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MEDICAL LABORATORY

Tel : 971 4 398 8567
www.biosytech.com

Mr. POLA WAGDY FAHIM

PID NO :

Age : 27 Years Sex : Male

Reference : Dr. FARHAN

Sample Collected At :

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5050100252

Registered on :
01-May-2025 10:47 PM
Collected on :
30-Apr-2025 08:50 PM
Reported on :
01-May-2025 11:46 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
*** C-REACTIVE PROTEIN (CRP)** (Serum, Particle-enhanced immunoturbidimetric assay)	27	H	mg/L	< 5.0 Please note change. Source: Roche IFU.

INTERPRETATION :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- 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).
- CRP response may be less pronounced in patients suffering from liver disease.
- 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."

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

ELOISA MAY DELMO
Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 06-May-2025 10:14 PM

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Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	15.5		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.4		10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	46.8		%	38 - 50	Calculation
MCV	87.2		fL	82 - 98	Calculation
MCH	28.8		pg	27 - 32	Calculation
MCHC	33.1		g/dL	32 - 37	Calculation
*** RDW**	13.1		%	11.8 - 15.6	Calculation
*** RDW-SD**	40.30		fL		Calculation
MPV	8.5		fL	7.6 - 10.8	Calculation
PLATELET COUNT	305		10^3/uL	150 - 450	Electrical Impedance
*** NUCLEATED RBC (NRBC)**	0.10		/100 WBC		VCS 360 Technology
*** ABSOLUTE NRBC COUNT**	0.01		10^3/uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)					
WBC COUNT	8.3		10^3/µL	4 - 11	Electrical Impedance
NEUTROPHILS	72		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	23		%	20 - 45	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	6.0		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.9		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.3		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation

Sample Type: EDTA Whole Blood

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

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

M RASHID CHENANGADATH
Laboratory Technologist

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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 unless specified by (*).

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