



Laboratory Investigation Report

Name : Mr. JEEVAN GAIRE Ref No. : 44071

 DOB
 : 10/10/1996
 Sample No.
 : 2502534292

 Age / Gender
 : 28 Y / Male
 Collected
 : 04/02/2025 18:00

Referred by : DR HUMAIRA Registered : 04/02/2025 22:03
Centre : CITICARE MEDICAL CENTER Reported : 04/02/2025 23:09

BIOCHEMISTRY

Test Result Flag Unit Reference Range Methodology

C-REACTIVE PROTEIN (CRP)

5.5 H mg/L < 5.0 Particle-enhanced immunoturbidimetric assay

Please note change.
Source: Roche IFU.

INTERPRETATION NOTES:

- 1. CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- 2. C-reactive protein is the classic acute phase protein in inflammatory reactions.
- 3. CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- 4. CRP response may be less pronounced in patients suffering from liver disease.
- 5. CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Sample Type : Serum

End of Report

Dr. Adley Mark Fernandes M.D (Pathology) Pathologist

This is an electronically authenticated report

P.O Box: 49527

Dr. Vyoma V Shah M.D (Pathology) Clinical Pathologist

Page 1 of 3

Tel: +971 4 398 8567

HALEEM HAKKIM Laboratory Technician Printed on: 04/02/2025 23:12

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

Dubai, UAE





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DOB 2502534292 10/10/1996 Sample No. Age / Gender 04/02/2025 18:00 28 Y / Male Collected Referred by DR HUMAIRA Registered 04/02/2025 22:03 CITICARE MEDICAL CENTER 04/02/2025 22:24 Centre Reported

HEMATOLOGY

Result Test Flag Unit **Reference Range** Methodology **COMPLETE BLOOD COUNT (CBC)** HEMOGLOBIN 14.7 g/dL 13.5 - 17.5 **Photometric RBC COUNT** 10^6/μL **Electrical Impedance** 4.3 - 5.7 HEMATOCRIT % Calculation 42.8 38 - 50 MCV fL Calculation 84.8 82 - 98 MCH 29.2 27 - 32 Calculation pg мснс g/dL 32 - 37 Calculation 34 4 RDW % 11.8 - 15.6 Calculation 13.3 RDW-SD fL Calculation 39.4 MPV fL Calculation 8.8 7.6 - 10.8PLATELET COUNT 10^3/uL **Electrical Impedance** 248 150 - 450 PCT 0.2 0.01 - 9.99Calculation PDW 16.9 Not Applicable 0.1 - 99.9Calculation **NUCLEATED RBC (NRBC)^** /100 WBC VCS 360 Technology 0.1 ABSOLUTE NRBC COUNTA 10^3/uL 0.01 Calculation VCS 360 Technology **EARLY GRANULOCYTE COUNT (EGC)^** % 0.1 **ABSOLUTE EGC^** 0 10^3/uL Calculation **WBC COUNT** 10^3/μL 13.1 4 - 11 Electrical Impedance **DIFFERENTIAL COUNT (DC) NEUTROPHILS** 66 % 40 - 75 VCS 360 Technology LYMPHOCYTES VCS 360 Technology 27 20 - 45 **FOSINOPHILS** VCS 360 Technology 2 % 0 - 6 **MONOCYTES** VCS 360 Technology 4 1 - 6

Gome V. Shah

1

8.6

3

0.6

0.2

0.1

Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

BASOPHILS

ABSOLUTE COUNT

ABSOLUTE NEUTROPHIL COUNT

ABSOLUTE LYMPHOCYTE COUNT

ABSOLUTE MONOCYTE COUNT

ABSOLUTE EOSINOPHIL COUNT

ABSOLUTE BASOPHIL COUNT

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ELOISA MAY DELMO Laboratory Technologist

VCS 360 Technology

Calculation

Calculation

Calculation

Calculation

Calculation

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0 - 1

1.6 - 8.25

0.8 - 4.95

0.04 - 0.66

0 - 0.66

0 - 0.11



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10^3/uL

10^3/uL

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10^3/uL





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HEMATOLOGY

Test Result Flag Unit Reference Range Methodology

COMPLETE BLOOD COUNT (CBC)

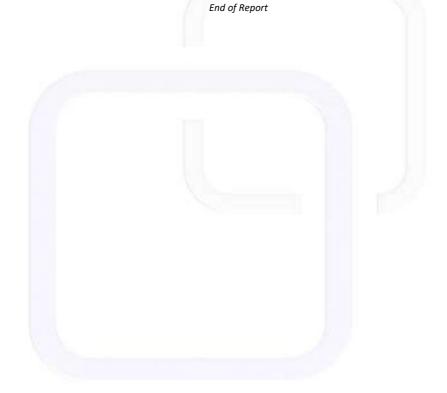
INTERPRETATION NOTES:

Name

Please note update on CBC report format, reference ranges and method(Beckman Coulter).

Sample Type : EDTA Whole Blood

Mr. JEEVAN GAIRE



Dr. Adley Mark Fernandes M.D (Pathology) Pathologist

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