



Tel : 971 4 398 8567
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Mr. ABDELMASIH HENDY ROMAN

PID NO : 45596
Age : 25 Years Sex : Male



Reference : Dr. AMAIZAH ISHTIAQ
Sample Collected At :
CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barsha South
Third, Dubai

VID : 5050101179
Registered
04-May-2025 02:3
Collector
02-May-2025 09:2
Reporter
04-May-2025 05:3

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
* C-REACTIVE PROTEIN (CRP) (Serum, Particle-enhanced immunoturbidimetric assay)	9.67	H	mg/L	< 5.0 Please note change. Source: Roche IFU.

INTERPRETATION :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- CRP response may be less pronounced in patients suffering from liver disease.
- CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infective wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection."

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

Vyoma V. Shah
DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

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Eloisa May Delmo
ELOISA MAY DELMO
Laboratory Technologist

This is an Electronically Authenticated Report.
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 unless specified by (*).
Printed on: 05-May-2025 06:12 P



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