LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051958/RCL7248422	Report Date	: May 09, 2024, 01:20 PM
Referred By	: Dr. X	Barcode No	: ZC666926
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

17-HYDROXYPROGESTERONE (17-OHP), SERUM

17-HYDROXYPROGESTERONE (17-OHP), SERUM *CLIA*	2.34	ng/mL	

Interpretation:

PHASES OF MENSTRUATION	REFERENCE RANGE IN ng/ml
Follicular phase	0.1 - 0.8
Luteal phase	0.6 - 2.3
Ovulatory phase	0.3 - 1.4
Post ACTH	<3.2
Late pregnancy	2.0 - 12.0
Menopause	0.13 - 0.51
New Born Girls	
1 Month	2.4 - 16.8
2 Month	1.6 - 9.7
3 Month	0.1 - 3.1
New Born Boys	
1 Month	0.0 - 8.0
2 Month	3.6 - 13.7
3 Month	1.7 - 4.0
Children 3 to 14 Years old	0.1 - 1.7
Normal Males	0.5 - 2.1

Comment

17-Hydroxyprogesterone (17-OHP) is produced by both the adrenal cortex and gonads. It is of intense clinical interest because it is the immediate precursor to 11-desoxycortisol which is produced by 21-hydroxylation of 17-OHP. In congenital 21-hydroxylase deficiency, the most common variety of Congenital Adrenal Hyperplasia (CAH), 17-OHP is secreted in excess quantity. It is moderately elevated in the 11-β-hydroxylase deficiency as well. Measurement of 17-OHP is therefore valuable in the initial diagnosis of CAH. The concentration of 17-OHP in newborn varies with age, weight, prematurity and twinning. Premature,sick or stressed infants have higher 17-OHP values leading to false positive screen results. Antenatal corticosteroid treatment may reduce 17-OHP levels resulting in false negative screen

Usage

Marker for Adrenal 21-Hydroxylase enzyme deficiency in

· Infants with features of Adrenal insufficiency like hypotension, vomiting, fever, hypoglycemia and hyperkalemia

· Infants with ambiguous genitalia

· Women with clinical evidence of possible androgen excess, most prevalent in Ashkenazi Jews who have a high prevalence of non-classical 21-hydroxylase deficiency

Dr. Dummy

LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051958/RCL7248422	Report Date	: May 09, 2024, 01:20 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC666926
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

17 OHP LEVELS IN ng/mL	REMARKS
<2.0	Diagnosis of CAH unlikely provided sample given in the morning (8-10AM) during follicular phase in menstruating women
2 - 10	Indeterminate, ACTH Stimulation test recommended to differentiate between PCOS and Non classical CAH
>10	Highly suggestive of CAH

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

Dr. Dummy

Terms and Conditions of Reporting

1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.

2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.

3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.

4. This report shall not be deemed valid or admissible for any medico-legal purposes.

5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.