

LABORATORY REPORT

Name : **THAWDAR CHAN MYAE** File. No. : **AAL02-431751**
DOB/Gender : **08-05-1999 (25 Yrs 10 Month 6 Days/Female)** Referral Doctor : **Dr. Amaizah Ishtiaq**
Lab No. : **22250560438** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **25-02-2025 21:59:47** Clinic File No : **45308**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.06^H	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	11.7^L	g/dl	12.0 - 15.0	Photometry-SLS
HCT	37.7	%	36.0 - 46.0	Hydrodynamic focusing (HF)
MCV	74.5^L	fl	83.0 - 101.0	Calculation
MCH	23.1^L	pg	27-32	Calculation
MCHC	31.0^L	g/dL	31.5 - 34.5	Calculation
Platelet Count	215	10 ³ /uL	150-400	HF (DCD)
WBC	7.70	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	51.1	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	39.6	%	20.0 - 40.0	Flow Cytometry
Monocytes	6.0	%	2-10	Flow Cytometry
Eosinophils	2.7	%	1 - 6	Flow Cytometry
Basophils	0.6	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	3.93	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.05^H	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.46	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.21	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:

Recommended to do peripheral smear, iron studies and thalassemia screening.
Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

These tests are accredited under ISO 15189:2022 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

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

Patient Sample Collected On : 25-02-2025 19:46:00
Authenticated On : 25-02-2025 23:55:57

Received On : 25-02-2025 22:03:00
Released On : 26-02-2025 00:05:34



Esmeralda Obenita
Lab Incharge
DHA-P-2992011

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Lab No.	: 22250560438	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 25-02-2025 21:59:47	Clinic File No	: 45308
Insurance	: NATIONAL GENERAL INSURANCE (HEALTHNET)		

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
C-Reactive Protein (CRP)	<0.60	mg/L	Negative < or = to 5.0	Immunoturbidimetric Assay

CRP is an acute phase protein whose concentration rises non -specifically in response to inflammation. CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended in order to help rule out a recent response to undetected infection or tissue injury. Please note Reference Range Reviewed w.ef 15/10/23

Sample Type : Serum

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

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