

LABORATORY REPORT

Name	: MD HAMMED SOHAL ABUL HASAM	File. No.	: AAL02-391402
DOB/Gender	: 05-07-1986 (37 Yrs 9 Month 26 Days/Male)	Referral Doctor	: Dr. Sandia Bhojwani
Lab No.	: 22241220439	Referral Clinic	: Peshawar(Irham Medical Center)
Request Date	: 01-05-2024 22:54	Clinic File No	: 43029
Insurance	: NAS ADMINISTRATION SERVICES LTD		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.53 ^H	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	13.1	g/dl	13.0 - 17.0	Photometry-SLS
HCT	39.2 ^L	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	70.9 ^L	fl	83.0 - 101.0	Calculation
MCH	23.7 ^L	pg	27-32	Calculation
MCHC	33.4	g/dL	31.5 - 34.5	Calculation
Platelet Count	330	10 ³ /uL	150 - 400	HF (DCD)
WBC	6.32	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	70.8	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	16.8 ^L	%	20.0 - 40.0	Flow Cytometry
Monocytes	11.9 ^H	%	2.0-10.0	Flow Cytometry
Eosinophils	0.2 ^L	%	1 - 6	Flow Cytometry
Basophils	0.3	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	4.48	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	1.06	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.75	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.01 ^L	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.02	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Recommended to do peripheral smear, iron studies and thalassemia screening. Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

These tests are accredited under ISO 15189:2012 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

Patient Sample Collected On : 01-05-2024 18:00:00
Authenticated On : 02-05-2024 00:17:11
Printed On : 02-05-2024 00:53:47

Received On : 01-05-2024 22:54:00
Released On : 02-05-2024 00:40:16
Reprinted On : 03-05-2024 10:08:08



Esmeralda Obenita
Lab Incharge
DHA/LS/2992011/
241430

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Lab No. : **22241220439** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **01-05-2024 22:54** Clinic File No : **43029**
Insurance : **NAS ADMINISTRATION SERVICES LTD**

Test Name	Result	Units	Ref. Range	Method
<u>ERYTHROCYTE SEDIMENTATION RATE (ESR)</u>				
ESR (whole blood)	11^H	mmhr	up to 10	Modified Westergren

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

Sample Type : EDTA WB

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

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