

LABORATORY REPORT

Name : **UZAIR AHMED RAJA AFTAB RAZA** File. No. : **AAL02-406207**
DOB/Gender : **23-09-2001 (22 Yrs 10 Month 6 Days/Male)** Referral Doctor : **Dr. Humaira Mumtaz**
Lab No. : **22242110407** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **29-07-2024 22:05:23** Clinic File No : **85870**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.15	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	15.7	g/dl	13.0 - 17.0	Photometry-SLS
HCT	45.2	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	87.8	fl	83.0 - 101.0	Calculation
MCH	30.5	pg	27-32	Calculation
MCHC	34.7 ^H	g/dL	31.5 - 34.5	Calculation
Platelet Count	228	10 ³ /uL	150 - 400	HF (DCD)
WBC	9.82	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	39.0 ^L	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	49.9 ^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	9.7	%	2.0-10.0	Flow Cytometry
Eosinophils	1.1	%	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)	3.83	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	4.90 ^H	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.95	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.11	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.03	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

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

Sample Type : EDTA WB

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 : 29-07-2024 15:56:00
Authenticated On : 30-07-2024 00:17:45

Received On : 29-07-2024 22:09:00
Released On : 30-07-2024 00:26:51



Esmeralda Obenita
Lab Incharge
DHA-P-2992011

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Lab No.	: 22242110407	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 29-07-2024 22:05:23	Clinic File No	: 85870
Insurance	: NATIONAL GENERAL INSURANCE (HEALTHNET)		

Test Name	Result	Units	Ref. Range	Method
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----- End Of Report -----

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