

Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 09, 2024, 12:53 PM
Patient ID / UHID : 8052635/RCL7248949	Barcode No : ZC675032
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

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

Fertility Panel - Male

Thyroid Profile Total

Triiodothyronine (T3) <i>ECLIA</i>	120.0	ng/dL	80 - 200
Total Thyroxine (T4) <i>ECLIA</i>	5.9	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) <i>ECLIA</i>	4.1	mIU/L	0.27 - 4.20

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)



Dr. Dummy



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

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

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.

Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 09, 2024, 12:53 PM
Patient ID / UHID : 8052635/RCL7248949	Barcode No : ZC675032
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

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

Luteinizing Hormone (LH)

Luteinising Hormone-LH <i>CMIA</i>	8.98	mIU/mL	Normal Males - 0.57 - 12.07
---------------------------------------	------	--------	-----------------------------

Interpretation:
Clinical Use
 · Diagnosis of gonadal function disorders
 · Diagnosis of pituitary disorders
Increased levels
 · Primary hypogonadism
 · Gonadotropin secreting pituitary tumors
Decreased levels
 · Hypothalamic GnRH deficiency
 · Pituitary LH deficiency
 · Ectopic steroid hormone production
 · GnRH analog treatment

Follicle Stimulating Hormone (FSH)

Follicle Stimulating Hormone-FSH <i>CMIA</i>	5.21	mIU/mL	Males 0.95 - 11.95
---	------	--------	--------------------

Interpretation:
Clinical Use
 · Diagnosis of gonadal function disorders
 · Management and treatment of infertility in both genders
Increased levels
 · Primary hypogonadism
 · Gonadotropin secreting pituitary tumors
Decreased levels
 · Hypothalamic GnRH deficiency
 · Pituitary FSH deficiency
 · Ectopic steroid hormone production



Dr. Dummy



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

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

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.

Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 09, 2024, 12:53 PM
Patient ID / UHID : 8052635/RCL7248949	Barcode No : ZC675032
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

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

Prolactin (PRL)

Prolactin CMIA	15.4	ng/mL	3.46 - 19.40
-------------------	------	-------	--------------

Interpretation:
Note:
 1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
 2. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
 3. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal

Clinical Use
 · Diagnosis & management of pituitary adenomas
 · Differential diagnosis of male & female hypogonadism

Increased Levels
 · **Physiologic:** Sleep, stress, postprandially, pain, coitus
 · **Systemic disorders:** Chest wall or thoracic spinal cord lesions, Primary / Secondary hypothyroidism, Adrenal insufficiency, Chronic renal failure, Cirrhosis
 · **Medications: Psychiatric medications** like Phenothiazine, Haloperidol, Risperidone, Domperidone, Fluoxetine, Amitriptylene, MAO inhibitors etc.,

Antihypertensives: Alpramethyldopa, Reserpine, Verapamil

Opiates: Heroin, Methadone, Morphine, Apomorphine

Cimetidine / Ranitidine
 · Prolactin secreting pituitary tumors: Prolactinoma, Acromegaly
 · Miscellaneous: Epileptic seizures, Ectopic secretion of prolactin by non-pituitary tumors, pressure / transection of pituitary stalk, macroprolactinemia
 · Idiopathic

Decreased levels
 · Pituitary deficiency: Pituitary necrosis / infarction
 · Bromocriptine administration
 · Pseudohypoparathyroidism



Dr. Dummy



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

📞 928-909-0609

✉️ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

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.

Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 09, 2024, 12:53 PM
Patient ID / UHID : 8052635/RCL7248949	Barcode No : ZC675032
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

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

Testosterone Total

Testosterone Total CMIA	429.0	ng/dL	Males(21-49 years) 240.24 - 870.68 Males (>=50 years) 220.91 - 715.81
----------------------------	-------	-------	--

Interpretation:

Reference values for Males (7-18 years) characterized by Tanner Stage

Tanner Stage	5-95th percentiles (ng/dL)
1	< 2.5
2	< 2.5 - 432
3	64.9 - 778
4	180 - 763
5	188 - 882

Reference values for females (8-18 years) characterized by Tanner Stage

Tanner Stage	5-95th percentiles (ng/dL)
1	<2.5 - 6.1
2	<2.5 - 10.4
3	<2.5 - 23.7
4	<2.5 - 26.8
5	4.6 - 38.3

Note

- All applications that require measurement of very low level of testosterone (eg hypogonadal men, children, virilization or intersex disorders in women etc) recommended test is Testosterone total, Ultrasensitive
- LC-MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

Clinical Use

Assessment of testicular function in males

Increased levels

- Precocious puberty (Males)
- Androgen resistance
- Testotoxicosis
- Congenital Adrenal Hyperplasia

Decreased levels

- Delayed puberty (Males)
- Gonadotropin deficiency
- Testicular defects
- Systemic diseases

*** End Of Report ***

Dr. Dummy



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

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

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.

Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052635/RCL7248949	Report Date	: May 09, 2024, 12:53 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC675032
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

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 :-

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

🌐 www.redcliffelabs.com

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.

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.