

Patient Name	: Ms. HOLA HA VI	Sample UID No.	: 4090583
Age / Gender	: 30 Y 3 M / Female	Sample Collected On	: 26-06-2025 17:02
Patient ID	: QLD090390	Registered On	: 26-06-2025 17:07
Referred By	: DR AMAZAH	Reported on	: 26-06-2025 18:51
Referral Client	: CITICARE MEDICAL CENTER	External Patient ID	: 47240
Emirates ID / Passport No	:	Print Version	: V.1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
* C-REACTIVE PROTEIN (CRP)	4.4		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, surgery or 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."
"QLabs compliance with ISO 15189:2022 standards"

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Department of CLINICAL PATHOLOGY

STOOL ANALYSIS (ROUTINE)

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Sample: Stool					
PHYSICAL EXAMINATION					
CONSISTENCY/FORM	Formed		--	Formed	
COLOR, STOOL	Brown		--	Brown	
MUCUS	Nil		--	Nil	
BLOOD	Nil		--	Nil	
MICROSCOPIC EXAMINATION					
WBC	Nil		--	Occasional	
RBC	Nil		/HPF	Nil	
OVA	Nil		/HPF	Nil	
CYST	Nil		/HPF	Nil	
FAT GLOBULES	Nil		/HPF	Nil	
PARASITES	Nil		/HPF	Nil	
YEAST	Nil		/HPF	Nil	
UNDIGESTED FOOD PARTICLES	Nil		/HPF	Nil	

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Department of HEMATOLOGY

COMPREHENSIVE COMPLETE BLOOD COUNT

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HEMOGLOBIN	12.1		g/dl	12-15	photometric
RBC COUNT	4.17		10 ⁶ /uL	3.8-4.8	Electrical Impedance
HEMATOCRIT	35.5	L	%	37-47	Calculation
MCV	85		fL	78-100	Calculation
MCH	29		pg	27-31	Calculation
MCHC	34.2		g/dl	31-35	Calculation
RDW	13		%	9.3-16	Calculation
RDW-SD	39.4		fL	38.9-49	Calculation
MPV	11.6		fL	8.8-12.5	Calculation
PLATELET COUNT	192		10 ³ /uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	17.6			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.13		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.01		10 ³ /uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	0.15		%		Flow Cytometry
* ABSOLUTE EGC^	0.01		10 ³ /uL		Calculation
WBC COUNT	5.1		10 ³ /uL	4-11	Electrical Impedance
* Neutrophil	63.19		%	40-80	VCS-Method
* Lymphocyte	26.21		%	20-40	VCS-Method
* Eosinophil	1.14		%	1-8	VCS-Method
* Monocyte	8.92		%	2-10	VCS-Method
* Basophil	0.54		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	3.21		10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	1.33	L	10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.45		10 ³ /uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.06		10 ³ /uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.03		10 ³ /uL	0-0.2	Calculation

Sample: EDTA Whole Blood

- END OF REPORT -

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Department of MICROBIOLOGY
CULTURE AND SENSITIVITY (STOOL)
Final Report

Result

Organism Details

Specimen : Stool
Culture report: **No Salmonella and Shigella species grown in culture.**

Comments:

- A. Campylobacter species and Yersinia species are not detected with conventional media.
- B. Quality controls for organisms are routinely performed using recommended ATCC strains.

References:

- 1. Clinical Microbiology procedures Handbook - Amy .L. Leber -4th edition.
- 2. Konneman colour Atlas and Textbook of Diagnostic Microbiology 7th edition.
- 3. CLSI M100 Ed 31 performance standards for Antimicrobial susceptibility testing.

- END OF REPORT -

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Verified By

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