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	: 8051900/RCL7248464	Report Date	: May 25, 2024, 04:37 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY585717
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Thalassemia Profile

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	14.5	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.9	10^6/µl	4.5 - 5.5
PCV *Calculated*	43	%	40 - 50
MCV *Calculated*	87.5	fl	83 - 101
MCH *Calculated*	29.6	pg	27 - 32
MCHC *Calculated*	33.8	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**14.1**	%	11.6 - 14.0
RDW-SD *Calculated*	41.7	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	5.6	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	62.7	%	40-80
Lymphocytes *Laser based Flow-cytometry*	26.1	%	20-40
Monocytes *Laser based Flow-cytometry*	7.5	%	2-10
Eosinophils *Laser based Flow-cytometry*	3.3	%	1-6
Basophils *Laser based Flow-cytometry*	0.4	%	<2
Absolute Leukocyte Counts			
Neutrophils. *Calculated*	3.51	10^3/µl	2 - 7
Lymphocytes. *Calculated*	1.46	10^3/µl	1 - 3
Monocytes. *Calculated*	0.42	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.18	10^3/µl	0.02 - 0.5
Basophils.	0.02	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*	158	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	12.1	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	**26.8**	fL	8.3 - 25.0
P-LCR *Calculated*	49.8	%	18 - 50
P-LCC *Calculated*	66	%	44 - 140
Mentzer Index *Calculated*	17.86	%	> 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.

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Hemoglobin Variant Analysis (HB HPLC)

Test Description	Value(s)	Unit(s)	Reference Range
Hemoglobin *colorimetric*	14.5	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.9	10^6/µl	4.5 - 5.5
PCV *Calculated*	43	%	40 - 50
MCV *Calculated*	87.5	fl	83 - 101
MCH *Calculated*	29.6	pg	27 - 32
MCHC *Calculated*	33.8	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**14.1**	%	11.6 - 14.0
RDW-SD *Calculated*	41.7	fl	35.1 - 43.9
Foetal Haemoglobin (HbF) *HPLC*	0.7	%	0-2
Haemoglobin A2 (HbA2) *HPLC*	2.7	%	1.5-3.7
Haemoglobin A (Hb Adult) *HPLC*	**98.6**	%	94.3-98.5
Peak 3 *HPLC*	3	%	<10
Peak 4 *HPLC*	5	%	<10
Others (Non Specific) *HPLC*	7	%	<10
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	0		

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.

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Referred By	: Dr. Dr. X	Barcode No	: HY585717
Sample Type	: Whole blood EDTA	Report Status	: Final Report

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

4. Mild to moderate increase in fetal heamoglobin can be seen in some acquired conditions like Pregnancy, Megaloblastic anaemia, Thyrotoxicosis, Hypoxia, 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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Patient ID / UHID	: 8051900/RCL7248464	Report Date	: May 08, 2024, 12:01 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664089
Sample Type	: Serum	Report Status	: Final Report

Iron Studies

Test Description	Value(s)	Unit(s)	Reference Range
Iron *FerroZine*	87.0	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) *Calculated*	295	µg/dL	228 - 428
UIBC *FerroZine*	208.0	µg/dL	125 - 345
Transferrin Saturation *Calculated*	29.49	%	16 - 45

Interpretation:
Increased levels due to iron ingestion or ineffective erythropoiesis.Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency.Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron,ineffective erythropoiesis,haemochromatosis or liver disease.High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has:Hemochromatosis, Certain types of anemia due to accumulated iron,Malnutrition,kidney disease that causes a loss of protein in urine.

*** 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.

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