



## **Laboratory Investigation Report**

Name Mr. AIBIN PAUL

**DOB** 09/04/1996

Referred by DR.AMAIZAH ISHTIAQ

CITICARE MEDICAL CENTER Centre

29 Y / Male

Ref No.

Sample No. 2504563488

**Collected** Registered

14/04/2025 18:00 15/04/2025 12:18

Reported

15/04/2025 14:26

### **BIOCHEMISTRY**

mg/L

Result Test Flag Unit **Reference Range** Methodology **C-REACTIVE PROTEIN (CRP)** < 5.0

Please note change.

Particle-enhanced immunoturbidimetric assay

Source: Roche IFU.

#### **INTERPRETATION NOTES:**

Age / Gender

- 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.

13.9

- 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** 

This is an electronically authenticated report

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

Page 1 of 3

**ELOISA MAY DELMO** Laboratory Technologist

Printed on: 15/04/2025 14:28

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.





P.O Box: 49527 Tel: +971 4 398 8567 Dubai, UAE reports@biosytech.ae www.biosytech.com





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DOB 09/04/1996 Sample No. 2504563488 Age / Gender 29 Y / Male Collected 14/04/2025 18:00 Referred by DR.AMAIZAH ISHTIAQ Registered 15/04/2025 12:18 CITICARE MEDICAL CENTER 15/04/2025 14:07 Centre Reported

HEMATOLOGY				
Test	Result Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)				
HEMOGLOBIN	15.3	g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.9	10^6/μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	46.9	%	38 - 50	Calculation
MCV	94.8	fL	82 - 98	Calculation
МСН	31.0	pg	27 - 32	Calculation
мснс	32.7	g/dL	32 - 37	Calculation
RDW	13.7	%	11.8 - 15.6	Calculation
RDW-SD	45.1	fL		Calculation
MPV	8.0	fL	7.6 - 10.8	Calculation
PLATELET COUNT	347	10^3/uL	150 - 450	Electrical Impedance
РСТ	0.2	%	0.01 - 9.99	Calculation
PDW	16.4	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)^	0.2	%		VCS 360 Technology
ABSOLUTE EGC^	0.0	10^3/uL		Calculation
WBC COUNT	9.4	10^3/μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)				
NEUTROPHILS	68	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	26	%	20 - 45	VCS 360 Technology
EOSINOPHILS	1	%	0 - 6	VCS 360 Technology
MONOCYTES	5	%	1 - 6	VCS 360 Technology
BASOPHILS	0	%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT				
ABSOLUTE NEUTROPHIL COUNT	6.3	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.4	10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.5	10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1	10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0	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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Page 2 of 3

**Jillian Joy Garcia**Laboratory Technologist
Printed on: 15/04/2025 14:28

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End of Report

**HEMATOLOGY** 

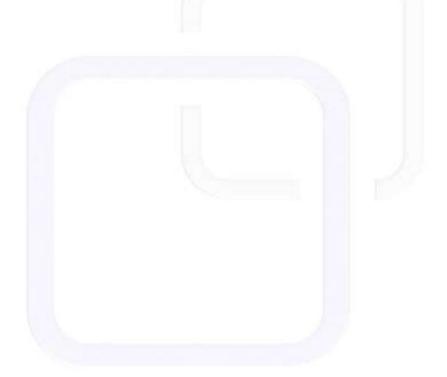
Test Result Flag Unit Reference Range Methodology

COMPLETE BLOOD COUNT (CBC)

**INTERPRETATION NOTES:** 

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

Sample Type: EDTA Whole Blood



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

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Jillian Joy Garcia Laboratory Technologist

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