



Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Test Name	Result	Unit	Bio Ref Interval
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Antibody Receptor TSH

TSH RECEPTOR ANTIBODY
CLIA

14.27

IU/L

< 1.5

Kindly correlate with clinical findings

*** End Of Report ***

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Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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Booking Centre :1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi, 7982100200

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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(CIN No.: U85100DL2021PLC381826)

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Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



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