

LABORATORY REPORT

Name	: MAH AFROZE AHMED MEMON	File. No.	: AAL02-425540
DOB/Gender	: 15-09-1991 (33 Yrs 2 Month /Female)	Referral Doctor	: Dr. Ahsan Hussain
Lab No.	: 22243200149	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 15-11-2024 14:04:26	Clinic File No	: 44912
Insurance	: NEXTCARE		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	4.48	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	13.4	g/dl	12.0 - 15.0	Photometry-SLS
HCT	39.7	%	36.0 - 46.0	Hydrodynamic focusing (HF)
MCV	88.6	fl	83.0 - 101.0	Calculation
MCH	29.9	pg	27-32	Calculation
MCHC	33.8	g/dL	31.5 - 34.5	Calculation
Platelet Count	357	10 ³ /uL	150-400	HF (DCD)
WBC	13.97 ^H	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	76.3	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	16.4 ^L	%	20.0 - 40.0	Flow Cytometry
Monocytes	5.7	%	2-10	Flow Cytometry
Eosinophils	1.1	%	1 - 6	Flow Cytometry
Basophils	0.5	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	10.66 ^H	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	2.29	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.79	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.16	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.07	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 : 15-11-2024 11:20:00
Authenticated On : 15-11-2024 16:13:10

Received On : 15-11-2024 14:19:00
Released On : 15-11-2024 16:39:59

Pring

Padmapriya Kumaresan
Sr. Technician
DHA-P-2992011

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Lab No. : **22243200149** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **15-11-2024 14:04:26** Clinic File No : **44912**
Insurance : **NEXTCARE**

IMMUNOLOGY/SEROLOGY/INFECTIOUS DISEASES

Test Name	Result	Units	Ref. Range	Method
Total IgE (serum)	19.6	IU/mL	< 87.0	CLIA

Concentration of biotin greater than 1500 ng/mL may affect the patient result.

Sample Type : Serum

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

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