1652067 (SERUM)

Labcode : 0108035945,0108035575

Ref By : SELF

Sample_Type/Tests : EDTA:HEMOGRAM - 6 PART (DIFF) , HBA

SERUM:AAROGYAM C

Sample Collected At : HO NO-1571, GALI NO-12, JAIN NAGAR, NEAR Naag Mandir, Jain

Nagar, New Delhi, 110081

Sample Collected on (SCT) : 01 Aug 2020 11:35

Report Released on (RRT) : 02 Aug 2020 00:02

Amount Collected : Rs.999/-(nine hundred and ninety-nine only)

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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/nbdYeRqYyOc
- ❖ 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 / 4125 2525
- SMS:<Labcode No.> to **9870666333**

