



Laboratory Investigation Report

Name : Mr. SAMUEL CUDJOE

 DOB
 : 14/10/1992

 Age / Gender
 : 31 Y / Male

 Referred by
 : DR. SRIKANTH

Centre : CITICARE MEDICAL CENTER

Ref No. : 43900

Sample No. : 2408469237

Collected : 29/08/2024 21:20 **Registered** : 29/08/2024 22:52

Reported : 29/08/2024 23:15

Test	Result F	lag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	16.5		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.3		10^6/μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	46.8		%	38 - 50	Calculation
MCV	87.8		fL	82 - 98	Calculation
мсн	31		pg	27 - 32	Calculation
мснс	35.3		g/dL	32 - 37	Calculation
RDW	12.7		%	11.8 - 15.6	Calculation
RDW-SD	38.9		fL		Calculation
MPV	8.4		fL	7.6 - 10.8	Calculation
PLATELET COUNT	280		10^3/uL	150 - 450	Electrical Impedance
РСТ	0.2		%	0.01 - 9.99	Calculation
PDW	17.8		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.7		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNTA	0.04		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.1		%		VCS 360 Technology
ABSOLUTE EGC^	0.0		10^3/uL		Calculation
WBC COUNT	5.4		10^3/μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	58		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	32		%	20 - 45	VCS 360 Technology
EOSINOPHILS	5		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	3.1		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.7		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.2		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.3		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

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

This is an electronically authenticated report

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Thahsina AneesLaboratory Technologist
Printed on: 29/08/2024 23:45

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.





P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com





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DOB 14/10/1992 Sample No. 2408469237 Age / Gender 31 Y / Male Collected 29/08/2024 21:20 Referred by DR. SRIKANTH Registered 29/08/2024 22:52 29/08/2024 23:15 Centre CITICARE MEDICAL CENTER Reported

HEMATOLOGY

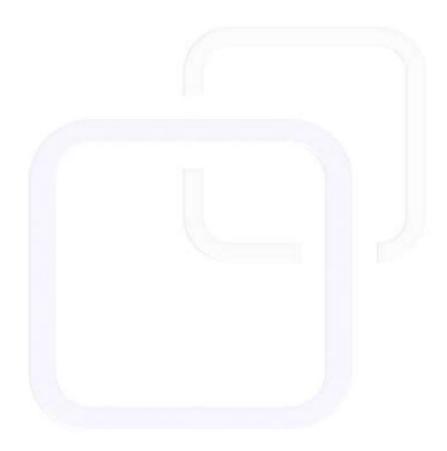
Test Result Flag Unit Reference Range Methodology

COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES: Please note update on CBC report format, reference ranges and method(Beckman Coulter).

Sample Type: EDTA Whole Blood

End of Report



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

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

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Uslah sina Thahsina Anees

Laboratory Technologist Printed on: 29/08/2024 23:45

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DOB

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Sample No. : 2408469237

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IMMUNOLOGY

Test Result Flag Unit Reference Range Methodology

HEPATITIS B SURFACE ANTIGEN (HBSAG) 0.33 COI Non-Reactive: < 0.9 ECLIA

Borderline: =/>0.9 - <1.0 Reactive: =/>1.0

Note changes in method and

reference range. Source: Roche IFU.

INTERPRETATION NOTES:

A positive HBsAg test result means that the patient is infected with acute or chronic hepatitis B virus or chronic HBV carrier state. A negative result implies the patient is not infected with hepatitis B.

HIV I & II ANTIBODY AND P24 ANTIGEN 0.09 S/CO Non-Reactive: <1.0 ECLIA

Reactive: =/>1.0 Source: Roche IFU.

INTERPRETATION NOTES:

1. A negative test result does not completely rule out the possibility of an infection with HIV. Serum or plasma samples from the very early (preserved on the late phase of HIV infection can occasionally vield negative findings. Yet unknown HIV variants can also lead to a negative HIV finding. The presence of antibodies to HIV is not a diagnosis.

yield negative findings. Yet unknown HIV variants can also lead to a negative HIV finding. The presence of antibodies to HIV is not a diagnosis of AIDS.

2. For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

3. This is a screening test.

Source: Roche Cobas IFU.

Sample Type : Serum

End of Report

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

P.O Box: 49527

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

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Dubai, UAE

NAZAR MOHAMED ALI Laboratory Technologist Printed on: 29/08/2024 23:45

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