

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

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

Gastrin

Gastrin	179.00	pg/mL	13-115
Method : Serum,CLIA			

Kindly correlate clinically.

Interpretation:

Description of test :

Gastrin is a peptide hormone produced by mucosal G cells of the gastric antrum. It is synthesized as progastrin, cleaved to gastrin, which undergoes several posttranslational modifications, in particular sulfation, and is finally processed into the mature 34-amino acid, gastrin-34. Gastrin-34 may be cleaved further into the shorter 17-amino acid, gastrin-17. Either may be secreted as a c-terminal amidated or un-amidated isoform. A number of additional, smaller gastrin fragments, as well as gastrin molecules with atypical posttranslational modifications (eg, absent sulfation), may also be secreted in small quantities. Gastrin half-life is short, 5 minutes for amidated gastrin-17, and 20 to 25 minutes for amidated gastrin-34. Elimination occurs through peptidase cleavage and renal excretion.

Interpretation :

1. Achlorhydria is the most common cause of elevated serum gastrin levels.
2. Gastrin levels may be pathologically increased due to hypersecretion by gastrin-producing neuroendocrine tumors, chiefly gastrinomas. 25% of which occur as part of the multiple endocrine neoplasia type 1 (MEN 1) syndrome and, rarely, foregut carcinoid tumors.

Note :

1. Isolated serum gastrin levels can only be interpreted in fasting patients; nonfasting specimens are uninterpretable.
2. Drugs that interfere with gastric acid secretion, in particular proton pump inhibitors (eg, omeprazole), should be discontinued, if feasible, for at least 1 week before serum gastrin measurement.
3. Drugs that interfere with gastrointestinal motility (eg, opioids) should also be discontinued for at least 5 drug half-lives before serum gastrin testing.
4. There is no evidence that fasting serum gastrin levels differ between adults and children. Although 8-hour fasts are difficult or impossible to enforce in small children, serum gastrin levels after shorter fasting periods (3-8 hours) may be 50-60% higher than the 8-hour fasting value.

Limitations :

1. Artifactual hypergastrinemia may be observed in fasting patients who have undergone procedures that result in temporary gastric distention or dysmotility (eg, after gastroscopy).
2. Renal failure prolongs the serum half-life of gastrin and is associated with increased serum gastrin levels.



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1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status "Preliminary" means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of "Delhi" for any dispute/claim concerning the test(s) & results of the test (s)

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.

DISCLAIMER

This is a sample report provided for demonstration purposes only and does not represent an actual patient report. Test results, reference ranges, methodologies, instrumentation, and report formats may vary depending on the laboratory performing the test. The format and representation shown are indicative of reports generated by the National Reference Laboratory of Redcliffe Labs, Noida. This sample report should not be used for medical interpretation, diagnosis, or treatment decisions.