

**Patient Name :** Demo Patient Name  
**Age / Sex :** 48 Y / F  
**Referred By :** DEMO HOSPITAL  
**Centre :** HOD Head Office

**Lab No :** Demo Visit No  
**Registration On :** 21-Jan-25 13:53  
**Patient ID :** UHID.DEMO.001

| CBC                                       |        |                                      | EDTA Whole Blood Sample             |                                     |
|-------------------------------------------|--------|--------------------------------------|-------------------------------------|-------------------------------------|
| <b>Accession No:</b> DEMO_BARCODE         |        | <b>Collected On:</b> 21-Jan-25 13:53 | <b>Received On:</b> 21-Jan-25 17:03 | <b>Approved On:</b> 21-Jan-25 17:17 |
| Observation                               | Result | Unit                                 | Biological Ref. Interval            | Method                              |
| Hemoglobin                                | 11.0   | gm/dL                                | 12.0 - 15.0                         | Photometric Measurement             |
| Total RBC                                 | 4.61   | million/ $\mu$ L                     | 3.8 - 4.8                           | Coulter Principle                   |
| Platelet Count                            | 323    | X $10^3$ / $\mu$ L                   | 150 - 410 x $10^3$ / $\mu$ L        | Impedance                           |
| Total Leucocyte Count (WBC)               | 5.12   | X $10^3$ / $\mu$ L                   | 4.0 - 10.0                          | Flow Cytometry                      |
| <b>Differential Leucocyte Count (DLC)</b> |        |                                      |                                     |                                     |
| Neutrophils                               | 53.1   | %                                    | 40 - 80                             | Flow Cytometry                      |
| Lymphocytes                               | 38.9   | %                                    | 20 - 40                             | Flow Cytometry                      |
| Monocytes                                 | 6.4    | %                                    | 2 - 10                              | Flow Cytometry                      |
| Eosinophils                               | 1.4    | %                                    | 1 - 6                               | Flow Cytometry                      |
| Basophils                                 | 0.2    | %                                    | 0 - 1                               | Flow Cytometry                      |
| Absolute Neutrophil Count                 | 2.72   | X $10^3$ / $\mu$ L                   | 2.0 - 7.5                           | Flow Cytometry                      |
| Absolute Lymphocyte Count                 | 1.99   | X $10^3$ / $\mu$ L                   | 1.0 - 4.0                           | Flow Cytometry                      |
| Absolute Monocyte Count                   | 0.33   | X $10^3$ / $\mu$ L                   | 0.2 - 1.0                           | Flow Cytometry                      |
| Absolute Eosinophil Count                 | 0.07   | X $10^3$ / $\mu$ L                   | 0.04 - 0.44                         | Flow Cytometry                      |
| Absolute Basophil Count                   | 0.02   | X $10^3$ / $\mu$ L                   | 0.00 - 0.30                         | Flow Cytometry                      |
| <b>Indices</b>                            |        |                                      |                                     |                                     |
| Hematocrit (PCV)                          | 35.6   | %                                    | 36 - 46                             | Calculated                          |
| Mean Corpuscular Volume (MCV)             | 77.2   | fL                                   | 83 - 101                            | Calculated                          |
| Mean Corp. Hemoglobin (MCH)               | 23.9   | pg                                   | 27 - 32                             | Calculated                          |
| MCH Concentration (MCHC)                  | 30.9   | g/dl                                 | 31.5 - 34.5                         | Calculated                          |
| Red Cell Dist. Width (RDW-CV)             | 13.5   | %                                    | 11.5 - 14.5                         | Calculated                          |
| Red Cell Dist. Width (RDW-SD)             | 39.6   | fL                                   | 39 - 46                             | Calculated                          |
| Mean Platelet Volume (MPV)                | 10.8   | fL                                   | 7.5 - 12.0                          | Calculated                          |
| P-LCC                                     | 102    | $10^9$ /L                            | 30-90                               | SF Cube                             |
| P-LCR                                     | 31.58  | %                                    | 11-45                               | Calculated                          |
| Neutrophil-Lymphocyte Ratio (NLR)         | 1.37   | Ratio                                |                                     | Calculated                          |
| Mentzer Index                             | 16.75  | Index                                |                                     | Calculated                          |

**Remarks:** Please correlate with clinical conditions



This is a Demo Signature  
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

| Glucose Fasting                   |        |                                      | Sodium Fluoride Sample              |                                     |
|-----------------------------------|--------|--------------------------------------|-------------------------------------|-------------------------------------|
| <b>Accession No:</b> DEMO_BARCODE |        | <b>Collected On:</b> 21-Jan-25 13:53 | <b>Received On:</b> 21-Jan-25 16:58 | <b>Approved On:</b> 21-Jan-25 18:03 |
| Observation                       | Result | Unit                                 | Biological Ref. Interval            | Method                              |
| Blood Sugar Fasting               | 82     | mg/dL                                | 70 - 100                            | GOD/POD, colorimetric               |



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**Sample Type:** Sodium Fluoride; A blood sample will be taken after 8 - 12 hours of fasting.

**Method:** Glucose oxidase hydrogen peroxidase

**Technology:** Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellichick Technology)

**Analyzer:** Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS 5600

**Remarks:** *Please correlate clinically*

**Note:** Blood glucose level is maintained by a very complex integrated mechanism involving a critical interplay of the release of hormones and action of enzymes on key metabolic pathways. If postprandial glucose is lower than fasting glucose, it is termed as postprandial reactive hypoglycemia (PRH). The possible cause of PRH are high insulin sensitivity, exaggerated response of insulin and glucagon-like peptide 1, defects in counter-regulation, very lean individuals, anxious individuals, after massive weight reduction, women with lower body overweight physical activity prior test, hypoglycemic medication, deliberately eating less or eat a non-carbohydrate meal before testing.

Sample Report



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## Lipid Profile Serum Sample

**Accession No:** DEMO\_BARCODE **Collected On:** 21-Jan-25 13:53 **Received On:** 21-Jan-25 17:03 **Approved On:** 21-Jan-25 18:03

| Observation         | Result      | Unit  | Biological Ref. Interval | Method                                  |
|---------------------|-------------|-------|--------------------------|-----------------------------------------|
| Total Cholesterol   | 148         | mg/dL | <200                     | Enzymatic (CHE/CHO/POD)                 |
| Triglyceride        | 96          | mg/dL | <150                     | Enzymatic, Endpoint                     |
| HDL Cholesterol     | 60          | mg/dL | >45                      | Direct Measure, PTA / MgCl <sub>2</sub> |
| VLDL Cholesterol    | 19          | mg/dL | 5-40                     | Calculated                              |
| LDL Cholesterol     | 69          | mg/dL | <100                     | Friedewald Formula (Calculated)         |
| Non-HDL Cholesterol | 88          | mg/dL | <130                     | Calculated                              |
| LDL / HDL Ratio     | <b>1.15</b> | Ratio | 1.5-3.5                  | Calculated                              |
| TC / HDL Ratio      | <b>2.47</b> | Ratio | 3-5                      | Calculated                              |

| Clinical Decision Limits*    | Optimal | Above Optimal | Borderline High | High      | Very High |
|------------------------------|---------|---------------|-----------------|-----------|-----------|
| <b>Triglycerides</b>         | <150    | -             | 150-199         | 200-499   | >=500     |
| <b>Total Cholesterol</b>     | <200    | 200-239       | -               | >=239     | -         |
| <b>LDL Cholesterol</b>       | <100    | 100-129       | 130-159         | 160-189   | >=189     |
| <b>HDL Cholesterol</b>       | >45     | -             | 40-45           | <40       | -         |
| <b>Non HDL Cholesterol**</b> | <130    | 130 - 159     | 160 - 189       | 190 - 219 | >=220     |

\* Clinical Decision Limits are suggested from Tietz Fundamentals Of Clinical Chemistry And Molecular Diagnostics 8th Edition

\*\* Suggested from National Lipid Association Recommendations for Patient Centered Management of Dyslipidemia: Part 1—Full Report (Volume 9, Issue 2, P129-169, March 01,2015, Terry A. Jacobson, MD et al.

**Analyzer:** Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600  
**Technology: Dry Chemistry** (VITROS MicroSlide, MicroSensor & Intellicheck Technology)

Reports of Lipid Profile are best obtained with 10 hours fasting.

### Clinical Significance:

- Triglyceride: Very high levels of Triglyceride can be indicative of a significantly higher risk of coronary vascular disease. Elevation of triglyceride can be seen with fasting less than 12 hours, obesity medication, alcohol intake, diabetes mellitus or pancreatitis.
- Total Cholesterol: its fractions and triglycerides are the important plasma lipids identifying cardiovascular risk factor and in the management of cardiovascular disease. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL value.
- HDL - Cholesterol: Low levels of HDL are associated with an increased risk of coronary vascular disease even in the face of desirable levels of Cholesterol and LDL-Cholesterol
- LDL - Cholesterol: levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. In case Triglyceride levels are more than 400 mg/dl, the patient is advised for a direct-LDL Cholesterol test.

**Remarks:** Please correlate results clinically.



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## Liver Function Test Serum Sample

| Accession No: DEMO_BARCODE | Collected On: 21-Jan-25 13:53 | Received On: 21-Jan-25 17:03 | Approved On: 21-Jan-25 18:03 |                           |
|----------------------------|-------------------------------|------------------------------|------------------------------|---------------------------|
| Observation                | Result                        | Unit                         | Biological Ref. Interval     | Method                    |
| Total Protein              | 7.4                           | g/dL                         | 6.5-7.8                      | Biuret, No Serum Blank    |
| Albumin                    | 4.2                           | g/dL                         | 3.9 - 5.0                    | Bromocresol Green         |
| Globulin                   | 3.2                           | gm/dL                        | 2.0-3.5                      | Calculated                |
| A/G Ratio                  | 1.31                          | Ratio                        | 1.5-2.5                      | Calculated                |
| Total Bilirubin            | 0.5                           | mg/dL                        | 0.2-1.3                      | Azobilirubin/dyphylline   |
| Conjugated Bilirubin       | 0.3                           | mg/dL                        | <0.3                         | Calculated                |
| Unconjugated Bilirubin     | 0.2                           | mg/dL                        | <1.1                         | Spectrophotometry         |
| SGOT (AST)                 | 22                            | U/L                          | 18-34                        | Enzymatic Colorimetric    |
| SGPT (ALT)                 | 19                            | U/L                          | 4-35                         | UV with P5P               |
| SGOT/SGPT Ratio            | 1.16                          | Ratio                        |                              | Calculated                |
| Alkaline Phosphatase       | 69                            | U/L                          | 46 - 122                     | PNPP, AMP buffer          |
| Gamma Glutamyl Transferase | 12                            | U/L                          | 10 - 54                      | G-glutamyl-p-nitroanilide |

**Clinical Significance of LFT:** The clinical suspicion of liver disease usually leads to the measurement of the liver function tests (LFT) which include measurement of several enzymes, serum bilirubin and albumin. These parameters may point to an underlying pathological process and direct further investigation. The aim of investigation in patients with suspected liver disease are: ·To detect hepatic abnormality · Measurement of severity of liver damage · Identify the specific cause · Investigate possible complications

**Technology:** Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)

**Analyzer:** Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

**Advise:** Please correlate results clinically.

## Kidney Function Test Serum Sample

| <b>Accession No:</b> DEMO_BARCODE |             | <b>Collected On:</b> 21-Jan-25 13:53 | <b>Received On:</b> 21-Jan-25 17:03 | <b>Approved On:</b> 21-Jan-25 18:03 |
|-----------------------------------|-------------|--------------------------------------|-------------------------------------|-------------------------------------|
| Observation                       | Result      | Unit                                 | Biological Ref. Interval            | Method                              |
| Blood Urea                        | 17          | mg/dL                                | 15-36                               | Urease, Colorimetric                |
| Blood Urea Nitrogen               | 7.94        | mg/dL                                | 7 - 17                              | Calculated                          |
| Creatinine                        | <b>0.47</b> | mg/dL                                | 0.5-1.04                            | Enzymatic                           |
| Estimated GFR                     | 117.40      | mL/min/1.73m2                        |                                     | Calculated By CKD-EPI(2021)         |
| Uric Acid                         | 3.5         | mg/dL                                | 2.5 - 6.2                           | Uricase , Colorimetric              |
| Calcium                           | 9.3         | mg/dL                                | 8.4 - 10.2                          | Arsenazo III                        |
| Phosphorus                        | 4.2         | mg/dL                                | 2.5 - 4.5                           | Phosphomolybdate reduction          |
| BUN/Creatinine Ratio              | 16.89       | Ratio                                |                                     | Calculated                          |
| Urea/Creatinine Ratio             | 36.17       | Ratio                                |                                     | Calculated                          |
| <b><u>Electrolytes</u></b>        |             |                                      |                                     |                                     |
| Sodium                            | 139         | mmol/L                               | 137-145                             | ISE Direct                          |
| Potassium                         | 4.2         | mmol/L                               | 3.5 - 5.1                           | ISE Direct                          |
| Chloride                          | 102         | mmol/L                               | 98 - 107                            | ISE Direct                          |



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| Classification of eGFR by UK Kidney Association (2017): |              |                                          |
|---------------------------------------------------------|--------------|------------------------------------------|
| eGFR (ml/min/1.73 m2)                                   | GFR Category | Significance                             |
| >90                                                     | G1           | Normal Renal Function                    |
| 60-90                                                   | G2           | Mild Impairment of Renal Function        |
| 45-59                                                   | G3a          | Impaired Kidney Function                 |
| 30-44                                                   | G3b          | Impaired Kidney Function                 |
| 15-29                                                   | G4           | Significant Impairment of Renal Function |
| <15                                                     | G5           | End-Stage Renal Failure (ESRF)           |

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**Technology: Dry Chemistry** (VITROS MicroSlide, MicroSensor and Intellichex Technology)  
**Remarks:** Please correlate results clinically.

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## Vitamin B12

Serum Sample

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| Observation  | Result | Unit  | Biological Ref. Interval | Method |
|--------------|--------|-------|--------------------------|--------|
| Vitamin B-12 | 520    | pg/mL | 239-931                  | CLIA   |

**Technology:** VITROS Microwell, Microsensor and Intellicheck Technology  
**Analyzer:** Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600  
**Remarks:** Please correlate results clinically.

## Vitamin D, 25 - Hydroxy

Serum Sample

**Accession No:** DEMO\_BARCODE **Collected On:** 21-Jan-25 13:53 **Received On:** 21-Jan-25 17:03 **Approved On:** 21-Jan-25 18:04

| Observation             | Result | Unit  | Biological Ref. Interval | Method |
|-------------------------|--------|-------|--------------------------|--------|
| 25-OH Vitamin D (Total) | 68.7   | ng/mL | 20 - 100                 | CLIA   |

**Technology:** VITROS Microwell, Microsensor, and Intellicheck Technology  
**Analyzer:** Fully Automated Integrated Biochemistry and ImmunoAssay: VITROS 5600  
**Clinical Significance:** The major circulating form of vitamin D is 25-hydroxyvitamin D (25(OH)D); thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake. The reference range of the total 25(OH)D level is 20-100 ng/mL. There are two principal forms of vitamin D: D2 and D3. Many of the currently available assays measure and report on both vitamin D2 and D3 metabolites. This can be useful in studies evaluating the contribution of vitamin D2 and D3 to overall vitamin D status. 25-hydroxyvitamin D (25(OH)D) is the major circulating form of vitamin D; thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake. One exception is that 25(OH)D levels do not indicate clinical vitamin D status in patients with chronic renal failure or type 1 vitamin D-dependent rickets or when calcitriol (1,25-dihydroxy vitamin D) is used as a supplement. Interpretation of 25(OH)D can be challenging owing to wide variability in patient's weight, ethnicity, assays, laboratory procedures and validation of reference ranges. Vitamin D deficiency is defined by most experts as a serum 25(OH)D level of less than 20 ng/mL. Vitamin D insufficiency has been defined as a serum 25(OH)D level of 20-29 ng/mL. Vitamin D sufficiency has been defined as serum 25(OH)D levels of 30-100 ng/mL. Vitamin D toxicity is observed when serum 25(OH)D levels are greater than 100 ng/mL.  
**Remarks:** Please correlate results clinically.

## Iron Profile

Serum Sample

**Accession No:** DEMO\_BARCODE **Collected On:** 21-Jan-25 13:53 **Received On:** 21-Jan-25 17:03 **Approved On:** 21-Jan-25 18:04

| Observation                 | Result      | Unit  | Biological Ref. Interval | Method         |
|-----------------------------|-------------|-------|--------------------------|----------------|
| Iron                        | 38          | µg/dL | 37-170                   | Pyridylazo Dye |
| Total Iron Binding Capacity | 451         | µg/dL | 265 - 497                | Chromazurol B  |
| Transferrin Saturation      | <b>8.43</b> | %     | 14 - 34                  | Calculated     |

**Analyzer:** Fully Automated Biochemistry and Immunology VITROS 5600  
**Technology:**  
 - Iron: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)  
 - TIBC: VITROS MicroTip, MicroSensor & Intellicheck Technology  
**Remarks:** Please correlate with clinical conditions.



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| Hb A1c                            |                                      |                                     | EDTA Whole Blood Sample             |            |
|-----------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|------------|
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| Observation                       | Result                               | Unit                                | Biological Ref. Interval            | Method     |
| HbA1C                             | 5.8                                  | %                                   | 4.8-5.7                             | HPLC       |
| 90 Day Average Blood Glucose      | 119.76                               | mg/dl                               | 90 - 120                            | Calculated |

Interpretation as per American Diabetes Association (ADA) Guidelines

| Reference Group | Non diabetic adults >=18 years | At risk (Prediabetes) | Diagnosing Diabetes | Therapeutic goals or glycemic control |
|-----------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| HbA1c in %      | 4.0-5.6                        | 5.7-6.4               | >= 6.5              | <7.0                                  |

Note:

- Presence of Hemoglobin variant and /or conditions that affect red cell turnover must be considered particularly when the HbA1c result does not correlate with the patient's blood glucose levels.
- Factors That Interfere With Hba1c Measurement:** Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements
- Factors That Affect Interpretation Of Hba1c Results:** Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, Hbss, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c
- Since HbA1c Reflects long term Fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Target goals of < 7.0% may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular co-morbid conditions, targeting a goal of >7.0 % may not be appropriate.
- Any condition that shortens erythrocyte survival such as sickle cell disease, pregnancy (second and third trimesters), hemodialysis, recent blood loss of transfusion , or erythropoietin will falsely lower HbA1c results regardless of the assay method
- In patients with HbA1c level between 7-8%, Glycemark (1,5 Anhydro-glucitol) test may be done to identify those with more frequent and extreme hyperglycemic excursions.

**Remarks:** Please correlate results with clinical conditions.



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## Thyroid Function Test [T3,T4,TSH]

Serum Sample

**Accession No:** DEMO\_BARCODE **Collected On:** 21-Jan-25 13:53 **Received On:** 21-Jan-25 17:03 **Approved On:** 21-Jan-25 18:39

| Observation                       | Result | Unit  | Biological Ref. Interval | Method |
|-----------------------------------|--------|-------|--------------------------|--------|
| Triiodothyronine (T3)             | 1.21   | ng/mL | 0.97-1.69                | CLIA   |
| Thyroxine (T4)                    | 6.87   | µg/dL | 5.53-11.0                | CLIA   |
| Thyroid Stimulating Hormone (TSH) | 3.97   | mIU/L | 0.46-4.68                | CLIA   |

### Note:

- TSH Levels are subject to circadian variation, reaching peak levels between 2-4 AM and the minimum between 6-10 PM. The variation is of the order of 50-206% Hence time of the day has influence on the measured serum TSH concentrations (Reference:Tietz Textbook of Clinical Chemistry and Molecular Diagnostics - 5th Edition Page 123). Fluctuating TSH value must be Clinically correlated.
- Circulating TSH levels are known to show a circadian rhythm & diurnal variation. The diagnosis based on one TSH value which fluctuates is not reliable. Clinical correlation is mandatory.
- Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

### Clinical Use:

- \* Diagnose Hypothyroidism and Hyperthyroidism
- \* Monitor T4 replacement of T4 suppressive therapy
- \* Quantity TSH level in the subnormal range

**Technology:** VITROS MicroWell, MicroSensor & Intellicheck

**Analyzer:** Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: Vitros 5600

**Remarks:** Please correlate results clinically, along with FT3 and FT4 levels.



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In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

