

LABORATORY REPORT

Name : **MA. THERESSA VANESSA GONZALES DELA CRUZ** File. No. : **DML01-1295219**
DOB/Gender : **20-07-1989 (35 Yrs 5 Month 7 Days/Female)** Referral Doctor : **Dr. Enomen Goodluck Ekata**
Lab No. : **22243610109** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **26-12-2024 13:32:55** Clinic File No : **35400**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	4.21	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	12.2	g/dl	12.0 - 15.0	Photometry-SLS
HCT	37.2	%	36.0 - 46.0	Hydrodynamic focusing (HF)
MCV	88.4	fl	83.0 - 101.0	Calculation
MCH	29.0	pg	27-32	Calculation
MCHC	32.8	g/dL	31.5 - 34.5	Calculation
Platelet Count	344	10 ³ /uL	150-400	HF (DCD)
WBC	7.13	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	39.5 ^L	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	46.6 ^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	9.1	%	2-10	Flow Cytometry
Eosinophils	4.2	%	1 - 6	Flow Cytometry
Basophils	0.6	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	2.82	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.32 ^H	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.65	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.30	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.

These tests are accredited under ISO 15189:2022 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 : 26-12-2024 11:00:00
Authenticated On : 26-12-2024 14:48:27

Received On : 26-12-2024 13:42:00
Released On : 26-12-2024 15:30:42

Pring

Padmapriya Kumareshan
Sr. Technician
DHA-P-2992011

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Lab No.	: 22243610109	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 26-12-2024 13:32:55	Clinic File No	: 35400
Insurance	: NATIONAL GENERAL INSURANCE (HEALTHNET)		

Test Name	Result	Units	Ref. Range	Method
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Sample Type : EDTA WB

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CLINICAL BIOCHEMISTRY

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

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

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