LB-MED-305

Patient Name	:	Mr. MUHAMMAD SHOAIB RAFIQUE MUHAMMAD RAFIQ	**Sample UID No.**	:	4109389
Age / Gender	:	40 Y / Male	**Sample Collected On**	:	16-08-2025 18:30
Patient ID	:	QLD108844	**Registered On**	:	16-08-2025 18:32
Referred By	:	DR KEERTHANA	**Reported on**	:	17-08-2025 07:55
Referral Client	:	CITICARE MEDICAL CENTER(INSURANCE)	**External Patient ID**	:	38048
Emirates ID / Passport No	:	784198561817259	**Print Version**	:	V 1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
* C-REACTIVE PROTEIN (CRP)	7.3	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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Department of HEMATOLOGY

COMPREHENSIVE COMPLETE BLOOD COUNT

Investigation	Results	Flag	Units	Biological Reference Interval	Method
HEMOGLOBIN	16		g/dl	13-17	photometric
RBC COUNT	5.4		10^6/uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	47.8		%	42-52	Calculation
MCV	88.6		fL	78-100	Calculation
MCH	29.6		pg	27-31	Calculation
MCHC	33.4		g/dl	31-35	Calculation
RDW	13.6		%	9.3-16	Calculation
RDW-SD	42.9		fL	38.9-49	Calculation
MPV	11.2		fL	8.8-12.5	Calculation
PLATELET COUNT	193		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)^	0.46		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.04		10^3/uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	0.15		%		Flow Cytometry
* ABSOLUTE EGC^	0.01		10^3/uL		Calculation
WBC COUNT	8.3		10^3/uL	4-11	Electrical Impedance
* Neutrophil	45.8		%	40-80	VCS-Method
* Lymphocyte	41.63	H	%	20-40	VCS-Method
* Eosinophil	1.92		%	1-8	VCS-Method
* Monocyte	9.78		%	2-10	VCS-Method
* Basophil	0.87		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	3.78		10^3/uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	3.44		10^3/uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.81	H	10^3/uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.16		10^3/uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.07		10^3/uL	0-0.2	Calculation

Sample: EDTA Whole Blood

- END OF REPORT -

Note:

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