



Laboratory Investigation Report

Mr. NAWAJAHMED AKIL SAYYED AKIL JANMOHAMED SAYYED Name

06/06/1998

Age / Gender 26 Y / Male Referred by DR.ENOMEN

CITICARE MEDICAL CENTER Centre

Ref No. 30634

Sample No. 2408460531

Collected 10/08/2024 11:00

Registered 10/08/2024 14:07

Reported 10/08/2024 15:32

BIOCHEMISTRY

Flag Unit Result Test **Reference Range** Methodology **C-REACTIVE PROTEIN (CRP)** 5.3 < 5.0 Particle-enhanced mg/L Please note change.

Source: Roche IFU.

immunoturbidimetric assay

INTERPRETATION NOTES:

DOB

- 1. CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- 3. CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- 4. CRP response may be less pronounced in patients suffering from liver disease.
- 5. CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Serum Sample Type:

End of Report

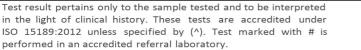
Dr. Vyoma V Shah Dr. Adley Mark Fernandes M.D (Pathology) M.D (Pathology) **Pathologist Clinical Pathologist**

This is an electronically authenticated report

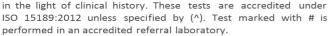
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ACCREDITED



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