LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052852/RCL7249358	Report Date	: May 25, 2024, 06:16 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY585695
Sample Type	: Whole blood EDTA	Report Status	: Final Report

MotherHealth Gold

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry*	**8**	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	**2.5**	10^6/µl	4.5 - 5.5
PCV *Calculated*	**25.2**	%	40 - 50
MCV *Calculated*	99.5	fl	83 - 101
MCH *Calculated*	31.7	pg	27 - 32
MCHC *Calculated*	31.9	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**15.4**	%	11.6 - 14.0
RDW-SD *Calculated*	**59**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	5.9	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow-cytometry DHSS*	77	%	40-80
Lymphocytes *Flow-cytometry DHSS*	20	%	20-40
Monocytes *Flow-cytometry DHSS*	2	%	2-10
Eosinophils *Flow-cytometry DHSS*	1	%	1-6
Basophils *Flow-cytometry DHSS*	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	4.54	10^3/µl	2 - 7
Lymphocytes. *Calculated*	1.18	10^3/µl	1 - 3
Monocytes. *Calculated*	**0.12**	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.06	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5

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Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	160	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	9.8	fL	9.3 - 12.1
PCT *Calculated*	**0.1**	%	0.17 - 0.32
PDW *Calculated*	16.3	fL	8.3 - 25.0
P-LCR *Calculated*	31.6	%	18 - 50
P-LCC *Calculated*	46	%	44 - 140
Mentzer Index *Calculated*	39.8	%	> 13

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

Blood Group ABO & Rh Typing

Blood Group	B	-	-
Rh Factor	NEGATIVE	-	-

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Hemoglobin Variant Analysis (HB HPLC)

Test Description	Value(s)	Unit(s)	Reference Range
Hemoglobin *Spectrophotometry*	**8**	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	**2.5**	10^6/µl	4.5 - 5.5
PCV *Calculated*	**25.2**	%	40 - 50
MCV *Calculated*	99.5	fl	83 - 101
MCH *Calculated*	31.7	pg	27 - 32
MCHC *Calculated*	31.9	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**15.4**	%	11.6 - 14.0
RDW-SD *Calculated*	**59**	fl	35.1 - 43.9
Foetal Haemoglobin (HbF) *HPLC*	0.2	%	0-2
Haemoglobin A2 (HbA2) *HPLC*	3.2	%	1.5-3.7
Haemoglobin A (Hb Adult) *HPLC*	**77.9**	%	94.3-98.5
Peak 3	2.23		
Peak 4 *HPLC*	1.43	%	<10
Others (Non Specific)	0		
Haemoglobin D (HbD) *HPLC*	0	%	0-0
Haemoglobin S (HbS) *HPLC*	0	%	0-0
Haemoglobin C (HbC) *HPLC*	0	%	0-0
Haemoglobin E (HbE) *HPLC*	0	%	0-0
Impression	No Evidence of Hemoglobinopathy.	-	

Interpretation:
Method: HPLC (High performance liquid chromatography), on whole blood.

1. All results have to be correlated with age and history of blood transfusion If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended.
2. In case of haemoglobinopathy, parents or family studies and counseling is advised.
3. This test detects Beta thalassaemia and haemoglobinopathies. DNA analysis is recommended to rule out alpha thalassaemia and silent carriers.
4. Mild to moderate increase in fetal heamoglobin can be seen in some acquired conditions like Pregnancy, Megaloblastic anaemia, Thyrotoxicosis, Hypoxia,

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Sample Type	: Whole blood EDTA	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

Chronic kidney disease, Recovering marrow, MDS, Aplastic anaemia, PNH, Medications (Hydroxyurea, Erythropoietin) etc.

5. P3 window- Above 10% is often indicative of either denatured forms of hemoglobins or may suggest a possibility of abnormal haemoglobin variant. Hence,repeat analysis with fresh sample or DNA studies is advised.
6. Iron deficiency Anaemia may be associated with low HbA2 result
7. Megaloblastic; Anaemia may be associated with elevated HbA2 levels (False high result)
8. Adult hemoglobin mentioned above comprises of non glycosylated hemoglobin (HbAo), minor components of adult hemoglobin (HbA1a, HbA1b) and glycosylated hemoglobin (HbA1c).

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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052852/RCL7249358	Report Date	: May 08, 2024, 11:46 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664024
Sample Type	: Fluoride Plasma	Report Status	: Final Report

Glucose Random (BSR)

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Random *Hexokinase*	105.0	mg/dL	Normal <140 Prediabetes 140–199 Diabetes =>200

Interpretation:

1.Also known as Casual plasma glucose .
2.Samples can be taken anytime during the day regardless of eating time.
3.Random blood glucose level of equal to or more than 200mg/dl is indicative of Diabetes mellitus.

Source: ADA Guidelines

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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052852/RCL7249358	Report Date	: May 08, 2024, 12:29 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664025
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) *ECLIA*	3.2	mIU/L	0.27 - 4.20

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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Referred By	: Dr. Dr. X	Barcode No	: SI484084
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
VDRL			
VDRL *RAPID CHROMATOGRAPHIC IMMUNOASSAY*	NON REACTIVE	-	NON REACTIVE

Interpretation:

RESULTS	REMARKS
Reactive	Indicates presence of IgM & IgG antibodies against Treponemal Pallidum antigens
Non Reactive	Indicates absence of IgM & IgG antibodies against Treponemal Pallidum antigens

Note

1. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- AbS.
2. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.
3. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.
4. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.
5. Test conducted on serum.
6. It is a qualitative test.

Uses

To screen for presence of Syphilis infection.

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Referred By	: Dr. Dr. X	Barcode No	: SI484084
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

HIV Antibody, Rapid Card

HIV 1 & 2 ANTIBODIES *Qualilative immunoassay,rapid card*	NON REACTIVE	-	NON REACTIVE

Interpretation:

RESULTS	REMARKS
Reactive	A reactive test results indicates antibody detected against HIV-1/2
Non reactive	A non reactive test results indicates antibody is not detected against HIV- 1/2.

NOTE :

1. This is only a screening test. All samples detected reactive must be confirmed by using HIV Western Blot. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.

2. Some samples show cross reactivity fir HIV antibodies.Following factors are found to cause false positive HIV antibody test results: naturally occurring antibodies, Passive immunization, Leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpes simplex, Hypergammaglobulinemia, Malignant neoplasms, Rheumatoid ar thritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma, Haemophelia, Heat treated specimens, Lipemic serum, Anti-nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.

3. False negative results may occur during the window period and during the end stage of the disease.

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Referred By	: Dr. Dr. X	Barcode No	: SI484084
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

Hepatitis C Antibody (HCV), Rapid Card

HEPATITIS C ANTIBODY (Anti-HCV) *Qualitative immunoassay,rapid card*	NON REACTIVE		NON REACTIVE

Interpretation:

RESULTS	REMARKS
Reactive	Reactive test result indicates presence of Hepatitis C virus infection
Non Reactive	Non Reactive test result indicates absence of Hepatitis C virus infection

NOTE

1.The **4TH Generation** HCV TRI-DOT detects anti-HCV in human serum or plasma and is **only a screening test**. All reactive samples should be confirmed by supplemental assays like RIBA .Therefore for a definitive diagnosis, the patient's clinical history ,symptomatalogy as well as serological data, should be considered. The results should be reported only after complying with above procedure.
2.A non reactive-results does not exclude the possibility of exposure to or infection with HCV.
3.Repeated false results may occur due to non-specefic binding of the sample to the membrane.
4.The presence of anti-HCV does not imply a HepatitisC infection but may be indicative of recent and /or past infection By HCV.
5.Patients with auto-immune liver diseases may show falsely reactive results.
6. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
5. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.

Uses ·
To diagnose suspected HCV infection in risk group.
Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.

Hepatitis B Surface Antigen (HBsAg), Rapid Card

HEPATITIS B SURFACE ANTIGEN (HBsAg) *Qualitative immunoassay,rapid card*	NON REACTIVE		NON REACTIVE

Interpretation:

RESULTS	REMARKS
Reactive	The sample is Reactive for HBsAg
Non Reactive	The sample is Non Reactive for HBsAg

Note

1.**This is only a Screening test.** All reactive results should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient's clinical history ,symptomatalogy as well as serological data, should be considered. The results should be reported only after complying with above procedure.
2. Additional follow up testing using available clinical methods (along with repeat HBsAg rapid card test) is required, if the test is Non reactive with persisting clinical symptoms
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.

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Referred By	: Dr. Dr. X	Barcode No	: YA607733
Sample Type	: Spot Urine	Report Status	: Final Report

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume	20	ml	-
Colour	Pale yellow	-	Pale yellow
Transparency	Clear	-	Clear
Deposit	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	5.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.010	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent

Interpretation:

URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

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Referred By	: Dr. Dr. X	Barcode No	: YA607733
Sample Type	: Spot Urine	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

Dr. Dummy

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