

Patient Name : Demo Patient Name
Age / Sex : 31 Y / F
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 21-Jan-25 12:39
Patient ID : UHID.DEMO.001

Anti Mullerian Hormone

Serum Sample

Accession No: DEMO_BARCODE Collected On: 21-Jan-25 12:39 Received On: 21-Jan-25 15:03 Approved On: 21-Jan-25 17:23

Observation	Result	Unit	Biological Ref. Interval	Method
Anti Mullerian Hormone	13.086	ng/mL	0.07-7.35	CLIA

Biological Reference Interval:

Optimal Fertility : 4.0 - 6.8 ng/mL
Satisfactory Fertility : 2.2 - 4.0 ng/mL
Low Fertility : 0.3 - 2.2 ng/mL
Very Low / Undetectable : 0.0 - 0.3 ng/mL
High Level : >6.8 ng/mL

Suggested Reference Ranges as Per Beckman Coulter AMH IFU:

Gender	Reference Group Age Range (years)	95% Reference Interval (ng/mL)
Females	18-25	0.96-13.34
Females	26-30	0.17-7.37
Females	31-35	0.07-7.35
Females	36-40	0.03-7.15
Females	41-45	<3.27
Females	≥ 46	<1.15
Males	>18	0.73-16.05

Clinical Significance :

AntiMullerian hormone (AMH), also known as mullerian-inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by sertoli cells of the testis in males and by ovarian granulosa cells in females. In women, antimullerian hormone (AMH) levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflect the size of primordial follicle pool thus may be useful as a predictor of ovarian responsiveness. AMH may permit the identification of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies.

Clinical Applications :

- *To assess ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols
- *To assess menopausal status, including premature ovarian failure.
- *To assess ovarian function in patients with polycystic ovarian syndrome.
- *To evaluate infants with ambiguous genitalia and other intersex conditions.
- *To evaluate testicular function in infants and children.
- *To diagnose and monitor patients with antimullerian hormone-secreting ovarian granulosa cell tumors.

Remarks: Please correlate results 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.

