Bharat Lab Network,
Plot no 6,7 & 8 Fifth Floor Aakriti Business Center,
Aakriti Ecocity, Bawadiya Kalan,
Bhopal-462026,
Madhya Pradesh, India

To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK
.
Bhopal
Madhya Pradesh, INDIA

Name	: MR. DUMMY	Age/Gender	: 26 Years/MALE
Reg No	: 0001EB001012	Barcode No	: E1100001243
Sample Coll Dt	: 02-02-2026 09:58 AM	Reg Date	: 02-02-2026 11:19 AM
Sample Rcv Dt	: 02-02-2026 11:19 AM	Reported Date	: 02-02-2026 12:35 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method

SWASTH BHARAT HORMONE PROFILE

Dr. Nitesh Rawat
MD (Pathology)
Consultant Pathologist

Bharat Lab Network,
Plot no 6,7 & 8 Fifth Floor Aakriti Business Center,
Aakriti Ecocity, Bawadiya Kalan,
Bhopal-462026,
Madhya Pradesh, India

To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK
.
Bhopal
Madhya Pradesh, INDIA

Name	: MR. DUMMY	Age/Gender	: 26 Years/MALE
Reg No	: 0001EB001012	Barcode No	: E1100001243
Sample Coll Dt	: 02-02-2026 09:58 AM	Reg Date	: 02-02-2026 11:19 AM
Sample Rcv Dt	: 02-02-2026 11:19 AM	Reported Date	: 02-02-2026 12:35 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
VITAMIN B12				
VITAMIN B12	362.0	180 - 916	pg/mL	CLIA

Specimen:
SERUM

Uses of Vitamin B12 assay:
- Investigation of macrocytic anaemia
- Work up of deficiencies seen in Megaloblastic Anemia
- Assistance in Diagnosis of CNS Disorders
- Evaluation of Alcoholism
- Evaluation of Malabsorption syndrome

Limitation:
- The evaluation of Macrocytic Anemia requires simultaneous measurement of both Vitamin B12 and folate levels.
- Patients taking B12 supplementation may have misleading results.

Dr. Nitesh Rawat
MD (Pathology)
Consultant Pathologist

Authorized signatory nominated by Lab Director for release of results at Bharat Labs.

Bharat Lab Network,
Plot no 6,7 & 8 Fifth Floor Aakriti Business Center,
Aakriti Ecocity, Bawadiya Kalan,
Bhopal-462026,
Madhya Pradesh, India

To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK
.
Bhopal
Madhya Pradesh, INDIA

Name	: MR. DUMMY	Age/Gender	: 26 Years/MALE
Reg No	: 0001EB001012	Barcode No	: E1100001243
Sample Coll Dt	: 02-02-2026 09:58 AM	Reg Date	: 02-02-2026 11:19 AM
Sample Rcv Dt	: 02-02-2026 11:19 AM	Reported Date	: 02-02-2026 12:35 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
THYROID PROFILE,TOTAL, SERUM				
TRI-IODO THYRONIN, (T3)	1.02	0.60 - 1.81	ng/mL	CLIA
THYROXIN, (T4)	6.63	4.50 - 10.90	µg/dL	CLIA
THYROID STIMULATING HORMONE	2.36	0.35 - 4.94	uIU/ML	CLIA

Specimen:
SERUM

INTERPRETATION

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propanolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism . rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism)

T3		T4		TSH	
Age	**Ref. Intervals (ng/mL)**	**Age**	**Ref. Intervals (ug/dL)**	**Age**	**Ref. Intervals (µIU/mL)**
01 - 03 Days	100 – 740	1 - 03 Days	11.8 - 22.6	0 - 4 Days	1.0 - 39.0
01 - 11 Months	105 – 245	1 - 02 Week	9.9 - 16.6	01 - 20 Weeks	1.7 - 9.1
01 - 05 Years	105 – 269	1 - 04 Months	7.2 - 14.4	0.5 - 20 Years	0.7 - 6.4
06 - 10 Years	94 – 241	4 – 12 Months	7.8 - 16.5	20 - 55 Years	0.5 - 4.8
11 - 15 Years	82 – 213	1 - 05 Years	7.3 - 15.0	> 55 years	0.5 - 8.9

PREGNANCY	REFERENCE RANGE for TSH IN µIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

Limitations: -

T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with : T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results. Various drugs can interfere with the test result. TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

Dr. Nitesh Rawat
MD (Pathology)
Consultant Pathologist

Bharat Lab Network,
Plot no 6,7 & 8 Fifth Floor Aakriti Business Center,
Aakriti Ecocity, Bawadiya Kalan,
Bhopal-462026,
Madhya Pradesh, India

To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK
.
Bhopal
Madhya Pradesh, INDIA

Name	: MR. DUMMY	Age/Gender	: 26 Years/MALE
Reg No	: 0001EB001012	Barcode No	: E1100001243
Sample Coll Dt	: 02-02-2026 09:58 AM	Reg Date	: 02-02-2026 11:19 AM
Sample Rcv Dt	: 02-02-2026 11:19 AM	Reported Date	: 02-02-2026 12:35 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
IRON PROFILE				
IRON	69	67 - 175	µg/dL	TPTZ
UNSATURATED IRON BINDING CAPACITY	245.0	120-470	µg/dL	PHOTOMETRIC
TOTAL IRON BINDING CAPACITY	314	250 - 450	µg/dL	CALCULATED
TRANSFERRIN SATURATION	22.0	14 - 50	%	CALCULATED

Specimen:
SERUM

Disease	Iron	TIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	Low	Low
Hemochromatosis	High	Low	High	High
Chronic Illness	Low	Low	Low	Normal/High
Hemolytic Anemia	High	Normal/High	High	High
Sideroblastic Anemia	Normal/High	Normal/High	High	High
Iron Poisoning	High	Normal	High	Normal

COMMENT

The test measures the extent to which iron-binding sites in the serum can be saturated. Because the iron-binding sites in the serum are almost entirely dependent on circulating transferrin, this is really an indirect measurement of the amount of transferrin in the blood. Taken together with serum iron and percent transferrin saturation clinicians usually perform this test when they are concerned about anaemia, iron deficiency or iron deficiency anaemia. However, because the liver produces transferrin, liver function must be considered when performing this test. It can also be an indirect test of liver function, but is rarely used for this purpose.

Dr. Nitesh Rawat
MD (Pathology)
Consultant Pathologist

Bharat Lab Network,
Plot no 6,7 & 8 Fifth Floor Aakriti Business Center,
Aakriti Ecocity, Bawadiya Kalan,
Bhopal-462026,
Madhya Pradesh, India

To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK
.
Bhopal
Madhya Pradesh, INDIA

Name	: MR. DUMMY	Age/Gender	: 26 Years/MALE
Reg No	: 0001EB001012	Barcode No	: E1100001243
Sample Coll Dt	: 02-02-2026 09:58 AM	Reg Date	: 02-02-2026 11:19 AM
Sample Rcv Dt	: 02-02-2026 11:19 AM	Reported Date	: 02-02-2026 12:35 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
HBA1C (GLYCOSYLATED HEMOGLOBIN), WHOLE BLOOD				
HBA1C	5.6	4.0 - 6.4	%	HPLC
ESTIMATED AVERAGE GLUCOSE	114.02	70 - 140	mg/dL	CALCULATED

Specimen:
EDTA WHOLE BLOOD

Interpretation:

As per American Diabetes Association (ADA) Guidelines
Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

NOTE:

1. Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
2. A three monthly monitoring is recommended in clinical management of diabetes.
3. It is not affected by daily glucose fluctuations, exercise and recent food intake.
4. The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
5. The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications
6. High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications
7. Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
8. HbA1c results from patients with HbSS, HbCC, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirements that adversely impact HbA1c as a marker of long -term glycemic control.
9. Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.
10. The relationship between eAG (Mean Plasma Glucose) and HbA1c based on linear regression analysis :eAG(mg/dl)= (28.7*HbA1c)-46.7, (Diabetes Care 2008;31:1-6).

Dr. Nitesh Rawat
MD (Pathology)
Consultant Pathologist

Bharat Lab Network,
Plot no 6,7 & 8 Fifth Floor Aakriti Business Center,
Aakriti Ecocity, Bawadiya Kalan,
Bhopal-462026,
Madhya Pradesh, India

To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK
.
Bhopal
Madhya Pradesh, INDIA

Name	: MR. DUMMY	Age/Gender	: 26 Years/MALE
Reg No	: 0001EB001012	Barcode No	: E1100001243
Sample Coll Dt	: 02-02-2026 09:58 AM	Reg Date	: 02-02-2026 11:19 AM
Sample Rcv Dt	: 02-02-2026 11:19 AM	Reported Date	: 02-02-2026 12:35 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
SWASTH BHARAT HORMONE PROFILE				
25 - OH VITAMIN D				
25-HYDROXY VITAMIN D	26.0	<20.0 DEFICIENCY 20.0 - 30.0 INSUFFICIENCY 30.0 - 100.0 SUFFICIENCY >100.0 TOXICITY	ng/mL	CLIA

Specimen:
SERUM

Uses for Vitamin D assay: • Diagnosis of Vitamin D deficiency • Differential Diagnosis of causes of Rickets and Osteomalacia • Monitoring Vitamin D replacement therapy • Diagnosis of Hypervitaminosis D LIMITATION: Various methods are available for measuring circulating concentrations of 25-OH vitamin D. The studies report reasonable correlation between methods, but with significant differences, the reasons for which are not well understood. Vitamin D values must be interpreted within the clinical context of each patient.

End Of Report

Dr. Nitesh Rawat
MD (Pathology)
Consultant Pathologist