biosytech
MEDICAL LABORATORY

BML495782

Laboratory Investigation Report

Name	:	Ms. NOSIRAT OMOLOLA HASSAN	**Ref No.**	:	45075
DOB	:	16/06/1983	**Sample No.**	:	2411506771
Age / Gender	:	41 Y / Female	**Collected**	:	30/11/2024 17:00
Referred by	:	CITICARE MEDICAL CENTER	**Registered**	:	30/11/2024 22:02
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	30/11/2024 22:58

HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	12.2		g/dL	12 - 15.5	Photometric
RBC COUNT	3.8	L	10^6/µL	3.9 - 5	Electrical Impedance
HEMATOCRIT	35.9		%	35 - 45	Calculation
MCV	94.8		fL	82 - 98	Calculation
MCH	32.4	H	pg	27 - 32	Calculation
MCHC	34.1		g/dL	32 - 37	Calculation
RDW	14.1		%	11.9 - 15.5	Calculation
RDW-SD	45.9		fL		Calculation
MPV	9.3		fL	7.6 - 10.8	Calculation
PLATELET COUNT	222		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.5		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.02		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	1.2		%		VCS 360 Technology
ABSOLUTE EGC^	0.0		10^3/uL		Calculation
WBC COUNT	4.1		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	38	L	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	50		%	30 - 60	VCS 360 Technology
EOSINOPHILS	7	H	%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	1.3	L	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.9		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.5		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.3		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.1		10^3/uL	0 - 0.11	Calculation

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M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					

INTERPRETATION NOTES :

Please note update on CBC report format, reference ranges and method(Beckman Coulter).

Sample Type : *EDTA Whole Blood*

End of Report

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.39		COI	Non-Reactive: <0.9 Borderline: =/>0.9 - <1.0 Reactive: =/>1.0 Note changes in method and reference range. Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

A positive HBsAg test result means that the patient is infected with acute or chronic hepatitis B virus or chronic HBV carrier state.
A negative result implies the patient is not infected with hepatitis B.

HEPATITIS C ANTIBODIES	0.04		COI	Non-Reactive: <0.9 Borderline: =/>0.9 - <1.0 Reactive: =/>1.0 Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

A non-reactive screening test result does not exclude the possibility of exposure to or infection with HCV. Non-reactive screening results in individuals with prior exposure to HCV may be due to low antibody levels that are below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay. Patients with acute or recent HCV infections (< 3 months from time of exposure) may have false-negative HCV antibody results due to the time needed for seroconversion (average of 8 - 9 weeks). Testing for HCV RNA and or RIBA is recommended.

A repeatedly reactive screening result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Testing for HCV RNA and or RIBA is recommended

HIV I & II ANTIBODY AND P24 ANTIGEN	0.18		S/CO	Non-Reactive: <1.0 Reactive: =/>1.0 Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

1. A negative test result does not completely rule out the possibility of an infection with HIV. Serum or plasma samples from the very early (preseroconversion) phase or the late phase of HIV infection can occasionally
yield negative findings. Yet unknown HIV variants can also lead to a negative HIV finding. The presence of antibodies to HIV is not a diagnosis of AIDS.

2. For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology

findings.

3. This is a screening test.

Source: Roche Cobas IFU.

Sample Type : Serum

End of Report

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