AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.BC0037**	REFERRED BY	: SELF	VISIT NO	: VAMP26147878
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479157**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 13:54
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
BIOCHEMISTRY			
AMH - Anti Mullerian Hormone *(Serum)*			
Anti - Mullerian Hormone, AMH *ECLIA*	8.52	<13	ng/mL

Interpretation:

AMH levels do not change significantly throughout the menstrual cycle and decreases with age. Healthy women, below 38 years old, with normal follicular status at day 3 of the menstrual cycle, have AMH levels of 2.0 - 6.8 ng/ml.

Ovarian Fertility Potential	pmol/L	ng/mL
Optimal Fertility	28.6 – 48.5	4.0 – 6.8
Satisfactory Fertility	15.7 – 28.6	2.2 – 4.0
Low Fertility	2.2 – 15.7	0.3 – 2.2
Very Low / undetectable	0.0 – 2.2	0.0 – 0.3
High Level	> 48.5	> 6.8

Response to hormonal stimulation (ng/mL)
Negligible < 0.2
Reduced 0.2 - 1.0
Normal 1.0 - 7.0
High (OHSS Risk) > 7.0

Anti mullerian hormone also known as mullerian inhibiting substance. It is produced by sertoli cells of the testis in males and by ovarian granulosa cells in females.
Menopausal women or women with premature ovarian failure of any cause, including after cancer chemotherapy , have very low anti mullerian hormone levels.
In patients with polycystic ovarian syndrome, AMH concentration increases by 2 – 5 fold
In children with intersex or ambiguous genitalia an AMH results above normal female range is predictive of presence of testicular tissue, which an undetectable value suggests its absence
In boys with cryptorchidism, a measurable AMH concentration is predictive of undescended testis
Granulosa cell tumors of ovary may secrete AMH assessing ovarian status, including ovarian reserve and ovarian responsiveness, as part of an evaluation for infertility and assisted reproduction like in vitro fertilization.

Note :

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.
2. The following drugs may interfere with this test, Cetrotide (cetrorelix), Ovitrelle, Endometrin (progesterone), and follistatin: do not use this test to analyze samples from patients who have received one or more of these products within 1 to 2 weeks of testing.
3. For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination, and other findings.
4. If using as a tumor marker, test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.
5. AMH values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Sin No: 20385175

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Test Name	Result	Biological Ref. Interval	Unit

Sanjeeta

Dr. Sanjeeta
MBBS,MD (Biochemistry)
Consultant Biochemist

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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