

Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052194/RCL7248840	Report Date	: May 09, 2024, 01:16 PM
Referred By	: Dr. X	Barcode No	: ZC665781
Sample Type	: EDTA Plasma	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Beta Crosslaps (Beta CTX) (CTX-1)

Beta-2-Crosslaps C-Telopeptides (BCTX) (Plasma, ECLIA)	234.0	pg/mL	Pre-menopausal: < 573 Post-menopausal: < 1008
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Interpretation:

B2 Crosslaps in plasma (Cross linked C-Telopeptides) (B-CTX) :

1. It is a biochemical marker of bone resorption.
2. Elevated levels are seen in patients with increased bone resorption.
3. It is used as an aid in monitoring antiresorptive therapies (e.g., bisphosphonates and hormone replacement therapy) in postmenopausal women and osteopenic patients.
4. A drop in CTX concentration of 35 percent to 55 percent from baseline levels after three to six months indicates effective antiresorptive therapy. The absence of a decline in CTX concentration may indicate ineffective antiresorptive therapy or lack of compliance by the patient.
5. Increased levels of B-CTX occur in osteoporosis, Pagets disease, primary hyperparathyroidism, renal insufficiency and bone metastases.

Limitations : In patients receiving therapy with high biotin doses (i.e. > 5 mg/day), no sample should be taken until at least 8 hours after the last biotin administration.

NOTE: Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

*** 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



Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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