LB-MED-305

Patient Name	:	Ms. TYCLANE MBUS WAMBUI	**Sample UID No.**	:	G4089884R
Age / Gender	:	21 Y / Female	**Sample Collected On**	:	23-06-2025 23:04
Patient ID	:	QLD089691	**Registered On**	:	23-06-2025 23:07
Referred By	:	Dr. AISHA	**Reported on**	:	24-06-2025 19:01
Referral Client	:	CITICARE MEDICAL CENTER(INSURANCE)	**External Patient ID**	:	47225
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
GLUCOSE (RANDOM)	82		mg/dL	70 – 140	Hexokinase

Sample: Fluoride Plasma

Comments :

CLINICAL IMPLICATION:

ADA criteria for definitive test for diabetes:

1) Fasting blood glucose > 126 mg/dl (> 6.99 mmol/l) on at least two occasions
2) Symptoms of diabetes plus random blood glucose > 200 mg/dl (> 11.1 mmol/l)
3) OGTT with 2 hrs. post load (75 gm glucose load) > 200 mg/dl (> 11.1 mmol/l) 4) HbA1c > 6.5%

INTERFERING FACTORS:

1) Steroids, diuretics, pregnancy, surgical procedures, anesthesia, obesity, smoking may cause elevated glucose levels.
2) Hematocrit > 55%, intense exercise, drug intake may cause lowered glucose level.
3) Dawn Phenomenon-Increase in blood glucose typically between 4.00am and 8.00 am due to counter- regulatory hormones.

RECOMMENDATION:

As mild borderline cases may present with normal fasting glucose levels, recommended repeat testing on a different day.

Reference:

1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
2) Tietz clinical guide to Laboratory tests (Fourth edition) ALAN H.B. WU

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

Ebin C Lorance
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DHA No. 57146854-002

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Dr. Dheepa Manoharan
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LB-MED-305

Patient Name	: Ms. TYCLANE MBUS WAMBUI		**Sample UID No.**	:	4089884
Age / Gender	: 21 Y / Female		**Sample Collected On**	:	23-06-2025 23:04
Patient ID	: QLD089691		**Registered On**	:	23-06-2025 23:07
Referred By	: Dr. AISHA		**Reported on**	:	24-06-2025 19:01
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)		**External Patient ID**	:	47225
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
* C-REACTIVE PROTEIN (CRP)	1.9		mg/L	< 5	Particle enhanced immunoturbidimetric assay

Sample: Serum

Comments :

CLINICAL IMPLICATIONS:

1. CRP is the most sensitive acute phase reactant that can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgeryor neoplastic proliferation. CRP levels may predict future cardiovascular events and can be used as a screening tool.

2. The traditional test of CRP has added significance over the elevated ESR, which may be influenced by altered physiologic states. CRP tends to increase before rises in antibody titres and ESR level occurs. CRP levels also tend to decrease sooner than ESR levels.

3. The traditional test for CRP is elevated in rheumatic fever, RA, myocardial infarction, malignancy, bacterial and viral infections. The positive test indicates active inflammation but not its cause. In RA, the traditional test for CRP becomes negative with successful treatment and indicates that the inflammation has subsided.

4.High sensitive measurement of CRP (hs-CRP) are useful in assessing vascular inflammation and cardiovascular stratification. A single test for hs-CRP may not reflect an individual patient basal hs-CRP level, therefore follow up tests or serial measurements may be required in patients presenting with increased hs-CRP levels.

INTERFERING FACTORS: Haemolysed or lipemic sample may alter the results.

REFERENCE:

1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]

2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

- END OF REPORT -

Note:

"The analytes with asterix (*) symbol are non-accredited parameters.".

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LB-MED-305

Patient Name	: Ms. TYCLANE MBUS WAMBUI		**Sample UID No.**	:	EB4089884
Age / Gender	: 21 Y / Female		**Sample Collected On**	:	23-06-2025 23:04
Patient ID	: QLD089691		**Registered On**	:	23-06-2025 23:07
Referred By	: Dr. AISHA		**Reported on**	:	24-06-2025 06:51
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)		**External Patient ID**	:	47225
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of HEMATOLOGY

COMPREHENSIVE COMPLETE BLOOD COUNT

Investigation	Results	Flag	Units	Biological Reference Interval	Method
HEMOGLOBIN	11.6	L	g/dl	12-15	photometric
RBC COUNT	4.28		10^6/uL	3.8-4.8	Electrical Impedance
HEMATOCRIT	35.1	L	%	37-47	Calculation
MCV	82		fL	78-100	Calculation
MCH	27.1		pg	27-31	Calculation
MCHC	33.1		g/dl	31-35	Calculation
RDW	14.2		%	9.3-16	Calculation
RDW-SD	41.1		fL	38.9-49	Calculation
MPV	9		fL	8.8-12.5	Calculation
PLATELET COUNT	227		10^3/uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	16.5			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.11		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	1.05		%		Flow Cytometry
* ABSOLUTE EGC^	0.04		10^3/uL		Calculation
WBC COUNT	4		10^3/uL	4-11	Electrical Impedance
* Neutrophil	77.77		%	40-80	VCS-Method
* Lymphocyte	9.75	L	%	20-40	VCS-Method
* Eosinophil	0.18	L	%	1-8	VCS-Method
* Monocyte	11.88	H	%	2-10	VCS-Method
* Basophil	0.42		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	3.13		10^3/uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	0.39	L	10^3/uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.48		10^3/uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.01		10^3/uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.02		10^3/uL	0-0.2	Calculation

Sample: EDTA Whole Blood

- END OF REPORT -

Note:

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