

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 : 12-Aug-25 10:50
Patient ID : UHID.DEMO.001

TSH Receptor Antibody

Accession No: DEMO_BARCODE Collected On: 12-Aug-25 10:50 Received On: 12-Aug-25 18:14 Approved On: 12-Aug-25 20:59

Observation	Result	Unit	Biological Ref. Interval	Method
TSH Receptor Antibody (TSH-R)	6.87	IU/L	<1.5	Indirect Chemiluminescence

Detailed Result Interpretation:

- <1.22 (97.5th percentile): Upper limit in healthy individual
- <1.58 (97.5th percentile): Thyroid disease without diagnosis of Graves' disease
- >1.75 (96% Sensitivity & 99% Specificity): Suggestive of Graves' disease

Note

- In patients receiving high dose Biotin therapy (>5 mg/day), the specimen should not be collected for at least 8 hours after the last biotin administration.
- Sodium heparin therapy interferes with this assay hence sampling from these patients is not recommended.
- Rarely high titers of antibodies to Streptavidin and Ruthenium may also interfere with the assay.

Uses: TSH Receptor stimulating antibodies are most closely associated with disease pathogenesis in all forms of Autoimmune thyrotoxicosis (Graves disease), Hashitoxicosis & Neonatal Thyrotoxicosis. These antibodies may be detected before Autoimmune thyrotoxicosis becomes biochemically or clinically manifest. Since treatments for Graves disease are not aimed at underlying disease process but deal with ablation of thyroid tissue, these antibodies may persist even after apparent clinical cure. This is specially relevant in pregnant women with Graves disease treated with thyroid ablative therapy who continue to produce thyroid receptor antibodies which can cross the placental barrier and cause Neonatal thyrotoxicosis.

- Differential diagnosis of etiology of Thyrotoxicosis in patients with ambiguous clinical findings, diagnostic thyroid radio-isotope scans & in pregnant or breast feeding females where thyroid radio-isotope scans are contraindicated
- Diagnosis of clinically suspected Graves disease (Extra thyroidal manifestation of Graves disease, Endocrine Exophthalmus, Pretibial Myxedema, Thyroid acropachy) in patients with normal thyroid function tests
- Determining risk of Neonatal thyrotoxicosis in a pregnant female with active or past history of Graves disease
- Differential diagnosis of Gestational Thyrotoxicosis versus First trimester manifestation or recurrence of Graves disease
- Assessing the risk of Graves disease relapse after antithyroid therapy

Advise: Please correlate clinically.



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.

