

LABORATORY REPORT

Name	: EDRINE MIRO	File. No.	: AAL02-368375
DOB/Gender	: 07-10-2000 (23 Yrs 10 Month 10 Days/Male)	Referral Doctor	: Dr. Humaira Mumtaz
Lab No.	: 22242280362	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 15-08-2024 22:05:18	Clinic File No	: 42105
Insurance	: NATIONAL GENERAL INSURANCE (HEALTHNET)		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.23	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	17.0	g/dl	13.0 - 17.0	Photometry-SLS
HCT	47.5	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	90.8	fl	83.0 - 101.0	Calculation
MCH	32.5 ^H	pg	27-32	Calculation
MCHC	35.8 ^H	g/dL	31.5 - 34.5	Calculation
Platelet Count	182	10 ³ /uL	150 - 400	HF (DCD)
WBC	5.58	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	41.2	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	43.2 ^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	10.6 ^H	%	2.0-10.0	Flow Cytometry
Eosinophils	4.3	%	1 - 6	Flow Cytometry
Basophils	0.7	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	2.30	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	2.41	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.59	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.24	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.04	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.

ERYTHROCYTE SEDIMENTATION RATE (ESR) AUTOMATED

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 : 15-08-2024 20:00:00
Authenticated On : 15-08-2024 23:22:10

Received On : 15-08-2024 22:14:00
Released On : 15-08-2024 23:26:26



Esmeralda Obenita
Lab Incharge
DHA-P-2992011

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Lab No. : **22242280362** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **15-08-2024 22:05:18** Clinic File No : **42105**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

Test Name	Result	Units	Ref. Range	Method
ESR (whole blood)	3	mmhr	up to 10	Modified Westergren

Sample Type : EDTA WB

----- End Of Report -----

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