# LABORATORY REPORT

Redcliffe labs

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|---|---|---|---|
| Patient NAME | **: Mrs Dummy** | | |
| DOB/Age/Gender | : 34 Y/Female | Report STATUS | : Final Report |
| Patient ID / UHID | : 15848668/OF15848668 | Barcode NO | : RL09940135 |
| Referred BY | : Self | Sample Type | : Serum |
| Sample Collected | : Mar 11, 2026, 12:35 PM | Report Date | : Mar 11, 2026, 01:33 PM. |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **AMH Plus for PCOS** | | | |
| AMH Plus For PCOS<br>*ECLIA* | 4.32 | ng/mL | 0.07 - 7.37 |

**Interpretation:**

| AMH LEVEL IN ng/mL | Fertility cut off |
|---|---|
| < 0.50 | Predictive of poor response |
| 0.50 - < 1.0 | Suggestive of limited ovarian reserve |
| 1.00 - 3.50 | Predictive of optimal response |
| > 3.50 | Predictive of Ovarian hyperstimulation syndrome/PCOS |

According to the Rotterdam criteria, PCOS can be diagnosed when any two of the following three features are present:

- Polycystic ovarian morphology (PCOM)
- Irregular or absent ovulation
- Clinical or biochemical signs of hyperandrogenism

AMH Plus blood test utilizes Anti-Müllerian Hormone (AMH) as a highly objective marker for PCOM, a feature seen in approximately 4 out of every 5 PCOS cases in India. Designed specifically to determine PCOM in adult women aged 25 to 45 years, this simple blood test offers a more objective, accurate, reliable, non-invasive, and cycle-independent method.

**Notes -**

1. AMH Plus test is powerfully backed by major global studies, including the APHRODITE5 and HARMONIA publications. These extensive studies confirm that an AMH cut-off of 3.2 ng/mL provides optimal detection for PCOM. At this threshold, the test demonstrates high diagnostic accuracy, offering 89% sensitivity and 85% specificity for determining PCOM.
2. AMH starts declining years prior to rise in FSH thus it is much more sensitive marker of ovarian reserve.
3. Discordant results between AMH and antral follicle count (AFC) may be observed as AMH reflects population of preantral follicles whereas AFC measures only those visualized-on USG'

**Comment**

Anti-Müllerian Hormone (AMH) is a biomarker of gonadal function produced by Sertoli cells (males) and ovarian granulosa cells (females). Fertility: It is the superior marker of ovarian reserve because it remains stable throughout the menstrual cycle. Higher levels correlate with better response to ovarian stimulation and higher oocyte yield. Pathology: Elevated levels can indicate PCOS (due to high follicle counts), ovarian hyperstimulation syndrome, or granulosa cell tumors. Development: Levels fluctuate with age and puberty, assisting in the assessment of sexual development and gender.

**Clinical applications:**

Fertility: Assesses ovarian reserve and IVF responsiveness.

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Menopause: Identifies premature ovarian failure.
PCOS/PCOM: Monitors ovarian function.
Pediatrics: Evaluates ambiguous genitalia and testicular function.
Oncology: Diagnoses/monitors AMH-secreting tumors

**References**

• Ganie MA, Chowdhury S, Malhotra N, Sahay R, Bhattacharya PK, Agrawal S, et al. Prevalence, Phenotypes, and Comorbidities of Polycystic Ovary Syndrome Among Indian Women. JAMA Netw Open. 2024;7(10):e2440583.

• de Loos AD, et al. Anti-Müllerian hormone protein in humans for polycystic-appearing ovarian morphology diagnostic testing. Fertil Steril. 2021;116:1149-1157.

• Piltonen TT, et al. Human Anti-Müllerian Hormone for Diagnosis of PCOS. JMIR Res Protoc. 2024;13:e48854.

*** End Of Report ***

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