LB-MED-305

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name** | : | Mr. AMIR JAWED ABBASI JAWED MUMTAZ ABBASI | **Sample UID No.** | : | 4107864 |
| **Age / Gender** | : | 37 Y / Male | **Sample Collected On** | : | 11-08-2025 23:15 |
| **Patient ID** | : | QLD107404 | **Registered On** | : | 12-08-2025 15:54 |
| **Referred By** | : | Dr. AISHA | **Reported on** | : | 13-08-2025 06:26 |
| **Referral Client** | : | CITICARE MEDICAL CENTER(INSURANCE) | **External Patient ID** | : | 44637 |
| **Emirates ID / Passport No** | : | | **Print Version** | : | V.1 |

## Department of BIOCHEMISTRY

| Investigation | Results | Flag | Units | Biological Reference Interval | Method |
|---|---|---|---|---|---|
| * C-REACTIVE PROTEIN (CRP) | 7.8 | H | 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

**Note:**

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

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| **Patient Name** | : | Mr. AMIR JAWED ABBASI JAWED MUMTAZ ABBASI | **Sample UID No.** | : | EB4107864 |
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## Department of HEMATOLOGY

## COMPREHENSIVE COMPLETE BLOOD COUNT

| Investigation | Results | Flag | Units | Biological Reference Interval | Method |
|---|---|---|---|---|---|
| HEMOGLOBIN | 16 | | g/dl | 13-17 | photometric |
| RBC COUNT | 5.81 | H | 10^6/uL | 4.5-5.5 | Electrical Impedance |
| HEMATOCRIT | 49 | | % | 42-52 | Calculation |
| MCV | 84.3 | | fL | 78-100 | Calculation |
| MCH | 27.5 | | pg | 27-31 | Calculation |
| MCHC | 32.6 | | g/dl | 31-35 | Calculation |
| RDW | 14.9 | | % | 9.3-16 | Calculation |
| RDW-SD | 44.6 | | fL | 38.9-49 | Calculation |
| MPV | 8.1 | L | fL | 8.8-12.5 | Calculation |
| PLATELET COUNT | 290 | | 10^3/uL | 150-400 | Electrical Impedance |
| * PCT | 0.2 | | % | 0.01-9.99 | Calculation |
| * PDW | 16.1 | | | 0.1-99.9 | Calculation |
| * NUCLEATED RBC (NRBC)^ | 0.32 | | /100 WBC | | Flow Cytometry |
| * ABSOLUTE NRBC COUNT^ | 0.03 | | 10^3/uL | | Calculation |
| * EARLY GRANULOCYTE COUNT (EGC)^ | 0.27 | | % | | Flow Cytometry |
| * ABSOLUTE EGC^ | 0.03 | | 10^3/uL | | Calculation |
| WBC COUNT | 9.3 | | 10^3/uL | 4-11 | Electrical Impedance |
| * Neutrophil | 53.58 | | % | 40-80 | VCS-Method |
| * Lymphocyte | 32.92 | | % | 20-40 | VCS-Method |
| * Eosinophil | 2.78 | | % | 1-8 | VCS-Method |
| * Monocyte | 9.52 | | % | 2-10 | VCS-Method |
| * Basophil | 1.2 | | % | 0-2 | VCS-Method |
| * ABSOLUTE NEUTROPHIL COUNT | 4.99 | | 10^3/uL | 1.5-7 | Calculation |
| * ABSOLUTE LYMPHOCYTE COUNT | 3.06 | | 10^3/uL | 1.5-4 | Calculation |
| * ABSOLUTE MONOCYTE COUNT | 0.89 | H | 10^3/uL | 0-0.8 | Calculation |
| * ABSOLUTE EOSINOPHIL COUNT | 0.26 | | 10^3/uL | 0-0.6 | Calculation |
| * ABSOLUTE BASOPHIL COUNT | 0.11 | | 10^3/uL | 0-0.2 | Calculation |

Sample: EDTA Whole Blood

**- END OF REPORT -**

**Note:**

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"QLabs compliance with ISO 15189:2022 standards"

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