

### 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-Fertility hormonal profile

Test Name	Result	Unit	Bio Ref Interval
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#### TSH Camp\*

TSH Chemiluminescence	2.61	uIU/ml	0.34-5.6
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#### Anti Mullerian Hormone (AMH)\*

Anti Mullerian Hormone (AMH) CLIA	0.11	ng/mL	0.96 - 13.34
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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



SIN No: B2B1557895, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block  
 Booking Centre :3284 - Max Lab Sector 56 Gurgaon, House No 154, Ground Floor Near Kendriya Vihar, 9643211955  
 The authenticity of the report can be verified by scanning the Q R Code on top of the page

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**Immunoassay****Max-Fertility hormonal profile****Estradiol (E2),Serum**

Date	13/Mar/2022 12:31AM	Unit	Bio Ref Interval
Estradiol CLIA	<20	pg/mL	

**Ref Range**

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



SIN No:B2B1557895, 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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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050  
(CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 [www.maxlab.co.in](http://www.maxlab.co.in) [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

**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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#### Immunoassay

#### Max-Fertility hormonal profile

#### FSH - Follicle Stimulating Hormone, Serum\*

Date	13/Mar/2022 12:31AM	Unit	Bio Ref Interval
Follicle Stimulating Hormone CLIA	43.70	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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**Immunoassay**  
**Max-Fertility hormonal profile**

#### LH-Luteinizing Hormone , Serum\*

Date	13/Mar/2022 12:31AM	Unit	Bio Ref Interval
Luteinizing Hormone CLIA	7.86	mIU/mL	

#### Ref Range

LH(Male-Adult)	Reference Range
	1.24-8.62
<b>LH (Female-Adult)</b>	
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.

#### Prolactin, Serum\*

Date	13/Mar/2022 12:31AM	Unit	Bio Ref Interval
Prolactin CLIA	3.67	ng/mL	

#### Ref Range

<b>Males :</b>	2.64 - 13.13
<b>Females :</b>	
Premenopausal (<50 years of age):	3.34 - 26.74



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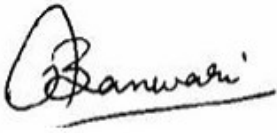
Postmenopausal  
(>50 years of age): 2.74 - 19.64

#### Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pituitary disease (e.g. sarcoidosis, granulomatous diseases, crangiopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery  
Decreased in pituitary apoplexy (Sheehan's Syndrome)

Kindly correlate with clinical findings

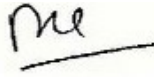
\*\*\* End Of Report \*\*\*



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