

Patient Name	: Mr. ISLAM MAKRAM KAMEL MOUSTAFA	Sample UID No.	: EB4065126
Age / Gender	: 36 Y / Male	Sample Collected On	: 23-03-2025 13:37
Patient ID	: QLD065007	Registered On	: 23-03-2025 13:58
Referred By	: PESHAWAR	Reported on	: 23-03-2025 22:27
Referral Client	: CITICARE MEDICAL CENTER	External Patient ID	: 32334
Emirates ID / Passport No	:	Print Version	: V.1

**Department of BIOCHEMISTRY
GENERAL WELLNESS CHECK-UP(PESHAWAR)**

GLYCATED HEMOGLOBIN (HbA1c)

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Sample: EDTA Whole Blood					
GLYCATED HEMOGLOBIN (HbA1C) ^	5.5		%	<5.7 non-diabetic 5.7-6.4 Pre-Diabetic >6.4 Diabetic	HPLC
Average Blood Glucose	111.2		mg/dl	90-120 Good Control 121-150 Fair Control 151-180 Unsatisfactory Control >180 Poor Control	Calculated

Comments :

False elevated levels may be due to hypertriglyceridemia, iron deficiency anemia, B12 deficiency, vit C supplement usage, uremia, hemoglobinopathies. In such cases recommended to evaluate the value using alternative index like fructosamine, glycated albumin or continuous glucose monitoring

CLINICAL IMPLICATIONS:

- 1) Glycated hemoglobin reflects average blood sugar level for 2 to 3 month period and useful for evaluating diabetic medications and to track the control of blood glucose in milder cases.
- 2) Increase in Glycated hemoglobin occurs in non diabetic conditions like Iron deficiency anemia, splenectomy, alcohol toxicity. Decrease in Glycated Hemoglobin in hemolytic anemia, chronic blood loss, pregnancy and chronic renal failure.
- 3) Improvement in the glucose control occurring in the 4 weeks before drawing of the sample is not well reflected in the result since the formation of glycated haemoglobin is irreversible.

INTERFERING FACTORS:

- 1) Presence of HbF and HbH cause falsely elevated values.
- 2) Presence of Hb S, C, E, D, G and Lepore cause falsely decrease results.
- 3) If test results are not consistent with clinical finding check the patient for HbF which elevates HbA1c results.
- 4) Haemolytic blood samples may cause falsely low results because of increased erythrocyte turnover.

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

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

Verified By



Ebin C Lorange
Lab Technologist

DHA No. 57146854-002



Authorised By



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
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**Department of BIOCHEMISTRY
GENERAL WELLNESS CHECK-UP(PESHAWAR)**

GLUCOSE R/F

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Sample: Fluoride Plasma GLUCOSE FASTING	95		mg/dl	74-109	Hexokinase

Comments :

CLINICAL IMPLICATIONS:

ADA criteria for definitive test for diabetes:

- 1) Fasting blood glucose > 126 mg/dl (> 6.99 mmol/l) on at least two occasions.
- 2) Symptoms of diabetes plus random blood glucose > 200 mg/dl (> 11.1 mmol/l)
- 3) OGTT with 2 hrs. post load (75 gm glucose load) > 200 mg/dl (> 11.1 mmol/l) 4) HbA1c > 6.5%

INTERFERING FACTORS:

- 1) Steroids, diuretics, pregnancy, surgical procedures, anesthesia, obesity, smoking may cause elevated glucose levels.
- 2) Hematocrit > 55%, intense exercise, drug intake may cause lowered glucose level.
- 3) Dawn Phenomenon-Increase in blood glucose typically between 4.00am and 8.00 am due to counter-regulatory hormones.

RECOMMENDATION:

As mild borderline cases may present with normal fasting glucose levels, recommended repeat testing on a different day.

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Department of HEMATOLOGY
GENERAL WELLNESS CHECK-UP(PESHAWAR)
ADVANCE COMPLETE BLOOD COUNT

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HEMOGLOBIN	14.2		g/dl	13-17	photometric
WBC COUNT	12.2	H	10 ³ /uL	4-11	Electrical Impedance
RBC COUNT	4.71		10 ⁶ /uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	41.8	L	%	42-52	Calculation
MCV	88.7		fL	78-100	Calculation
MCH	30.1		pg	27-31	Calculation
MCHC	33.9		g/dl	31-35	Calculation
RDW	12.8		%	9.3-16	Calculation
RDW-SD	39.8		fL	38.9-49	Calculation
MPV	10.6		fL	8.8-12.5	Calculation
PLATELET COUNT	260		10 ³ /uL	150-400	Electrical Impedance
* Neutrophil	72.5		%	40-80	VCS-Method
* Lymphocyte	14.6	L	%	20-40	VCS-Method
* Monocyte	11.7	H	%	2-10	VCS-Method
* Eosinophil	0.3	L	%	1-8	VCS-Method
* Basophil	0.9		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	8.8	H	10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	1.8		10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	1.4	H	10 ³ /uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0		10 ³ /uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.1		10 ³ /uL	0-0.2	Calculation

Interpretation Notes :

Interfering factors: Factors such as age, gender, pregnancy, drug intake, excessive fluid intake, dehydration, hyperlipidemia, stress, exercise, post-operative state, new born, clotted specimen may interfere with test results. Hence recommended fresh EDTA blood sample for confirmation.

Reference :-Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition

Sample: EDTA Whole Blood

- END OF REPORT -

Note:

"The analytes with asterix (*) symbol are non-accredited parameters."
"QLabs compliance with ISO 15189:2022 standards"

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