

Patient Name	:		Bill Date	:	
DOB/Age/Gender	:		Sample Collected	:	
Patient ID / UHID	:		Sample Received	:	
Referred By	:		Report Date	:	
Sample Type	:		Report Status	:	
Barcode No	:				

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT**FT4 & TSH 3rd Gen****TSH 3rd Generation**

THYROID STIMULATING HORMONE (Ultrasensitive) 1.91 mIU/L 0.35 - 4.94

Method : CMIA

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.




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Processing Lab :- Redcliffe Lifetech Pvt. Ltd., CG 23, Sector 2, Salt Lake City, 1st & 2nd Floor, Kolkata-700091

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