

Patient Name	: Mr. ZUBAIR ALI ASHRAF ALI	Sample UID No.	: 4105494
Age / Gender	: 25 Y / Male	Sample Collected On	: 05-08-2025 17:10
Patient ID	: QLD105044	Registered On	: 06-08-2025 00:46
Referred By	: Dr. AISHA	Reported on	: 06-08-2025 05:50
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 43985
Emirates ID / Passport No	:	Print Version	: V.1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
* C-REACTIVE PROTEIN (CRP)	2.1		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

Note:

"The analytes with asterisk (*) symbol are non-accredited parameters."
"QLabs compliance with ISO 15189:2022 standards"



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Referred By	: Dr. AISHA	Reported on	: 06-08-2025 07:09
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 43985
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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	14.1		g/dl	13-17	photometric
RBC COUNT	5.26		10 ⁶ /uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	42.4		%	42-52	Calculation
MCV	80.6		fL	78-100	Calculation
MCH	26.8	L	pg	27-31	Calculation
MCHC	33.2		g/dl	31-35	Calculation
RDW	13.8		%	9.3-16	Calculation
RDW-SD	39.8		fL	38.9-49	Calculation
MPV	9.8		fL	8.8-12.5	Calculation
PLATELET COUNT	242		10 ³ /uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	17			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.07		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0		10 ³ /uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	0.6		%		Flow Cytometry
* ABSOLUTE EGC^	0.03		10 ³ /uL		Calculation
WBC COUNT	4.5		10 ³ /uL	4-11	Electrical Impedance
* Neutrophil	49.77		%	40-80	VCS-Method
* Lymphocyte	34.33		%	20-40	VCS-Method
* Eosinophil	1.59		%	1-8	VCS-Method
* Monocyte	13.58	H	%	2-10	VCS-Method
* Basophil	0.73		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	2.25		10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	1.55		10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.61		10 ³ /uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.07		10 ³ /uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.03		10 ³ /uL	0-0.2	Calculation

Sample: EDTA Whole Blood

Note:

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Patient ID	: QLD105044	Registered On	: 06-08-2025 00:46
Referred By	: Dr. AISHA	Reported on	: 07-08-2025 15:43
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 43985
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Department of IMMUNOLOGY

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
IGE TOTAL ANTIBODY	1417	H	IU/mL	0 - 100	ECLIA

Sample: Serum

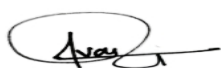
Interpretation Notes :

An elevated level of total IgE indicates an allergic process is likely present, but it will not indicate what a person is allergic to. In general, the greater the number of things a person is allergic to, the higher the total IgE level may be. An IgE elevation can also indicate the presence of a parasitic infection but cannot be used to determine the type of infection.

A normal IgE level makes it less likely that a person has allergies but does not rule them out due to the length of time between exposures. In between exposures, a person's IgE level may drop.

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"



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