AARAV



PID NO: P542000137779 Age: 31.0 Year(s) Sex: Male



Reference: Sample Collected At: DR VINAY KUMAR CHOPRA KOS Diagnostic Lab, 6349/I, Nicholson Road, Ambala Cantt, HRY 133001. 133001

VID: 54203150118660 Registered On: 22/10/2020 12:09 PM Collected On: 21/10/2020 12:08PM Reported On: 22/10/2020 05:26 PM

| Investigation | Observed Value | <u>Unit</u> | Biological Reference Interval |
|-------------------------|-----------------------|-------------|-------------------------------|
| Tacrolimus | <u>3.0</u> | ng/mL | Refer Interpretation |
| (EDTA Whole Blood,CMIA) | | U U | · |

Medical Remarks: Kindly correlate clinically.

Interpretation :

| Kidney Transplant Recipient | |
|---------------------------------------|---|
| 1 Month post transplant | 12-15 ngmL |
| 2 to 3 months post transplant | 10 - 12 ng/mL |
| 4 to 6 months post transplant | 05 - 10 ng/mL |
| >6 months in selected patients levels | <5 ng/mL, may be sufficient if graft function is stable but immunosuppression is highly variable |
| In Liver Transplant Recipients | 05 to 20 ng/mL |

- Tacrolimus results can show variations depending on following reasons–
 - Different Route of administration, Time of collection
 - Time after transplant, Type of allograft.
 - Different amount & time of dosage, Drug distribution which inturn depends on hematocrit & plasma proteins concentration.
 - Different drug company
 - Other co-morbid medical conditions, Concomitant use of immunosuppression & other drugs that inhibit (calcium channel blockers, antifungal agents, some antibiotics) or induce (anticonvulsants, rifampin) metabolism for tacrolimus.
 - Different test methodologies can yield different results, it is advisable to monitor the drug levels using the same testing method & laboratory.

Abbreviation :

CMIA : Chemiluminescence Microparticle Immunoassay

-- End of Report --

ra Dr. Reema Agrawal MD (Pathology)

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