

**TRUST MEDICAL LABORATORY**

M1 Dubai Islamic Bank same building, Al wuheida Road,

Al Mamzar Dubai UAE P.O Box:94733

Tel No. : 04-23988766, Fax : 04-2398299, Email: info@tmluae.com**LABORATORY INVESTIGATION REPORT**

Name	: NAHIDUR RAHMAN	Referral Clinic	: PESHAWAR MEDICAL CENTER (
D.O.B / Sex	: 03-Jun-1980 (41 Years) / MALE	Referral Doctor	: PESHAWAR MEDICAL CENTER(A
PatientID/Nationality	: 155830 / BANGLADESH	LabID / Clinic No.	: 102734 /

Test Name**Result****Unit****Ref. Range****Methodology**

Glycohemoglobin A1

6.03^H

%

Non-diabetic: < 6.0

IMMUNOTURBIDIMETRY

Glycemic control with
diabetis: < 7.0

Dr. Uday Sudhalker
Clinical Pathologist
DHA-P-0123520



Registered On	: 21/Mar/22 09:51 AM
Reported On	: 21/Mar/22 02:20 PM
Authorized On	: 21/Mar/22 02:20 PM
Printed On	: 21/Mar/22 06:29 PM

SHEEBA BALAKRISHNAN
Laboratory Technologist
DHA-P-0219101

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Test Name	Result	Unit	Ref. Range	Methodology
BIOCHEMISTRY				
CHLORIDE	106.8	mmol/L	95-105	Direct ISE
URINE MICROALBUMIN	11.98	mg/L	2.0 - 24.4	FIA
URINE CREATININE	69.5	mg/dL	22 - 328	
MICROALBUMIN/CREATININE RATIO	17.2	mg/g	< 25.0	

Due to variability in urinary albumin excretion, at least two of three test results measured within a 6-month period should show elevated levels before a patient is designated as having a microalbuminuria. Exercise within 24 hours, infection, fever, congestive heart failure, marked hyperglycemia and marked hypertension may elevate urinary albumin excretion over baseline values.

In the case of spot urine creatinine levels, the normal values are to be determined by the treating doctor depending on the patients clinical data (daily urine volume, type of food, etc.).

Sample Type : Random Urine

POTASSIUM	6.8 ^H	mmol/L	3.5-5.5	Direct ISE
SODIUM	140.0	mmol/L	135-146	Direct ISE

**** End of Report ****

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