Patient Name	:	Ms. SHUBHI GUPTA NEERAJ	**Sample UID No.**	:	4088044F
Age / Gender	:	34 Y / Female	**Sample Collected On**	:	17-06-2025 16:28
Patient ID	:	QLD087858	**Registered On**	:	17-06-2025 16:57
Referred By	:	DR FARHAN	**Reported on**	:	17-06-2025 20:22
Referral Client	:	CITICARE MEDICAL CENTER	**External Patient ID**	:	46588
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of IMMUNOLOGY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
INSULIN (FASTING)	12		µIU/mL	6-27	ECLIA

Sample: Serum

Comments :

CLINICAL IMPLICATIONS:

1. Fasting hypoglycaemia associated with inappropriately high serum insulin concentrations strongly suggest an islet cell tumour. To distinguish insulinoma from factitious hypoglycaemia resulting from insulin administration, serum C-peptide values are recommended.
2. Insulin measurements during oGTT may help in the diagnosis of early pre-hyperglycaemic DM. Free insulin assays has proved value in monitoring insulin therapy. In insulin dependent diabetic patients, free insulin levels are usually <10% of total insulin, and values up to are 100µU/ml can be found.
3. Increased insulin values are associated with insulinoma, Type 2 diabetes mellitus, Acromegaly, Cushing syndrome, endogenous administration of insulin (factitious hypoglycaemia), obesity and pancreatic islet cell hyperplasia. Decreased values are found in severe Type 1 diabetes mellitus, hypopituitarism.

INTERFERING FACTORS:

1. Surreptitious insulin or oral hypoglycaemic agent ingestion or injection cause elevated insulin levels. (with low C -peptide values). Oral contraceptives and other drugs cause falsely elevated values.
2. Recently administered radioisotopes affect the results. In the second to third trimester of pregnancy, there is a relative insulin resistance with a progressive decrease of plasma glucose and immunoreactive insulin.

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

3) Clinical microbiology procedures 4th edition AMY L LEBER

4) Medscape- Insulin resistance clinical presentation.

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

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LB-MED-305

Patient Name	:	Ms. SHUBHI GUPTA NEERAJ	**Sample UID No.**	:	4088044
Age / Gender	:	34 Y / Female	**Sample Collected On**	:	17-06-2025 16:28
Patient ID	:	QLD087858	**Registered On**	:	17-06-2025 16:57
Referred By	:	DR FARHAN	**Reported on**	:	17-06-2025 19:46
Referral Client	:	CITICARE MEDICAL CENTER	**External Patient ID**	:	46588
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of IMMUNOLOGY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
PROLACTIN	11.2		ng/mL	4.79-23.3	ECLIA

Sample: Serum

Comments :

CLINICAL IMPLICATIONS: Circadian changes in prolactin concentration in adults are marked by episodic fluctuation and a sleep induced peak in the early morning hours. INTERFERENCE: 1. Physiologic elevations are found in fetes and newborn, in adults during sleep (peak in early morning hours), stress, exercise, lactation. 2. Estrogens, methyldopa, opiates and other dopaminergic dugs may alter the prolactin values.

RECOMMENDATIONS: Recommended fasting condition and blood sample to be drawn ideally at 3 to 4 hours after patient has awakened.

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
3) Clinical microbiology procedures 4th edition AMY L LEBER

- END OF REPORT -

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