

Laboratory Investigation Report

BML270012

Name	: Mr. MYRON MEDRANO MULDONG	Ref No.	: 40986
DOB	:	Sample No.	: 2309273458
Age / Gender	: 46 Y / Male	Collected	: 21/09/2023 11:00
Referred by	: Dr. Enomen Goodluck Ekata	Registered	: 21/09/2023 13:14
Centre	: Peshawar Medical Center LLC	Reported	: 21/09/2023 15:21

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
GLUCOSE (FASTING)	99		mg/dL	< 100	Hexokinase

Sample Type : Fluoride Plasma

End of Report



Dr. Adley Mark Fernandes

M.D (Pathology)

Pathologist

This is an electronically authenticated report

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BHAVYA THENDANKANDY

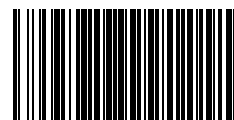
Biochemistry Technologist

Printed on: 21/09/2023 15:53

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.



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Centre	: Peshawar Medical Center LLC	Reported	: 21/09/2023 15:31

IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.23		S/CO	Non-reactive: < 1.0 Reactive: ≥/ > 1.0 Please note change in unit.	CLIA

Interpretation Notes :

A positive HBsAg test result means that the patient is infected with acute or chronic hepatitis B virus or chronic HBV carrier state.
A negative result implies the patient is not infected with hepatitis B.

HEPATITIS C ANTIBODIES	0.07		S/CO	Non-reactive: < 1.0 Reactive: ≥/ > 1.0 Please note change in unit.	CLIA
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Interpretation Notes :

A non-reactive screening test result does not exclude the possibility of exposure to or infection with HCV. Non-reactive screening results in individuals with prior exposure to HCV may be due to low antibody levels that are below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay. Patients with acute or recent HCV infections (< 3 months from time of exposure) may have false-negative HCV antibody results due to the time needed for seroconversion (average of 8 - 9 weeks). Testing for HCV RNA and or RIBA is recommended.

A repeatedly reactive screening result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Testing for HCV RNA and or RIBA is recommended

Sample Type : Serum

End of Report

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

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Page 2 of 2



Dr. Vyoma Shah
Clinical Pathologist

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