



BML452819

Laboratory Investigation Report

Name	: Mr. ACHARY VENU GOPAL	Ref No.	: 43832
DOB	: 02/06/1963	Sample No.	: 2408462847
Age / Gender	: 61 Y / Male	Collected	: 15/08/2024 10:00
Referred by	: DR AHSAN	Registered	: 15/08/2024 15:36
Centre	: CITICARE MEDICAL CENTER	Reported	: 15/08/2024 22:02

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	35.8	CH	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

INTERPRETATION NOTES :

- 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.
- 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).
- CRP response may be less pronounced in patients suffering from liver disease.
- 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.

Sample Type : Serum

End of Report

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

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


HARSHAD MANIKANDAN
Laboratory Technician

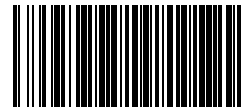
This is an electronically authenticated report

Page 1 of 2

Printed on: 15/08/2024 22:04

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.





BML452819

Laboratory Investigation Report

Name	: Mr. ACHARY VENU GOPAL	Ref No.	: 43832
DOB	: 02/06/1963	Sample No.	: 2408462847
Age / Gender	: 61 Y / Male	Collected	: 15/08/2024 10:00
Referred by	: DR AHSAN	Registered	: 15/08/2024 15:36
Centre	: CITICARE MEDICAL CENTER	Reported	: 15/08/2024 20:37

HAEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
BLOOD GROUP (ABO & RH TYPE)					
ABO Group	"O"	-		-	Gel Card Technique
Rh Type	Positive	-		-	Gel Card Technique

Sample Type : EDTA Whole Blood

End of Report



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

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



Thahsina Anees
Laboratory Technologist

This is an electronically authenticated report

Page 2 of 2

Printed on: 15/08/2024 22:04

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.

