

LABORATORY REPORT

Name : **OLORUNDA EHINMISAN** File. No. : **AAL02-312967**
DOB/Gender : **02-12-1980 (44 Yrs 3 Month 13 Days/Male)** Referral Doctor : **Dr. Amaizah Ishtiaq**
Lab No. : **22250780216** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **19-03-2025 14:45:06** Clinic File No : **37795**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.59^H	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	16.0	g/dl	13.0 - 17.0	Photometry-SLS
HCT	46.9	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	83.9	fl	83.0 - 101.0	Calculation
MCH	28.6	pg	27-32	Calculation
MCHC	34.1	g/dL	31.5 - 34.5	Calculation
Platelet Count	180	10 ³ /uL	150 - 400	HF (DCD)
WBC	7.05	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	42.8	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	46.8^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	8.1	%	2.0-10.0	Flow Cytometry
Eosinophils	2.0	%	1 - 6	Flow Cytometry
Basophils	0.3	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	3.02	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.30^H	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.57	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.14	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.02	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.
Platelet count estimation done manually.

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 : 18-03-2025 05:30:00
Authenticated On : 19-03-2025 18:13:56

Received On : 19-03-2025 17:19:00
Released On : 19-03-2025 18:19:49

Priya

Padmapriya Kumaresan
Sr. Technician
DHA-P-2992011



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Lab No.	: 22250780216	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 19-03-2025 14:45:06	Clinic File No	: 37795
Insurance	: NATIONAL GENERAL INSURANCE (HEALTHNET)		

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

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

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