



46289

## **Laboratory Investigation Report**

Name Ms. KIRA ROZOVA Ref No.

**DOB** 26/09/2023 Sample No. 2503556452 Age / Gender 1 Y / Female **Collected** 28/03/2025 16:00

Referred by Dr. AMAIZAH Registered 28/03/2025 22:27 CITICARE MEDICAL CENTER Reported 28/03/2025 23:17 Centre

**BIOCHEMISTRY** 

Result Unit Test Flag **Reference Range** Methodology

**C-REACTIVE PROTEIN (CRP)** 38.7 < 5.0 Particle-enhanced CH mg/L Please note change. immunoturbidimetric assay

Source: Roche IFU.

#### **INTERPRETATION NOTES:**

1. CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.

- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- 4. CRP response may be less pronounced in patients suffering from liver disease.
- 5. CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Serum Sample Type:

End of Report

Dr. Adley Mark Fernandes M.D (Pathology) **Pathologist** 

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

This is an electronically authenticated report

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Page 1 of 3

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**ACCREDITED** 

HARSHAD MANIKANDAN Laboratory Technician

Printed on: 28/03/2025 23:19

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

Dubai, UAE





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HEMATOLOGY					
Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	11.3		g/dL	10.5 - 13.5	Photometric
RBC COUNT	4		10^6/μL	3.7 - 6	Electrical Impedance
HEMATOCRIT	31.5	L	%	33 - 40	Calculation
MCV	78		fL	74 - 89	Calculation
мсн	27.9		pg	27 - 32	Calculation
мснс	35.7		g/dL	32 - 37	Calculation
RDW	15		%	Not established.	Calculation
RDW-SD	41.1		fL		Calculation
MPV	7	L	fL	7.6 - 10.8	Calculation
PLATELET COUNT	309		10^3/uL	150 - 450	Electrical Impedance
РСТ	0.2		%	0.01 - 9.99	Calculation
PDW	15.8		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.1		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.1		%		VCS 360 Technology
ABSOLUTE EGC^	0		10^3/uL		Calculation
WBC COUNT	9.6		10^3/μL	6 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	57		%	30 - 60	VCS 360 Technology
LYMPHOCYTES	37		%	30 - 60	VCS 360 Technology
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	4.1		10^3/uL	1.8 - 6.6	Calculation
ABSOLUTE LYMPHOCYTE COUNT	3.5		10^3/uL	1.58 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		10^3/uL	0.06 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.2		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation

Gome V. Shah

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

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HALEEM HAKKIM Laboratory Technician Printed on: 28/03/2025 23:19

Q-aleem

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Ms. KIRA ROZOVA

Dr. AMAIZAH



28/03/2025 22:27

## **Laboratory Investigation Report**

**Ref No.** : 46289

Registered

 DOB
 : 26/09/2023
 Sample No.
 : 2503556452

 Age / Gender
 : 1 Y / Female
 Collected
 : 28/03/2025 16:00

Centre : CITICARE MEDICAL CENTER Reported : 28/03/2025 22:57

#### **HEMATOLOGY**

Test Result Flag Unit Reference Range Methodology

**COMPLETE BLOOD COUNT (CBC)** 

**INTERPRETATION NOTES:** 

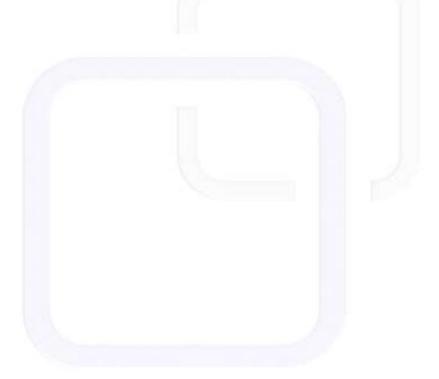
Name

Referred by

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

Sample Type: EDTA Whole Blood

End of Report



Dr. Adley Mark Fernandes M.D (Pathology) Pathologist

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

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**HALEEM HAKKIM**Laboratory Technician

Q aleem

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