LABORATORY REPORT

Redcliffe labs

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

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

BIOCHEMISTRY REPORT

Osmolality, Spot Urine

Osmolality urine		mOsm/kg	500 - 850

Method : (Urine,Freezing Point Depression)

Note:Kindly correlate clinically.

Interpretation:

Serum Osmolality	Urine Osmolality	Clinical Significance
Normal or increased	Increased	Fluid volume deficit
Decreased	Decreased.	Fluid volume excess
Normal	Decreased.	Increased fluid intake or diuretics
Increased or normal	Decreased (with no increase in fluid intake)	Kidneys unable to concentrate urine or lack of ADH (diabetes insipidus)
Decreased	Increased	SIADH

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Sample Type	: Serum	Barcode No	:
Client	:	Report Status	: Final Report

SEROLOGY AND IMMUNOLOGY REPORT

Allergy Panel- Food (40 Allergen)

Name Of Allergen	Value(s)	Unit(s)	Ref Range
Egg white	<0.35	kU/l	<0.35
Egg yolk	<0.35	kU/l	<0.35
Cow's milk	<0.35	kU/l	<0.35
Milk powder	<0.35	kU/l	<0.35
Yogurt	<0.35	kU/l	<0.35
Wheat flour	**0.52**	kU/l	<0.35
Gluten	<0.35	kU/l	<0.35
Oat flour	<0.35	kU/l	<0.35
Rice	<0.35	kU/l	<0.35
Soybean	<0.35	kU/l	<0.35
Peanut	**0.43**	kU/l	<0.35
Orange	<0.35	kU/l	<0.35
Coconut	<0.35	kU/l	<0.35
Apple	<0.35	kU/l	<0.35
Grape	**0.43**	kU/l	<0.35
Pea	<0.35	kU/l	<0.35
Tomato	<0.35	kU/l	<0.35
Potato	<0.35	kU/l	<0.35
Spinach	<0.35	kU/l	<0.35
Garlic	<0.35	kU/l	<0.35
Onion	<0.35	kU/l	<0.35
Chickpea	<0.35	kU/l	<0.35
Mushroom	<0.35	kU/l	<0.35
Cucumber	<0.35	kU/l	<0.35
Eggplant	<0.35	kU/l	<0.35
Pigeon pea	<0.35	kU/l	<0.35
Mung bean	<0.35	kU/l	<0.35
Yam	<0.35	kU/l	<0.35
Beef	<0.35	kU/l	<0.35
Chicken	<0.35	kU/l	<0.35
Mutton/ Lamb	<0.35	kU/l	<0.35
Mustard	<0.35	kU/l	<0.35
Coffee	<0.35	kU/l	<0.35
Chocolate	<0.35	kU/l	<0.35
Ginger	<0.35	kU/l	<0.35
Spice mix 3 (Chilli pepper, Red pepper)	<0.35	kU/l	<0.35

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Sample Type	: Serum	Barcode No	:
Client	:	Report Status	: Final Report

Codfish	<0.35	kU/l	<0.35
Crab	<0.35	kU/l	<0.35
Shrimp/ Prawn	<0.35	kU/l	<0.35
Rohu	<0.35	kU/l	<0.35

CLASS	CONCENTRATION kU/l	RESULT
0	<0.35	No specific antibodies
1	0.35 to <0.7	Very low antibody titre, frequently no clinical symptoms with an existing sensitization.
2	0.7 to <3.5	Low antibody titre,existing sensitization, often with clinical symptoms in the upper range of class.
3	3.5 to <17.5	Significant antibody titre, clinical symptoms usually present.
4	17.5 to <50.0	High antibody titre, almost always with clinical symptoms.
5	50.0 to <100.0	Very high antibody titre
6	≥ 100.0	Very high antibody titre

Note

1. In vitro allergy tests are a valuable tool for the clinician to diagnose allergy, treat and predict disease development.
2· Food allergen specific IgE includes only common causative allergens and does not include all possible allergens.
3· In cases of food allergy, specific IgE antibodies may be undetectable inspite of a convincing clinical history because these antibodies may be directed towards allergens that are revealed or altered during industrial food processing, cooking or digestion and therefore do not exist in the original food for which the patient is tested.
4· Normal IgE levels do not necessarily exclude the possibility of allergy because certain allergies can be non-IgE mediated.
5· Very low levels of allergen specific IgE antibodies should be evaluated with caution when Total IgE values exceed 100 kUA/L.
6· All results should be interpreted in relation to the individual case history.

Comments :

Adverse reactions to food are toxic or non-toxic as per the European Academy of Allergy and Clinical Immunology (EAACI). Toxic food reactions (food poisoning) are experienced by practically all individuals. Non toxic food reactions are subclassified into immune mediated reactions (food allergy) and non-immune mediated reactions (food intolerance). Food allergies can be IgE or non IgE mediated of which the majority are IgE mediated reactions. These reactions may occur in any part of the body distant from the gastrointestinal tract even though the food allergens are absorbed in the intestine. Non-IgE mediated food allergies can be caused by milk, soy, egg, pork and food additives All foods can potentially cause IgE mediated food allergy, but the most common are : ·

In children - egg white, milk, peanut, nuts, fish and soy ·In adults - peanuts, nuts, fish and shell fish More than 50% of allergic children outgrow their allergy to cow's milk, egg and soy between 1-3 years of age. Allergy to fish and peanuts can persist longer whereas allergic reactions to fruits, vegetables in pollen allergic people tends to be permanent. Wheat hypersensitivity is found in both infants and adults and reactions are localized to the GI tract. Peanut allergy can cause anaphylactic reactions which can be dramatic and very serious. This allergy is commonly seen in atopic children. Rice allergy commonly produces symptoms of Rhinoconjunctivitis, Asthma and Contact urticaria.

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Culture Aerobic, Urine

NATURE OF SPECIMEN	URINE
RESULT	[illegible]

Comment:
NOTE:

1. Result of culture and antimicrobial susceptibility test need to be correlated clinically.
2. Previous history of antibiotic usage may influence the growth of microorganisms in vitro.

Colony Count	Interpretation
Colony Counts of 10000 - >= 100000 CFU/ml of single/two Potential pathogen/s.	Significant growth. Suggestive of Urinary tract infection (UTI) requiring treatment based on antimicrobial susceptibility testing results.
Colony counts between 1000 to 10000 CFU/ml of single Potential pathogen.	Can be considered Significant growth,correlation with Microscopy and Clinical history required.
Colony counts upto 100 CFU/ml.	Insignificant growth. Probable commensal contamination during voiding.
Any number / Any count.	Significant in case of Suprapubic aspirates/surgically obtained (e.g. cystoscopy) specimens.
>= 3 organism types with no predominant (10000 >= 100000 CFU/ml) pathogen.	Fresh specimen required as possibility of contamination during voiding.

1. Low counts can be considered significant in patients on antimicrobial therapy, diuretics and growth of pure culture of S.aureus.
2. Any growth of yeasts may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.

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

SIN No:MB014634
* NOTE – This sample has been processed at our reference lab. For any query, write us

CONDITIONS OF REPORTING

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.