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MEDICAL LABORATORY

Tel : 971 4 398 8567
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Ms. EVA VERBOVA

PID NO : 46809
Age : 33 Years Sex : Female

Reference : DR. AISHA

Sample Collected At :
CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5050104434

Registered on :
11-May-2025 10:07 PM
Collected on :
11-May-2025 06:00 PM
Reported on :
11-May-2025 11:25 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
*** C-REACTIVE PROTEIN (CRP)** (Serum, Particle-enhanced immunoturbidimetric assay)	2.27		mg/L	< 5.0 Please note change. Source: Roche IFU.

INTERPRETATION :

- 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).
- CRP response may be less pronounced in patients suffering from liver disease.
- 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."

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

M RASHID CHENANGADATH
Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 11-May-2025 11:26 PM

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Investigation	Observed Value	Unit	Biological Reference Interval	Flag
BETA HCG (Serum, ECLIA)	63727.00	mIU/mL	Refer to Interpretation for Reference Range: Source: Roche IFU.	

INTERPRETATION:
Non-Pregnant: < or =5.0
Post-Menopausal: < or =7.0

Reference Range According to Weeks of gestation

Gestational Week	Reference Range
3 weeks	5.8 - 71.2
4 weeks	9.5 - 750
5 weeks	217 - 7138
6 weeks	158 - 31795
7 weeks	3697 - 163563
8 weeks	32065 - 149571
9 weeks	63803 - 151410
10 weeks	46509 - 186977
12 weeks	27832 - 210612
14 weeks	13950 - 62530
15 weeks	12039 - 70791
16 - 29 weeks	1400 - 53000
29 - 41 weeks	940 -6000

High levels may be indicative of a number of conflicting situations, including everything from a normal pregnancy to ovarian cancer to choriocarcinoma of the uterus or hydatidiform mole of the uterus. Low levels may be indicative of a dead fetus, incomplete miscarriage, or threatened spontaneous abortion.

The measured value of a patient's sample can vary depending on the testing procedure used. If there is a change in the assay procedure used while monitoring therapy, then the values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods.

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

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