

Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			



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

### Human Chorionic Gonadotropin (HCG), Maternal Marker

HCG Beta -TOTAL CMIA	7.4 H*	mIU/mL	Non-pregnant female < 5.0
-------------------------	--------	--------	---------------------------

**Interpretation:**

**Pregnant females**

Gestational Age 4 weeks	5.0 - 100
Gestational Age 5 weeks	200 - 3000
Gestational Age 6 weeks	10000 - 80000
Gestational Age 7 - 14 weeks	90000 - 500000
Gestational Age 15 - 26 weeks	5000 - 80000
Trophoblastic disease	>100000

**Note :**

1. Consistently elevated HCG levels may be due to the presence of heterophilic antibodies, non-specific protein binding & HCG like substances
2. False negative / positive results may be seen in patients receiving mouse monoclonal antibodies for diagnosis or therapy

**Comments**

Beta HCG levels rise geometrically in the serum in the first 8 weeks of pregnancy. Detectable amounts of beta HCG are present 8-11 days after conception. During the second to fifth week, HCG levels double in about 1.5 days. After 5 weeks of gestation, the doubling time gradually increases to 2-3 days. Serial determination of HCG is helpful when abnormal pregnancy is suspected. In ectopic pregnancy and spontaneous abortion HCG concentration increases slowly or decreases. Ultrasonography should detect a gestational sac in the uterus of all patients having HCG concentration > 6500 mIU/mL. Failure to detect a gestational sac 24 days or more after conception is presumptive evidence of ectopic pregnancy. The presence of twins approximately doubles the HCG concentration.

\*\*\* End Of Report \*\*\*

# 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.