

BML421052

Laboratory Investigation Report

Name	: Ms. MANJU	Ref No.	: 43186
DOB	:	Sample No.	: 2406429932
Age / Gender	: 37 Y / Female	Collected	: 13/06/2024 15:00
Referred by	: DR ENOMEN	Registered	: 13/06/2024 15:58
Centre	: Peshawar Medical Center LLC	Reported	: 14/06/2024 10:39

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
IRON	21	L	ug/dL	33 - 193 Please note change. Source: Roche IFU.	Colorimetric without ppt (Ferene)

Interpretation Notes :

Increased iron or Chronic iron overload may be due to excessive iron intake, hereditary hemochromatosis, multiple blood transfusions, and a few other conditions. Decreased level leads to Iron deficiency may be seen with insufficient intake, inadequate absorption or increased nutrient requirements as seen during pregnancy or with acute or chronic blood loss

Sample Type : Serum

End of Report

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

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

BHAVYA THENDANKANDY
Biochemistry Technologist

This is an electronically authenticated report

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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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HAEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HAEMOGLOBIN ELECTROPHORESIS[^]					
Foetal Haemoglobin (HbF)	0.0		%	=/ < 0.5	Capillary electrophoresis
Haemoglobin A0 (Hb A0)	97.6		%	96.8 - 97.8	Capillary electrophoresis
Haemoglobin A2 (Hb A2)	2.4		%	2.2 - 3.4	Capillary electrophoresis
Haemoglobin S (HbS)	-		%	0 - 0	Capillary electrophoresis
Haemoglobin D (HbD)	-		%	0 - 0	Capillary electrophoresis
Haemoglobin C (HbC)	-		%	0 - 0	Capillary electrophoresis
Haemoglobins E (HbE)	-		%	0 - 0	Capillary electrophoresis

Impression: No evidence of Beta Thalassemia or Haemoglobinopathy.

Interpretation Notes :

- All results have to be correlated with age and history of blood transfusion. If there is a history of blood transfusion, repeat testing after 3 months from last date of transfusion is recommended.
- Iron Deficiency reduces HbA2 levels. HbA2 values between 1.5-2% constitute a grey zone which may be seen in both iron deficiency and in some thalassemias (eg. Alpha thalassemia). Correction of iron deficiency is advised before testing to ensure accurate results.
- Furthermore, even HbA2 values between 3.5-4% constitute a grey zone and molecular studies are recommended to rule out thalassemias.
- This test is only a screening test for Beta Thalassemia and hemoglobinopathies. Molecular/Genetic Studies is recommended to rule out alpha thalassemia and silent carriers.
- Mild to moderate increase in fetal hemoglobin can be seen in some acquired conditions such as pregnancy, megaloblastic anemia, thyrotoxicosis, hypoxia, recovering marrow, MDS, aplastic anemia, PNH, Chronic Kidney Disease, and medications such as Hydroxyurea, Erythropoietin, etc.
- In neonates and infants, repeat testing is advised after attaining one year of age for accurate results.
- The results should be considered in conjunction with family history, clinical picture, laboratory findings including RBC indices, iron studies and peripheral smear examination.
- In case of presence of hemoglobinopathy, DNA analysis of family members and genetic counselling is advised.

Please note update in method (Capillary electrophoresis), reference range and interpretation.

Sample Type : EDTA Whole Blood

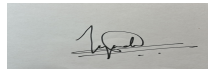
End of Report

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Pathologist

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Laboratory Technologist
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