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Patient Name	: MS.AGATHA NAIR KRISHNAPILLAI	**Registered On**	: 02-03-2024 16:01
Patient Id	: 10621	**Sample Collected On**	: 02-03-2024 17:07
Age/DOB/Gender	: 46Y/1977-07-07/Female	**Reported On**	: 02-03-2024 20:11
Nationality	: Indian	**Sample UID No.**	: D002W000002034
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
Print Version	: v.1		

RANDOM BLOOD SUGAR

Investigation	Result	Units	Biological Reference Interval
RANDOM BLOOD SUGAR Sample Type :Plasma Method : GOD-POD	86	mg/dL	70-200

Interpretation -

A blood sugar level of 200 milligrams per deciliter (mg/dL) or higher suggests diabetes.

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VITAMIN D3

Investigation	Result	Units	Biological Reference Interval
VITAMIN D3	**8.1**	ng/mL	Deficiency: <10 Insufficiency: 10 - 29 Sufficiency: 30 - 100 Toxicity: > 100

Sample Type :Serum
Method : CLIA

Interpretation -

Studies show that 25-hydroxyvitamin D2 and D3 (25-OH-VitD) levels below 25 ng/mL are associated with an increased risk of secondary hyperparathyroidism, reduced bone mineral density, and fractures, particularly in the elderly. Intervention studies support this clinical cutoff, showing a reduction of fracture risk with 25-OH-VitD replacement.

Levels less than 10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.

Comments:

Baseline biochemical work-up of suspected cases of rickets and osteomalacia should include measurement of serum calcium, phosphorus, PTH, and 25-OH-VitD. In patients where testing is not completely consistent with the suspected diagnosis, in particular, if serum 25-OH-VitD levels are greater than 10 ng/mL, an alternative cause for impaired mineralization should be considered.
Possible differential diagnosis includes: partly treated vitamin D deficiency, extremely poor calcium intake, vitamin D resistant rickets, renal failure, renal tubular mineral loss with or without renal tubular acidosis, hypophosphatemic disorders (eg, X-linked or autosomal dominant hypophosphatemic rickets), congenital hypoparathyroidism, activating calcium sensing receptor mutations, and osteopetrosis. Measurement of serum urea, creatinine, magnesium, and 1,25-dihydroxyvitamin D (DHVD) is recommended as a minimal additional workup for these patients.

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VITAMIN B12

Investigation	Result	Units	Biological Reference Interval
VITAMIN B12	**159**	pg/mL	200-1100
Sample Type :Serum			
Method : ECLIA			

Interpretation -

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. These manifestations may occur in any combination; many patients have the neurologic defects without macrocytic anemia.
Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa.

Comments:

Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states

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CALCIUM, SERUM

Investigation	Result	Units	Biological Reference Interval
CALCIUM SERUM	**8.6**	mg/dL	8.8-10.6
Sample Type :Serum			
Method : Arsenazo III			

Interpretation -

Increased levels : Primary and tertiary hyperparathyroidism, malignant diseases, pheochromocytoma (associated parathyroid hyperplasia), sarcoidosis, vitamin D intoxication, milk-alkali syndrome, Paget's disease with immobilization, thyrotoxicosis, acromegaly, diuretic phase of acute tubular necrosis, "idiopathic" hypercalcemia of infancy, dehydration (e.g., from vomiting, diarrhea, alcohol), familial hypocalciuric hypercalcemia, iatrogenic hypercalcemia
Decreased levels : Idiopathic, surgical, or congenital hypoparathyroidism; pseudohypoparathyroidism; vitamin D deficiency ; proximal and distal renal tubular disease; alcoholism; hepatic cirrhosis; hypoalbuminemia; neonatal prematurity; inadequate nutrition.

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RA FACTOR

Investigation	Result	Units	Biological Reference Interval
RA FACTOR	< 8.6	IU/mL	Negative: < 15 Positive: > 15

Sample Type :Serum

Method : IMMUNOTURBIDIMETRIC

Comments:

Useful for Diagnosis and prognosis of rheumatoid arthritis
Positive results are consistent with, but not specific for, rheumatoid arthritis.

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Patient Id	: 10621	**Sample Collected On**	: 02-03-2024 17:07
Age/DOB/Gender	: 46Y/1977-07-07/Female	**Reported On**	: 03-03-2024 14:55
Nationality	: Indian	**Sample UID No.**	: D002W000002032
Customer Type	: -	**Customer Name**	: Self
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CA- 125

Investigation	Result	Units	Biological Reference Interval
CA- 125 Sample Type :Serum Method : CLIA	5.44	U/ml	0-35

Interpretation -

An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of < 65 U /mL is associated with a significantly greater 5 year survival rate.
Monitor the course of disease in patients with Invasive epithelial ovarian cancer
Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy. Persistent elevation of CA 125 levels after 3 cycles of therapy indicates a poor prognosis.CA125 – CA 125 is elevated in approximately 50% patients with early stage disease and >80% patients with advanced disease. Thus serial CA 125 levels over time may be beneficial as a screening tool.
Limitation:
Normal concentration of CA125 does not exclude presence of the tumor.
Even at high concentrations, CA125 alone is not useful for distinguishing benign from malignant pelvic masses.
Note: Human epididymis protein 4 (HE4) – helpful in diagnosing recurrent or progressive disease or in the evaluation of a suspicious adnexal mass. This is an FDA approved test for monitoring the disease

Comments:

For the entire male population as per NIH guideline, the mean CA125 value is 7.50 U/mL OR kU/L and 2.5th-97.5th percentiles reference range is 2.40-13.2 U/mL OR kU/L, respectively.

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CA 15.3

Investigation	Result	Units	Biological Reference Interval
CA 15.3	22.1	U/ml	0-25
Sample Type :Serum			
Method : CLIA			

Interpretation -

Clinical Use: An aid in the management of Breast cancer patients. It Is useful in monitoring therapy and progression in Metastatic Breast cancer patients. A significant increase in levels must be at least 25% that correlates with disease progression in 90% of the patients. A decrease of at least 25% in levels correlates with regression of the disease in 78% of patients
Predict recurrence in patients with stage II / III Breast carcinoma
LIMITATIONS
This test is not recommended to screen Breast cancer in the general population. However it has been observed that increased levels may occur 9 months before clinical evidence of disease.
False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
Patients with confirmed Breast cancer may show normal pre-treatment CA 15.3 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.

Comments:

Reference range for the male population is not established.

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LIVER FUNCTION TEST

Investigation	Result	Units	Biological Reference Interval
ALT (SGPT) Sample Type :Serum Method : ALTv- VITROS	**50**	U/L	7-45
AST (SGOT) Sample Type :Serum Method : AST- Vitros	35	U/L	Males 0-11 months: not established 1-13 years: 8-60 >/=14 years: 8-48 Females 0-11 months: not established 1-13 years: 8-50 >/=14 years: 8-43
ALKALINE PHOSPHATASE Sample Type :Serum Method : NPP, AMP Buffer-VITROS	97	U/L	30-120
GAMMA GT SERUM Sample Type :Serum Method : Vitros Microslide	27	U/L	4-44
BILIRUBIN TOTAL SERUM Sample Type :Serum Method : Diphylline, Diazonium Salt-VITROS	0.5	mg/dL	0.1-1.3
BILIRUBIN DIRECT Sample Type :Serum Method : Spectrophotometer	0.1	mg/dL	0-0.3
BILIRUBIN INDIRECT Sample Type :Serum Method : Direct measured	0.4	mg/dL	0-6 days: 0.1 – 1.0 7-14 days: < 15.0 15 days to 17 years: < 1.0 >/=18 years: > 1.2 mg/ dL
TOTAL PROTEIN SERUM Sample Type :Serum Method : Biuret	7.3	g/dL	6.3-8.2
ALBUMIN SERUM Sample Type :Serum Method : Dye Binding BCG	4.1	g/dL	3.5-5.0

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GLOBULIN	3.20	g/dL	2.3-3.5
Sample Type :Serum			
Method : Calculated			
ALBUMIN GLOBULIN RATIO	1.28	--	1.2-1.8
Sample Type :Serum			
Method : Calculated			

Interpretation -

Hepatic function panel results are not diagnostic of a specific condition; they indicate that there may be a problem with the liver. In a person who does not have symptoms or identifiable risk factors, abnormal liver test results may indicate a temporary liver injury or reflect something that is happening elsewhere in the body-such as in the skeletal muscles, pancreas, or heart. It may also indicate early liver disease and the need for further testing and periodic monitoring.

Results of liver panels are usually evaluated together. Several sets of results from tests performed over a few days or weeks are often assessed together to determine if a pattern is present. Each person will have a unique set of test results that will typically change over time. A healthcare practitioner evaluates the combination of liver test results to gain clues about the underlying condition. Often, further testing is necessary to determine what is causing the liver damage or disease.

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RENAL FUNCTION TEST

Investigation	Result	Units	Biological Reference Interval
BLOOD UREA Sample Type :Serum Method : Urease, colorimetric	22	mg/dL	12.84-42.8
BLOOD UREA NITROGEN Sample Type :Serum Method : Urease, colorimetric	10.28	mg/dL	6-20
CREATININE SERUM Sample Type :Serum Method : Enzymatic-VITROS, IFCC-IDMS Standardized	0.6	mg/dL	0.6-1.12
URIC ACID SERUM Sample Type :Serum Method : URICASE, ENZYMATIC COLORIMETRIC	6.2	mg/dL	2.5-6.2
e-GFR Sample Type :Serum Method : Enzymatic-VITROS, IFCC-IDMS Standardized	108	mL/min/1.73m2	75-190
BUN CREATININE RATIO Sample Type :Serum Method : Calculated	17.13	--	10-20

Interpretation -

Interpretation of renal function tests requires considering multiple factors, including the patient's age, sex, muscle mass, medications, and clinical history. It's important to note that renal function tests are not diagnostic on their own and are often used in conjunction with other clinical assessments and imaging studies to evaluate kidney function comprehensively.

Abnormal results may indicate various kidney conditions, including acute or chronic kidney disease, glomerulonephritis, kidney infections, kidney stones, and renal tubular disorders. They can also point to non-renal conditions such as heart failure, liver disease, or dehydration.

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LIPID PROFILE

Investigation	Result	Units	Biological Reference Interval
TOTAL CHOLESTEROL Sample Type :Serum Method : Vitros Microslide	195	mg/dL	<200 Desirable 200-239 Borderline high >240 High
TRIGLYCERIDE SERUM Sample Type :Serum Method : AST- Vitros	131	mg/dL	Normal: <150 Borderline high: 150-199 High: 200-499 Very high: >500
HDL CHOLESTEROL Sample Type :Serum Method : Direct measure, PTA/MgCl2-VITROS	41	mg/dL	High risk: < 40 Low risk: > 60
LDL CHOLESTEROL Sample Type :Serum Method : Calculated	**127.80**	mg/dL	Optimal: <100 Near optimal: 100-129 Borderline high: 130-159 High: 160-189 Very high: >190
VLDL CHOLESTEROL Sample Type :Serum Method : Calculated	26.20	mg/dL	< 30
NON HDL CHOLESTEROL Sample Type :Serum Method : Calculated	**154.00**	mg/dL	Desirable < 130 Borderline 130 - 159 High >160
TG/HDL Ratio Sample Type :Serum Method : Calculated	**3.20**	--	Ideal: </=2.0 Good: </=6.0 Bad: >6.0
TOTAL CHOLESTEROL HDL RATIO Sample Type :Serum	**4.76**	--	Low risk 3.3 - 4.4 Average Risk 4.5 - 7.0 Moderate Risk 7.1 - 11.0 High Risk >11.0

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Method : Calculated

LDL HDL ratio	**3.12**	--	Low Risk < 3.0 Borderline 3.1 - 6.0 High Risk >6.0

Sample Type :Serum
Method : Calculated

Interpretation -

A complete cholesterol test includes the calculation of four types of fats in your blood:
Total cholesterol. This is a sum of your blood's cholesterol content.
Low-density lipoprotein (LDL) cholesterol. This is called the "bad" cholesterol. Too much of it in your blood causes the buildup of fatty deposits (plaques) in your arteries (atherosclerosis), which reduces blood flow. These plaques sometimes rupture and can lead to a heart attack or stroke.
High-density lipoprotein (HDL) cholesterol. This is called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and your blood flowing more freely.
Triglycerides. Triglycerides are a type of fat in the blood. When you eat, your body converts calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels.

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Nationality	: Indian	**Sample UID No.**	: D002W000002032
Customer Type	: -	**Customer Name**	: Self
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Inflammatory Markers

Investigation	Result	Units	Biological Reference Interval
ERYTHROCYTE SEDIMENTATION RATE Sample Type :Serum Method : Modified Westergren Method	16	mm/hr	0-20
C-REACTIVE PROTEIN SERUM Sample Type :Serum Method : Immunoturbidimetry	5	mg/L	< 5
FERRITIN SERUM Sample Type :Serum Method : CLIA	56.3	ng/mL	12-150

Interpretation -

ESR is a nonspecific marker of inflammation and is often used to help diagnose and monitor various inflammatory conditions and infections. Inflammation can result from various conditions, such as infections, autoimmune diseases, certain cancers, and other inflammatory disorders. It is not a diagnostic test by itself, but it helps provide additional information to aid in diagnosing and managing these conditions.

While CRP is a valuable inflammatory bio marker, it is essential to remember that it is a general indicator of inflammation and not specific to any particular condition. Elevated CRP levels should prompt further investigation to identify the underlying cause of inflammation. Ferritin is considered an acute-phase reactant, which means its levels can change in response to inflammation or infection.

Ferritin is considered an acute-phase reactant, which means its levels can change in response to inflammation or infection. Elevated ferritin levels are commonly observed in conditions such as bacterial or viral infections, autoimmune disorders, and some chronic inflammatory diseases.

ESR results in conjunction with other tests, such as C-reactive protein (CRP) levels and ferritin together can provide more comprehensive information and help in the diagnosis and management of various conditions.

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Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
Print Version	: v.1		

CREATINE PHOSPHOKINASE, SERUM

Investigation	Result	Units	Biological Reference Interval
CREATINE PHOSPHOKINASE SERUM	81	U/L	0-145
Sample Type :Serum			
Method : Rosalki, Other Modified-VITROS			

Interpretation -

Useful for Diagnosing and monitoring myopathies or other trauma, toxin, or drug-induced muscle injury
CPK is an enzyme found primarily in skeletal and cardiac muscle. It is elevated in diseases like Muscular dystrophy, Myopathies, Polymyositis, Muscle trauma, Myocardial infarction, Cardiac catheterization, Electrical cardioversion, Hypothyroidism, Stroke and also following intramuscular injections. Drugs, infections and diseases leading to injury or inflammation of muscles releases CPK into the circulation. Normal levels are seen in Neurogenic muscle diseases like Multiple Sclerosis, Myasthenia gravis and Parkinsonism. Isoenzyme studies are advised in patients with elevated levels.

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Patient Name	: MS.AGATHA NAIR KRISHNAPILLAI	**Registered On**	: 02-03-2024 16:01
Patient Id	: 10621	**Sample Collected On**	: 02-03-2024 17:07
Age/DOB/Gender	: 46Y/1977-07-07/Female	**Reported On**	: 03-03-2024 14:55
Nationality	: Indian	**Sample UID No.**	: D002W000002032
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
Print Version	: v.1		

CK-MB

Investigation	Result	Units	Biological Reference Interval
CK-MB	4	U/L	0-25
Sample Type :Serum			
Method : Vitros Microslide			

Comments:

CPK-MB Mass is a cardiac marker which assists in the diagnosis of Acute Myocardial Infarction (AMI). T Increase in serum levels occurs between 3-5 hours after the onset of infarction, peaks at 16-20 hours and returns to normal by 48-72 hours. The sensitivity of CPK-MB is dependent upon the time at which a sample is taken, thus it is recommended to draw the sample at 0, 3 & 6 hours after the onset of chest pain. The decline in CPK-MB follows a predictable course & if the decline shows a sudden increase, it is suggestive of re-infarction. Increased Levels - Acute Myocardial infarction, Myocarditis, Rhabdomyolysis, Stroke & Electric cardioversion etc.

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Patient Name	: MS.AGATHA NAIR KRISHNAPILLAI	**Registered On**	: 02-03-2024 16:01
Patient Id	: 10621	**Sample Collected On**	: 02-03-2024 17:07
Age/DOB/Gender	: 46Y/1977-07-07/Female	**Reported On**	: 02-03-2024 20:15
Nationality	: Indian	**Sample UID No.**	: D002W000002032
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
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THYROID FUNCTION TEST (FREE)

Investigation	Result	Units	Biological Reference Interval
FREE T3 Sample Type :Serum Method : CLIA	3.34	pg/mL	2.0-4.2
FREE T4 Sample Type :Serum Method : CLIA	14.5	pg/mL	8.9-17.2
TSH Sample Type :Serum Method : CLIA	2.4	µIU/ml	0.3-4.5

Comments:

Normally T3 (triiodothyronine) circulates tightly bound to thyroxine-binding globulin and albumin. Only 0.3% of the total T3 is unbound (free); the free fraction is the active form.In hyperthyroidism, both T4 (thyroxine, tetraiodothyronine) and T3 levels (total and free) are usually elevated, but in a small subset of hyperthyroid patients (T3 toxicosis), only T3 is elevated. Generally, free T3 (FT3) measurement is not necessary since total T3 will suffice. However, FT3 levels may be required to evaluate clinically euthyroid patients who have an altered distribution of binding proteins (eg, pregnancy, dysalbuminemia).Some investigators recommend the FT3 assay for monitoring thyroid replacement therapy, although its clinical role is not precisely defined.

Elevated FT4 values suggest hyperthyroidism or exogenous thyroxine.Decreased values suggest hypothyroidism.Free thyroxine (FT4) works well to correct total T4 values for thyroxine-binding globulin alterations, but may give misleading values when abnormal binding proteins are present or the patient has other major illnesses (euthyroid sick syndrome).

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Patient Name	: MS.AGATHA NAIR KRISHNAPILLAI	**Registered On**	: 02-03-2024 16:01
Patient Id	: 10621	**Sample Collected On**	: 02-03-2024 16:56
Age/DOB/Gender	: 46Y/1977-07-07/Female	**Reported On**	: 02-03-2024 18:04
Nationality	: Indian	**Sample UID No.**	: D002W000002035
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
Print Version	: v.1		

Fibrinogen

Investigation	Result	Units	Biological Reference Interval
Fibrinogen	**406.59**	mg/dL	200-393

Sample Type :Citrate plasma

Method : Mechanical viscosity-based detection

Interpretation -

Fibrinogen may be decreased in acquired conditions such as liver disease and acute intravascular coagulation and fibrinolysis and disseminated intravascular coagulation. Fibrinogen may be decreased in rare conditions, including congenital afibrinogenemia or hypofibrinogenemia.
Fibrinogen may be elevated with acute or chronic inflammatory conditions.
Note
In patients with dysfibrinogenemias, fibrinogen concentration is often low and may be further differentiated from hypofibrinogenemia by measuring the fibrinogen antigen concentration.
Direct oral anticoagulants and high concentrations of heparin (>2 U/mL) can falsely decrease fibrinogen concentration.

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Patient Name	: MS.AGATHA NAIR KRISHNAPILLAI	**Registered On**	: 02-03-2024 16:01
Patient Id	: 10621	**Sample Collected On**	: 02-03-2024 20:59
Age/DOB/Gender	: 46Y/1977-07-07/Female	**Reported On**	: 02-03-2024 21:10
Nationality	: Indian	**Sample UID No.**	: D002W000002033
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
Print Version	: v.1		

URINE ANALYSIS

Investigation	Result	Units	Biological Reference Interval
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow	--	Pale Yellow
APPEARANCE	CLEAR	--	CLEAR
VOLUME	30	ml	-
CHEMICAL EXAMINATION :			
SPECIFIC GRAVITY	1.020	--	1.005 - 1.030
REACTION (pH)	6.0	--	--
GLUCOSE	ABSENT	--	ABSENT
PROTEIN	ABSENT	--	ABSENT
BILIRUBIN	ABSENT	--	ABSENT
UROBILINOGEN	NORMAL	--	NORMAL
KETONES	ABSENT	--	ABSENT
NITRITE	NEGATIVE	--	NEGATIVE
LEUCOCYTES ESTERASE	NEGATIVE	--	NEGATIVE
BLOOD	ABSENT	--	ABSENT
MICROSCOPIC EXAMINATION :			
PUS CELLS	0 - 2	/hpf	0 - 5
EPITHELIAL CELLS	0 - 2	/hpf	0 - 5
RBCs	ABSENT	/hpf	ABSENT
CAST	Nil	/hpf	Nil
CRYSTALS	NIL	--	Nil
OTHERS	NOT SEEN	/hpf	NOT SEEN

Interpretation -
Methodology: DIP STICK & MICROSCOPY

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Nationality	: Indian	**Sample UID No.**	: D002W000002033
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Comments:

Urine analysis helps diagnose medical conditions, including urinary tract infections, kidney diseases, diabetes, liver problems, and certain metabolic disorders. Used as screening tool indicating signs of dehydration, drug use, presence of blood or abnormal levels of specific substances in the body. Montoring treatment and in pregnancy. Also useful in early disease detection and overall health assessment etc.

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Patient Name	: MS.AGATHA NAIR KRISHNAPILLAI	**Registered On**	: 02-03-2024 16:01
Patient Id	: 10621	**Sample Collected On**	: 02-03-2024 20:11
Age/DOB/Gender	: 46Y/1977-07-07/Female	**Reported On**	: 02-03-2024 20:17
Nationality	: Indian	**Sample UID No.**	: D002W000002031
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
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COMPLETE BLOOD COUNT (CBC)

Investigation	Result	Units	Biological Reference Interval
HAEMOGLOBIN	13.4	g/dL	12-16
HEMATOCRIT	41.3	%	33-51
RBC COUNT	4.78	X 10^6/µL	4.00-5.20
MCV	86.4	fL	77-100
MCH	28	Pg	26-34
MCHC	32.5	g/dL	32-36
RDW-CV	14.8	%	11.5-17
PLATELET COUNT	325	x10^3/ul	150-450
MPV	10.7	fL	7.5-12.0
TOTAL LEUKOCYTE COUNT	5.19	x10^3/ul	4.5-11.0
NEUTROPHIL	57.9	%	40-73
LYMPHOCYTE	30.6	%	25-45
MONOCYTE	7.7	%	4-12
EOSINOPHIL	2.4	%	0-7
BASOPHIL	1.4	%	0-2
ABSOLUTE NEUTROPHIL COUNT	3	x10^3/ul	1.5-7.0
ABSOLUTE LYMPHOCYTE COUNT	1.59	x10^3/ul	1.1-5.0
ABSOLUTE EOSINOPHIL COUNT	**0.12**	x10^3/ul	0.15-0.5
ABSOLUTE MONOCYTE COUNT	0.4	x10^3/ul	0.2-0.8
ABSOLUTE BASOPHIL COUNT	0.07	x10^3/ul	0-0.15

Sample Type :EDTA Whole Blood

Interpretation -

Method: EDTA Whole Blood: Tests done on Automated Five Part Cell Counter. (Hb by Photometry method .RBC & PLT by Electric Impedance, PCV by Numeric Integration method. WBC and Differential count by Double Hydrodynamic Sequential System (DHSS). Other parameters Calculated.) All Abnormal Haemograms are reviewed confirmed microscopically.

Disclaimer:

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Nationality	: Indian	**Sample UID No.**	: D002W000002031
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
Print Version	: v.1		

1) The above result relate only to the specimens. Received and tested in laboratory and should be always correlate with clinical findings and other laboratory markers.

2) Improper specimen collection, handling. Storage and transportation may result in false negative/Positive results.

Comments:

A complete blood count (CBC) test is a commonly performed blood test that provides important information about the components of your blood. It measures various parameters related to red blood cells, white blood cells, and platelets. **Useful for :**Detecting and diagnosing medical conditions, Preoperative assessment, Detecting and diagnosis disorders of RBCs, WBCs & Platelets.As a Screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy.

Reference: Horiba Yumizen 550, Performance and Reference: Tools for Accreditation 3.4.15. Reference Values, page 47

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Nationality	: Indian	**Sample UID No.**	: D002W000002031
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Ref. Doctor Name	: -	**Patient UID No.**	: 784197760807400 (Emirates ID)
Print Version	: v.1		

HAEMOGLOBIN AIC

Investigation	Result	Units	Biological Reference Interval
HAEMOGLOBIN AIC	5.7	%	Non-Diabetic: < 5.7 Pre-Diabetic: 5.7 - 6.4 Diabetic:- Good Control: 6.0 - 7.0 Fair control: 7.1 - 8.0 Poor Control: > 8.0

Sample Type :EDTA Whole Blood
Method : HPLC

Interpretation -

Achieving A1C targets of <7% (has been shown to reduce microvascular complications of type 1 and type 2 diabetes when instituted early in the course of disease, the greatest number of complications will be averted by taking patients from very poor control to fair/good control.

--End Of Report--

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