

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

### Haptoglobin

HAPTOGLOBIN	5.1	mg/dL	30 - 200
Method : Immunoturbidimetric			

**Result rechecked. Please correlate clinically.**

#### Interpretation:

#### Comments

Haptoglobin is a transport and acute phase protein which is synthesized in hepatocytes. It is a glycoprotein which consists of two light  $\alpha$ -chains and two heavy  $\beta$ -chains. The genetic polymorphism of the  $\alpha$ -chains leads to three phenotypes Hp 1-1, Hp 2-1 and Hp 2-2 differing in molecular weight. Haptoglobin binds hemoglobin in a strong haptoglobin-hemoglobin complex (Hp-Hb), the hemoglobin resulting from pathologically elevated hemolysis. These complexes are deposited in the hepatocytes, the deposition process having a half-life of less than 10 minutes. Hemoglobin is enzymatically metabolized and haptoglobin is liberated after approximately 3 days. Complex formation and the extremely rapid elimination from circulating blood prevent the occurrence of hemoglobinuria with excess renal loss of iron. A reduction in the level of free haptoglobin is indicative of intravascular hemolysis.

As a strong positive acute phase reactant, a hemolysis-mediated reduction or, to a certain extent, an elevation with accompanying acute inflammation can be compensated for. Indications for haptoglobin assays have been published and include the assessment of the severity and stage of intravascular hemolysis, evaluation of acute inflammatory processes.

Various methods including nephelometry, radial immunodiffusion (RID) and turbidimetric methods are available for the determination of haptoglobin. The haptoglobin assay from Roche is based on the principle of immunological agglutination.

**Increased levels** - Acute inflammation, Protein losing enteropathy, Protein losing nephropathy, Tissue necrosis, Stress

**Decreased levels** - Congenital deficiency, Hemolytic transfusion reaction, Thermal burns, Autoimmune hemolytic anemia



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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)

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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.

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