

Patient Name	: Mr. JAWAD ALI QAMAR ZAMAN	Sample UID No.	: 4111371
Age / Gender	: 23 Y / Male	Sample Collected On	: 22-08-2025 12:00
Patient ID	: QLD110822	Registered On	: 22-08-2025 15:54
Referred By	: Dr. AISHA	Reported on	: 22-08-2025 18:07
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 47682
Emirates ID / Passport No	: 784200264734474	Print Version	: V.1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
URIC ACID (SERUM)	5.93		mg/dl	3.4-7	Enzymatic colorimetric test

Sample: Serum

Interpretation Notes :

Clinical implication:

1) Measurement of uric acid is most commonly used in the evaluation of renal failure, gout and leukemia.

Interference factor:

1) Stress, strenuous exercise, purine rich diet falsely elevate uric acid level.

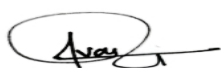
2) high level of aspirin, coffee, tea, can decrease uric acid level.

3) Many drugs may cause increase or decrease uric acid level.

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

"QLabs compliance with ISO 15189:2022 standards"



Vaishnav Jayamohan
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DHA No. 87250933-002





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Investigation	Results	Flag	Units	Biological Reference Interval	Method
* C-REACTIVE PROTEIN (CRP)	3.3		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.

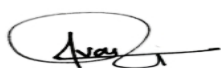
INTERFERING FACTORS: Haemolysed or lipemic sample may alter the results.

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Note:

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Department of CLINICAL PATHOLOGY

COMPREHENSIVE URINE ANALYSIS

Investigation	Results	Flag	Units	Biological Reference Interval	Method
Sample: URINE					
MACROSCOPIC EXAMINATION					
COLOR	Dark yellow			Pale to Dark Yellow	Colorimetric
APPEARANCE	Clear			-	Turbidometric Method
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.015			1.002 - 1.035	Reflectance photometry
pH	6			4.5 - 8	Reflectance photometry
PROTEIN	Neg.			Negative	Reflectance photometry
GLUCOSE	Neg.			Negative	Reflectance photometry
KETONE	Neg.			Negative	Reflectance photometry
UROBILINOGEN	Norm.			Negative	Reflectance photometry
BILIRUBIN	Neg.			Negative	Reflectance photometry
BLOOD	Neg.			Negative	Reflectance photometry
LEUCOCYTES	Neg.			Negative	Reflectance photometry
MICROSCOPIC EXAMINATION					
NITRATE	Neg.			NEGATIVE	Reflectance photometry
PUS CELLS	Nil		/HPF	0 - 5	Microscopy
RBC	Nil		/HPF	0 - 3	Microscopy
NRBC	Nil		/HPF	0 - 3	Microscopy
DRBC	Nil		/HPF	0 - 3	Microscopy
RBC CLUMP	Nil		/HPF	0 - 3	Microscopy
SQUAMOUS EPITHELIAL CELLS	Nil		/HPF	0 - 5	Microscopy
OTHER EPITHELIAL CELLS	Nil		/HPF	0 - 5	Microscopy

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<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
BACTERIA	Nil		/HPF	0 - 5	Microscopy
BACTERIA CLUMP	Nil		/HPF	0 - 5	Microscopy
BACTERIA RODS	Nil		/HPF	0 - 5	Microscopy
BACTERIA COCCI	Nil		/HPF	0 - 5	Microscopy
HYALINE CAST	Nil		/HPF	NIL	Microscopy
PATHOLOGICAL CAST	Nil		/HPF	NIL	Microscopy
GRANULAR CAST	Nil		/HPF	NIL	Microscopy
CELLULAR CAST	Nil		/HPF	NIL	Microscopy
WAXY CAST	Nil		/HPF	NIL	Microscopy
RBC CAST	Nil		/HPF	NIL	Microscopy
WBC CAST	Nil		/HPF	NIL	Microscopy
FACT	Nil		/HPF	NIL	Microscopy
CALCIUM OXALATE CRYSTALS	Few		/HPF	NIL	Microscopy
MONOHYDRATE CALCIUM CRYSTALS	Nil		/HPF	NIL	Microscopy
TRIPLE PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
URIC ACID CRYSTALS	Nil		/HPF	NIL	Microscopy
OTHER SMALL CRYSTALS	Nil		/HPF	NIL	Microscopy
CALCIUM PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
LEUCINE CRYSTALS	Nil		/HPF	NIL	Microscopy
CYSTINE CRYSTALS	Nil		/HPF	NIL	Microscopy
TYROSINE CRYSTALS	Nil		/HPF	NIL	Microscopy
AMORPHOUS CRYSTALS	Nil		/HPF	NIL	Microscopy

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COMPREHENSIVE URINE ANALYSIS

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
CHOLESTEROL CRYSTALS	Nil		/HPF	NIL	Microscopy
FAT	Nil		/HPF	NIL	Microscopy
MUCUS	Occasional		/HPF	NIL	Microscopy
YEAST	Nil		/HPF	NIL	Microscopy
UNCLASSIFIED	Nil		/HPF	NIL	Microscopy
OTHERS	Nil		/HPF	NIL	Microscopy

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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	16.1		g/dl	13-17	photometric
RBC COUNT	5.76	H	10 ⁶ /uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	46.4		%	42-52	Calculation
MCV	80.5		fL	78-100	Calculation
MCH	27.9		pg	27-31	Calculation
MCHC	34.6		g/dl	31-35	Calculation
RDW	13.1		%	9.3-16	Calculation
RDW-SD	38.1	L	fL	38.9-49	Calculation
MPV	9.5		fL	8.8-12.5	Calculation
PLATELET COUNT	232		10 ³ /uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	17.2			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.45		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.04		10 ³ /uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	0.33		%		Flow Cytometry
* ABSOLUTE EGC^	0.03		10 ³ /uL		Calculation
WBC COUNT	8.5		10 ³ /uL	4-11	Electrical Impedance
* Neutrophil	63.5		%	40-80	VCS-Method
* Lymphocyte	27.58		%	20-40	VCS-Method
* Eosinophil	1.95		%	1-8	VCS-Method
* Monocyte	6.22		%	2-10	VCS-Method
* Basophil	0.75		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	5.38		10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	2.33		10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.53		10 ³ /uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.17		10 ³ /uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.06		10 ³ /uL	0-0.2	Calculation

Sample: EDTA Whole Blood

- END OF REPORT -

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