LABORATORY REPORT

Name	: **ADEL SAYED RAMADAN SAYED**	File. No.	: **AAL02-364523**
DOB/Gender	: **26-02-1974 (50 Yrs 7 Month 19 Days/Male)**	Referral Doctor	: **Dr. Humaira Mumtaz**
Lab No.	: **22242890463**	Referral Clinic	: **Citicare Medical Center LLC**
Request Date	: **15-10-2024 21:20:21**	Clinic File No	: **35050**
Insurance	: **NATIONAL GENERAL INSURANCE (HEALTHNET)**		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL				
RBC	4.66	10^12/L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	15.2	g/dl	13.0 - 17.0	Photometry-SLS
HCT	44.5	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	95.5	fl	83.0 - 101.0	Calculation
MCH	**32.6** H	pg	27-32	Calculation
MCHC	34.2	g/dL	31.5 - 34.5	Calculation
Platelet Count	188	10^3/uL	150 - 400	HF (DCD)
WBC	**10.18** H	10^3/uL	4.00 - 10.00	Flow Cytometry
DIFFERENTIAL COUNT (%)				
Neutrophils	69.8	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	23.0	%	20.0 - 40.0	Flow Cytometry
Monocytes	6.3	%	2.0-10.0	Flow Cytometry
Eosinophils	**0.8** L	%	1 - 6	Flow Cytometry
Basophils	0.1	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
DIFFERENTIAL COUNT (ABSOLUTE)				
Neutrophils (Absolute)	**7.11** H	10^3/uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	2.34	10^3/uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.64	10^3/uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.08	10^3/uL	0.02 - 0.50	Calculation
Basophils (Absolute)	**0.01** L	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 : 15-10-2024 18:55:00
Authenticated On : 16-10-2024 00:10:49
Received On : 15-10-2024 21:30:00
Released On : 16-10-2024 00:19:05

Esmeralda Obenita
Lab Incharge
DHA-P-2992011

LABORATORY REPORT

Name	: **ADEL SAYED RAMADAN SAYED**	File. No.	: **AAL02-364523**
DOB/Gender	: **26-02-1974 (50 Yrs 7 Month 19 Days/Male)**	Referral Doctor	: **Dr. Humaira Mumtaz**
Lab No.	: **22242890463**	Referral Clinic	: **Citicare Medical Center LLC**
Request Date	: **15-10-2024 21:20:21**	Clinic File No	: **35050**
Insurance	: **NATIONAL GENERAL INSURANCE (HEALTHNET)**		

Test Name	Result	Units	Ref. Range	Method

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

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 : 15-10-2024 18:55:00
Authenticated On : 16-10-2024 00:10:49
Received On : 15-10-2024 21:30:00
Released On : 16-10-2024 00:19:05

Esmeralda Obenita
Lab Incharge
DHA-P-2992011