

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Immunoassay

Max IVF Hormone-Profile

Test Name	Result	Unit	Bio Ref Interval
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Anti Mullerian Hormone, Serum*

Anti Mullerian Hormone (AMH) <small>CLIA</small>	0.08	ng/mL	0.00 - 3.27
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Ref Range Interpretation :

Anti-Mullerian Hormone (AMH) is a hormone secreted by cells in developing egg sacs (follicles). The level of AMH in blood is generally a good indicator of ovarian reserve.

Low AMH levels are considered to be an indicator of a **low ovarian reserve**, i.e. few remaining follicles. AMH levels decline with age, and in younger women this may be a sign of premature loss of fertility

AMH does not change during menstrual cycle, so the blood sample can be taken at any time of the month - even while using oral contraception.

AMH level for a fertile woman is 1.0–4.0 ng/ml

In males AMH is secreted by immature Sertoli cells (SC) and is responsible for the regression of Müllerian ducts in the male fetus as part of the sexual differentiation process. AMH is also involved in testicular development and function.

AMH level ng/ml	Effects for fertility treatment
<0.4	Very low value. Very few eggs at stimulation. Pregnancy chances significantly low.
0.4 – 1.0	Low value. Treatment may be possible.
1.0 – 3.5	Normal value. Good possibility of treatment.
>3.5	Suggestive of ovarian hyperstimulation syndrome / PCOS

Note :- Optimal ovarian reserve values range between 2 - 6 ng/mL in reproductive age group



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Estradiol (E2),Serum*

Date	19/Jan/2022 01:03PM	Unit	Bio Ref Interval
Estradiol CLIA	15	pg/mL	

Ref Range

Male	20 - 75
Post - Menopausal (Female)	20 - 88
Estradiol -Total (Non - Pregnant Females)	
Mid Follicular Phase	24 - 114
Mid - Luteal Phase	80 - 273
Periovulatory	62 - 534



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FSH - Follicle Stimulating Hormone,Serum*

Date		Unit	Bio Ref Interval
	19/Jan/2022 01:03PM		
Follicle Stimulating Hormone CLIA	34.97	mIU/mL	

Ref. Range

Adult Male	1.27 - 19.26
Adult Female :	
Follicular	3.85 - 8.78
Midcycle Peak	4.54 - 22.51
Luteal Phase	1.79 - 5.12
Post Menopausal (>50 Yrs)	16.74 - 113.59

Interpretation

Increased in primary gonadal failure, ovarian or testicular agenesis, Klinefelter's syndrome, Reifenstein's syndrome, castration, alcoholism, menopause, orchitis, gonadotropin-secreting pituitary tumors.

Decreased in anterior hypofunction, hypothalamic disorders, pregnancy, anorexia nervosa, polycystic ovarian disease, hemochromatosis, sickle cell anaemia, severe illness, hyperprolactinemia.

Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.



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LH-Luteinizing Hormone , Serum*

Date		Unit	Bio Ref Interval
	19/Jan/2022 01:03PM		
Luteinizing Hormone CLIA	17.07	mIU/mL	

Ref Range

LH(Male-Adult)	Reference Range
	1.24-8.62
LH (Female-Adult)	
Follicular	2.12-10.89
Mid Cycle Peak	19.18-103.03
Luteal Phase	1.2-12.86
Post Menopausal (>50 Year)	10.87-58.64

Interpretation

Increased in Primary gonadal dysfunction, polycystic ovarian syndrome (LH/FSH ratio is high in 60% cases), post-menopause, and pituitary adenoma.
Decreased in pituitary or hypothalamic impairment, isolated gonadotropic deficiency associated with anosmia or hyposmia (Kallmann's syndrome), anorexia nervosa, isolated LH deficiency ("fertile eunuch"), sever stress, malnutrition, and sever illness.
Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.



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Progesterone, Serum*

Progesterone CLIA	1.79	ng/mL
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Ref. Range

Males :	0.1 - 0.84
Non Pregnant Females:	
Mid Follicular Phase :	0.31 - 1.52
Mid Luteal Phase :	5.16 - 18.56
Post Menopausal:	0.08 - 0.78
Pregnant Females:	
First Trimester :	4.73 - 50.74
Second Trimester :	19.41 - 45.30

Kindly correlate with clinical findings

*** End Of Report ***



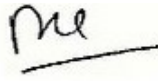
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