

LABORATORY REPORT

Name : **MAHABUB RAFIQUUL ISLAM** File. No. : **AAL02-318101**
DOB/Gender : **01-02-1990 (33 Yrs 4 Month 9 Days/Male)** Referral Doctor : **Dr. Sumaiya Galib**
Lab No. : **22231600545** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **09-06-2023 22:10** Clinic File No : **38373**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	4.87	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	14.7	g/dl	13.0 - 17.0	Photometry-SLS
HCT	42.0	%	40.0 - 50.0	Hydrodynamic focusing
MCV	86.2	fl	83.0 - 101.0	Calculation
MCH	30.2	pg	27-32	Calculation
MCHC	35.0^H	g/dL	31.5 - 34.5	Calculation
Platelet Count	252	10 ³ /uL	150 - 400	Hydrodynamic Focusing(DCD)
WBC	7.55	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	50.8	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	37.6	%	20.0 - 40.0	Flow Cytometry
Monocytes	5.2	%	2.0-10.0	Flow Cytometry
Eosinophils	5.7	%	1 - 6	Flow Cytometry
Basophils	0.7	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	3.84	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	2.84	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.39	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.43	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.05	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

These tests are accredited under ISO 15189:2012 unless specified by (*)

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Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

H/L Collected On : 09-06-2023 19:00:00
Authenticated On : 09-06-2023 23:14:01
Printed On : 09-06-2023 23:28:18

Received On : 09-06-2023 22:19:00
Released On : 09-06-2023 23:16:20
Reprinted On : 10-06-2023 14:07:00



Esmeralda Obenita
Lab Incharge
DHA/LS/2992011/ 241430

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Request Date	: 09-06-2023 22:10	Clinic File No	: 38373
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Test Name	Result	Units	Ref. Range	Method
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Sample Type : EDTA WB

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CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
HbA1c (whole blood)	7.4 ^H	%	Normal: =< 5.6 High risk/prediabetes: 5.7-6.4* Diabetes: => 6.5**	Enzymatic

* Requires screening by glucose criteria.

** Confirmed by repeating the test on a different day.

Kindly note new reference range for HbA1c effective from 7/6/2020.

Sample Type : EDTA WB

CRP - quant (serum)	0.51	mg/L	< 5.0	Immunoturbidimetric
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Remarks:

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Sample Type : Serum

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MICROBIOLOGY/BACTERIOLOGY/BODY FLUIDS

Test Name	Result	Units	Ref. Range	Method
<u>URINE ROUTINE (URINALYSIS)</u>				
<u>PHYSICAL EXAMINATION</u>				
Color	Light Yellow		Yellow	Light Scatter
Appearance	Clear		Clear	Light Scatter
Specific Gravity	1.011		1.005 - 1.030	Refractrometry
PH	5.00		4.6 - 8.0	pH.I/Reflectance
Glucose	++++		Negative	Enz.Rn/Reflect
Ketone	Negative		Negative	Legal's method
Protein	Negative		Negative	Dye Binding
Blood	Negative		Negative	Peroxidase Activity/Reflectance
Bilirubin	Negative		Negative	Acidified Diazo Coupling
Urobilinogen	Normal	mg/dL	Normal 0.2 - 1.0	Buffered Diazo Coupling
Nitrite	Negative		Negative	Mod. Gries Rn
Leukocytes.	Negative		Negative	Enz.Rn/Reflect
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells	1 - 2	/HPF	1 - 4	F.D.I/Microscopy
RBC's	0 - 1	/HPF	0 - 2	F.D.I/Microscopy
Epithelial cells	0 - 1	/HPF	1 - 4	F.D.I/Microscopy
Bacteria	Absent	/HPF	Absent	F.D.I/Microscopy
Yeast cells	Absent	/HPF	Absent	F.D.I/Microscopy
Trichomonas Vaginalis	Absent	/HPF	Absent	F.D.I/Microscopy
Mucus Threads	Few	/HPF	Absent	F.D.I/Microscopy
Crystals	Absent	/HPF	Absent	F.D.I/Microscopy
Casts	Absent	/LPF	Absent	F.D.I/Microscopy

Bilirubin and Urobilinogen when exposed to sunlight leads to artificially low results, hence recommended to collect urine in dark container for analyzing Urine

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Bilirubin and Urobilinogen if clinically indicated.

Kindly note the new methodology is effective from 31-10-2022.

Remarks:

Test was rechecked. Recommended to repeat test with new sample for glucose confirmation.

Sample Type : Mid-stream Urine

----- End Of Report -----

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