

LABORATORY REPORT

Name	: MA ROWENA RONIDEL AREVALO	File. No.	: AAL02-433641
DOB/Gender	: 11-10-1984 (40 Yrs 3 Month 2 Days/Female)	Referral Doctor	: Dr. Humaira Mumtaz
Lab No.	: 22250130179	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 13-01-2025 13:46:03	Clinic File No	: 45521
Insurance	: NEXTCARE		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.38 ^H	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	11.0 ^L	g/dl	12.0 - 15.0	Photometry-SLS
HCT	36.5	%	36.0 - 46.0	Hydrodynamic focusing (HF)
MCV	67.8 ^L	fl	83.0 - 101.0	Calculation
MCH	20.4 ^L	pg	27-32	Calculation
MCHC	30.1 ^L	g/dL	31.5 - 34.5	Calculation
Platelet Count	242	10 ³ /uL	150-400	HF (DCD)
WBC	5.05	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	72.1	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	17.4 ^L	%	20.0 - 40.0	Flow Cytometry
Monocytes	8.9	%	2-10	Flow Cytometry
Eosinophils	1.0	%	1 - 6	Flow Cytometry
Basophils	0.6	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	3.64	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	0.88 ^L	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.45	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.05	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.03	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Recommended to do peripheral smear, iron studies and thalassemia screening. Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

These tests are accredited under ISO 15189:2022 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertain only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

Patient Sample Collected On : 13-01-2025 11:55:00
Authenticated On : 13-01-2025 15:24:58

Received On : 13-01-2025 13:48:00
Released On : 13-01-2025 15:45:41

Pring

Padmapriya Kumaresan
Sr. Technician
DHA-P-2992011

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Request Date	: 13-01-2025 13:46:03	Clinic File No	: 45521
Insurance	: NEXTCARE		

Test Name	Result	Units	Ref. Range	Method
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Sample Type : EDTA WB

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**INFLUENZA VIRUS TYPE A & B ANTIGEN
IMMUNOLOGY/SEROLOGY/INFECTIOUS DISEASES**

Test Name	Result	Units	Ref. Range	Method
*Influenza Virus Type A Antigen	Negative	Qualitative	Negative	Immunochromatography

Please note, the sensitivity of this Immunoassay is 50 - 70 % according to the Center of Disease Control (CDC), Atlanta. According to the manufacturer the sensitivity is 90 %. Therefore we recommend to better test for PCR.

*Influenza Virus Type B Antigen	Negative	Qualitative	Negative	Immunochromatography
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Please note, the sensitivity of this Immunoassay is 50 - 70 % according to the Center of Disease Control (CDC), Atlanta. According to the manufacturer the sensitivity is 90 %. Therefore we recommend to better test for PCR.

Sample Type : Nasopharyngeal Swab

----- End Of Report -----

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