



To Authenticate Scan QR Code

Sample Collected At : C000000808-QUALITY CHECK

Bhopal
Madhya Pradesh, INDIA

Name	: DUMMY	Age/Gender	: 25 Years/MALE
Reg No	: 0001EA021821	Barcode No	: E1100001152
Sample Coll Dt	: 31-01-2026 10:09 AM	Reg Date	: 31-01-2026 02:06 PM
Sample Rcv Dt	: 31-01-2026 02:06 PM	Reported Date	: 31-01-2026 02:43 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
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IMMUNOLOGY

PROLACTIN SERUM

PROLACTIN	3.6	2.1 - 17.7	ng/ml	CLIA
Specimen:				
SERUM				

Reference range in

Pregnancy, 3rd trimester -95.00 - 473.00 ng/ml

Post Menopausal 1.80 - 20.30 ng/ml

COMMENT:

- 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.
- 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.
- 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.

End Of Report

This report is not subject to use for any medico-legal purposes

Dr. Nitesh Rawat

Dr. Nitesh Rawat
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