



Laboratory Investigation Report

Name : JAREESH DOMINIC REJI DOMONIC
DOB : 12/04/1999
Age / Gender : 25 Y / Male
Referred by : Peshawar Medical Center LLC
Centre : Peshawar Medical Center LLC

Ref No. : 43388
Sample No. : 2406429138
Collected : 12/06/2024 12:00:00
Registered : 12/06/2024 15:28:29
Reported : 14/06/2024 19:55:09

MICROBIOLOGY

Test : CULTURE AND SENSITIVITY (THROAT SWAB)
Specimen : Throat Swab

ResultType : No Bacterial Pathogen Detected after 48 Hours of Aerobic Incubation.

End of Report

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

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

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Final Report

Page 1 of 1

Afferedi Medayil
Laboratory Technologist
Microbiologist

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BML420288

Laboratory Investigation Report

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Referred by	: Peshawar Medical Center LLC	Registered	: 12/06/2024 15:28
Centre	: Peshawar Medical Center LLC	Reported	: 12/06/2024 20:38

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	5.5		mg/dL	3.4 - 7.0 Please note change. Source: Roche IFU.	Uricase, UV
CREATININE (SERUM)	0.93		mg/dL	0.7 - 1.2 Please note change. Source: Roche IFU.	Alkaline picrate (IFCC standardised)
UREA (SERUM)	29		mg/dL	12.86 - 42.86 Please note change. Source: Roche IFU.	Kinetic test with urease and glutamate

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Page 1 of 7


SAGAR MURUKESAN PILLAI MOLY
Laboratory Technologist
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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
LIVER FUNCTION TEST					
ALT / SGPT	18		U/L	< or = 50 Please note change. Source: Roche IFU.	UV with P5P 37°C (IFCC)
AST / SGOT	35		U/L	< or = 50 Please note change. Source: Roche IFU.	IFCC; Tris buffer with P5P
ALP (ALKALINE PHOSPHATASE)	42		U/L	40 - 129 Please note change. Source: Roche IFU.	AMP optimised to IFCC 37°C
GGT (GAMMA GLUTAMYL TRANSFERASE)	10		U/L	10 - 71 Please note change. Source: Roche IFU.	Gamma glutamyl.-3-carboxy-4-nitroanilide 37°C
BILIRUBIN (TOTAL)	0.7		mg/dL	0 - 1.2 Please note change. Source: Roche IFU.	Jendrassik Grof
BILIRUBIN (DIRECT)	0.3	H	mg/dL	0 - 0.2 Please note change. Source: Roche IFU.	Diazotization
INDIRECT BILIRUBIN	0.40		mg/dL	< or = 0.9	Calculated
TOTAL PROTEIN	8		g/dL	6.4 - 8.3	Biuret reaction
ALBUMIN (SERUM)	5.1		g/dL	3.5 - 5.2	Bromocresol purple
				Please note change. Source: Roche IFU.	
GLOBULIN	2.9		g/dL	2.0 - 3.5	Calculation
A/G RATIO	1.8		NULL	0.8 - 2.0	Calculation

Sample Type : Serum

End of Report

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Page 2 of 7


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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	16.5		g/dL	13.5 - 17.5	Spectrophotometry (Oxyhemoglobin)
RBC COUNT	5.8	H	10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	48.4		%	38 - 50	Calculation
MCV	84		fL	82 - 98	Calculation
MCH	28.6		pg	27 - 32	Calculation
MCHC	34		g/dL	32 - 37	Calculation
RDW	12.7		%	11.8 - 15.6	Calculation
RDW-SD	37.2		fL		Calculation
MPV	8.8		fL	7.6 - 10.8	Calculation
PLATELET COUNT	172		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.7		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC) [^]	0.8		/100 WBC		Flow Cytometry
ABSOLUTE NRBC COUNT [^]	0.05		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC) [^]	0.5		%		Flow Cytometry
ABSOLUTE EGC [^]	0		10 ³ /uL		Calculation
WBC COUNT	5.4		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	51		%	40 - 75	Flow Cytometry
LYMPHOCYTES	41		%	20 - 45	Flow Cytometry
EOSINOPHILS	2		%	0 - 6	Flow Cytometry
MONOCYTES	6		%	1 - 6	Flow Cytometry
BASOPHILS	0		%	0 - 1	Flow Cytometry
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	2.8		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.2		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.5		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10 ³ /uL	0 - 0.11	Calculation

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MUBASHER ZAHOOR
Laboratory Technologist

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Page 3 of 7

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HEMATOLOGY

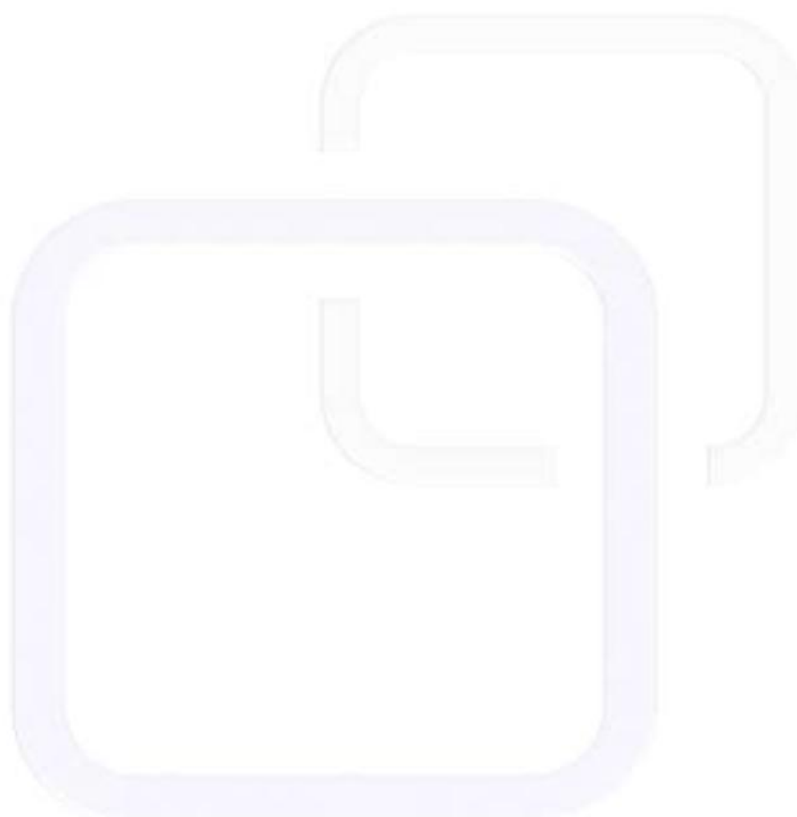
Test	Result	Flag	Unit	Reference Range	Methodology
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COMPLETE BLOOD COUNT (CBC)

Interpretation Notes : Please note update on CBC report format and changes in reference ranges.

Sample Type : EDTA Whole Blood

End of Report



Dr. Adley Mark Fernandes
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Mubasher

MUBASHER ZAHOOR
Laboratory Technologist

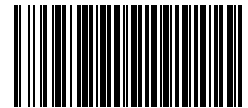
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Page 4 of 7

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HEPATITIS B SURFACE ANTIBODY (HBSAB)	< 4.87		mIU/mL	Non-Reactive / Not Immune: <10 Reactive / Immune: General population: = or > 10 High Risk Professions: = or > 100	ECLIA

Interpretation Notes :

Interpretation:

Non – reactive results indicate inability to determine if Anti-HBs is present at levels consistent with recovery or immunity. Repeat testing is recommended in 1 to 3 months.

Reactive result indicates recovery from acute or chronic Hepatitis B virus (HBV) infection or acquired immunity from HBV vaccination.

HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.52		COI	Non-Reactive: <0.9 Borderline: =/>0.9 - <1.0 Reactive: =/>1.0	ECLIA
Note changes in method and reference range. Source: Roche IFU.					

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	0.06		COI	Non-Reactive: <0.9 Borderline: =/>0.9 - <1.0 Reactive: =/>1.0	ECLIA
Source: Roche IFU.					

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.

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Page 5 of 7

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
Testing for HCV RNA and or RIBA is recommended					
HIV I & II ANTIBODY AND P24 ANTIGEN	0.26		S/CO	Non-Reactive: <1.0 Reactive: ≥/1.0 Source: Roche IFU.	ECLIA

Interpretation Notes :

1. A negative test result does not completely rule out the possibility of an infection with HIV. Serum or plasma samples from the very early (preseroconversion) phase or the late phase of HIV infection can occasionally yield negative findings. Yet unknown HIV variants can also lead to a negative HIV finding. The presence of antibodies to HIV is not a diagnosis of AIDS.
2. For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.
3. This is a screening test.

Source: Roche Cobas IFU.

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Page 6 of 7



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SEROLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
RPR (RAPID PLASMA REAGEN)	Non-reactive			Non-reactive	Carbon flocculation

Interpretation Notes :

Syphilis is a disease caused by infection with the spirochete *Treponema pallidum*. The infection is systemic and the disease is characterized by periods of latency. Patients with primary or secondary syphilis should be reexamined clinically and serologically 6 months and 12 months following treatment. Typically, rapid plasma reagin (RPR) titers decrease following successful treatment, but this may occur over a period of months to years.

Biological false-positive reactions with cardiolipin-type antigens have been reported in disease such as infectious mononucleosis, leprosy, malaria, lupus erythematosus, vaccinia, and viral pneumonia. Pregnancy, autoimmune diseases, and narcotic addictions may give false-positives. Pinta, yaws, bejel, and other treponemal diseases may also produce false-positive results with this test.

False negatives tend to be more common in the initial and end stages of infection. Among people who are in the secondary (middle) stage of infection, the RPR test result is nearly always positive. (Interpretation added on 28 Dec 2019).

Sample Type : Serum

End of Report

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

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

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Page 7 of 7

Haleem

HALEEM HAKKIM
Laboratory Technician

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