

Al Abbar Laboratories for Research and Medical Analysis مختبرات العبارللأبحاث و التحاليل الطبية



إدارة دبى للإعتماد طبقا لمواصفات الأيزو ١٥١٨٩ - Dubai Accreditation Department for ISO 15189

LABORATORY REPORT

: OBINNA CHRISTINA NWAKALOR Name File. No. : AAL02-427612 DOB/Gender : 18-12-1988 (35 Yrs 11 Month 9 Days/Male) Referral Doctor : Dr. Humaira Mumtaz

Lab No. : 22243320451 Referral Clinic : Citicare Medical Center LLC

Request Date : 27-11-2024 22:36 Clinic File No : 45041

: NATIONAL GENERAL INSURANCE (HEALTHNET) Insurance

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (C	BC) WITH DIFFERENTI	<u>IAL</u>		
RBC	5.33	10^12/L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	15.3	g/dl	13.0 - 17.0	Photometry-SLS
нст	48.7	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	91.4	fl	83.0 - 101.0	Calculation
MCH	28.7	pg	27-32	Calculation
MCHC	31.4 ^L	g/dL	31.5 - 34.5	Calculation
Platelet Count	220	10^3/uL	150 - 400	HF (DCD)
WBC	5.76	10^3/uL	4.00 - 10.00	Flow Cytometry
DIFFERENTIAL COUNT (%)				
Neutrophils	30.7 ^L	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	56.1 ^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	8.9	%	2.0-10.0	Flow Cytometry
Eosinophils	2.6	%	1 - 6	Flow Cytometry
Basophils	1.7	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
DIFFERENTIAL COUNT (ABSOL	LUTE)			
Neutrophils (Absolute)	1.77 ^L	10^3/uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.23 ^H	10^3/uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.51	10^3/uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.15	10^3/uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.10	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: 27-11-2024 05:06:00 Authenticated On: 27-11-2024 23:45:40 Printed On: 27-11-2024 23:54:26

Released On: 27-11-2024 23:47:09 Reprinted On: 28-11-2024 20:42:55

Received On: 27-11-2024 22:37:00

Esmeralda Obenita

Lab Incharge DHA-P-2992011





Lab No.

Insurance

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: 18-12-1988 (35 Yrs 11 Month 9 Days/Male)

: 22243320451

Request Date : 27-11-2024 22:36

File. No. : AAL02-427612

Referral Doctor : Dr. Humaira Mumtaz

Referral Clinic : Citicare Medical Center LLC

Clinic File No : 45041

: NATIONAL GENERAL INSURANCE (HEALTHNET)

CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
C-Reactive Protein (CRP)	<0.60	mg/L	Negative < or = to 5.0	Immunoturbidim etric Assay

CRP is an acute phase protein whose concentration rises non -specifically in response to inflammation. CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended in order to help rule out a recent response to undetected infection or tissue injury. Please note Reference Range Reviewed w.ef 15/10/23

Sample Type : Serum

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Insurance : NATIONAL GENERAL INSURANCE (HEALTHNET)

IMMUNOLOGY/SEROLOGY/INFECTIOUS DISEASES

Test Name	Result	Units	Ref. Range	Method
H.pylori Abs - IgG	>200.0 ^H	AU/mL	Negative: < 8 Doubtfull: 8 - 12	ELISA

Positive: > 12

: AAL02-427612

A positive test result confirms the presence of specific antibodies.

A negative result indicates that no clinically relevant antibodies against the pathogen are present in the patient's sample, but does not exclude the possibility of an acute infection.

In case of a borderline result a reliable evaluation is not possible.

A definitive diagnosis can only be achieved by testing paired serum samples, taken at one to two weeks intervals, in parallel.

Remarks:

Lab No.

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

Sample Type : Serum

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

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