NAME OF HOSPITAL







LIFE'S ON 1 Name

Registration No

Patient Episode

Referred By

Receiving Date

Collection Date:

Age

Lab No

Reporting Date:

BIOCHEMISTRY

Clinical Laboratory Report

RENAL PANEL - I

Specimen: Serum/ Plasma

78	mg/dl	[70-140]
9.81	mg/dl	[6.00-20.00]
0.86 #	mg/dl	[0.90-1.30]
115.5	ml/min/1.7	3sq.m [>60.0]
139.0	mmol/l	[136.0-145.0]
4.01	mmol/l	[3.50-5.10]
104.7	mmol/L	[98.0-107.0]
24.4	mmol/L	[21.0-31.0]
21.0	mg/dl	[17.0-43.0]
	9.81 0.86 # 115.5 139.0 4.01 104.7 24.4	9.81 mg/dl 0.86 # mg/dl 115.5 ml/min/1.7 139.0 mmol/l 4.01 mmol/l 104.7 mmol/L 24.4 mmol/L

Disclaimer :

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

Page 1 of 3

This report is based on the specimen/s received. The report may need to be correlated clinically as laboratory investigations are dependent on multiple variables. These results should not be reproduced in part.

Disclaimer: Please note that this is system generated e-copy of the report. The same can be downloaded from HOSPITAL APP collected at the laboratory, HOSPITAL ADDRESS

HOSPITAL NAME is not responsible for any modifications / alterations made on this e-copy of the report, by any patient or third party, other than the Authorizing Signatory mentioned in the report, in the interest of the patient.

Department of Laboratory Medicine

NAME OF HOSPITAL







LIFE'S ON

Age

Lab No :

Patient Episode

Registration No

Receiving Date

Name

Collection Date :

Referred By :

Reporting Date :

BIOCHEMISTRY

Clinical Laboratory Report

Troponin-I - High sensitive (hs - Troponin I)

Specimen : Serum

Troponin-I High sensitivity (hs -TnI)

1.30 ng/L

[<17.50]

Methodology:

CLIA

Note:

- " <17.5 ng/L is the upper reference Limit for (hs -TnI).
- " 17.5 ng/L & pain for more than 6hrs -Repeat sample after 3 hrs-50% change in the initial value is diagnostic of MI (Myocardial Infarction).
- " 17.5 87.5ng/L -Repeat after 3 hrs-50% change in initial value is diagnostic of MI.
- " >87.5 ng/L -MI may be ruled in as appropriate to 98% specificity.

References:

- 1. Biomarker study group of the ESC Acute cardiovascular care Association 2017 EHJ.
- 2.Kim S, Yoo SJ, Kim J. Evaluation of the new Beckman Coulter Access hsTnI: 99th percentile upper reference limits according to age and sex in the Korean population. Clin Biochem. 2020 May;79:48-53. doi: 10.1016/j.clinbiochem.2020.02.005. Epub 2020 Feb 12. PMID: 32059836.
- 3.ESC guidelines 2015 EHJ
- 4. Rao.L.V., Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests.11th Edition WoltersKluwer

NaderRifai, Andrea Rita Horvath, Carl T.wittwer. (2018) Teitz Text book of Clinical Chemistry and Molecular Diagnostics. First edition, Elsevier, South Asia.

Page 2 of 3

-----END OF REPORT----

DOCTOR NAME DOCTOR SIGNATURE

Consultant Pathologist

This report is based on the specimen/s received. The report may need to be correlated clinically as laboratory investigations are dependent on multiple variables. These results should not be reproduced in part.

Disclaimer: Please note that this is system generated e-copy of the report. The same can be downloaded from HOSPITAL APP collected at the laboratory, HOSPITAL ADDRESS

HOSPITAL NAME is not responsible for any modifications / alterations made on this e-copy of the report, by any patient or third party, other than the Authorizing Signatory mentioned in the report, in the interest of the patient.

Department of Laboratory Medicine

NAME OF HOSPITAL







LIFE'S ON

Name

■

Registration No :

Patient Episode : E01000125750

Referred By :

Receiving Date : (2000) 2004 10.1

CERTIFICATE NO.

Age :

Lab No :

Collection Date :

Reporting Date:

HAEMATOLOGY

Clinical Laboratory Report

COMPLETE BLOOD COUNT (Coulter Principle)

Specimen-EDTA Whole Blood

WBC Count(TC) (Coulter Principle)	8800	/cu.mm	[4400-11000]	
RBC Count (Electrical impedance)	5.37	million/cu.mm	[4.50-5.50]	
Haemoglobin (Photometric)	15.1	g/dl	[13.0-17.0]	
Haematocrit (Calculated)	44.1	00	[40.0-50.0]	
MCV (Derived)	82.1 #	fl	[83.0-101.0]	
MCH (Calculated)	28.2	pg	[27.0-32.0]	
MCHC (Calculated)	34.3	g/dl	[31.5-34.5]	
Platelet Count (Electrical impedance)	188000	/ cu.mm	[150000-400000]	
RDW (CV) (Derived)	14.0	ଚ	[11.6-14.0]	
MPV (Derived)	11.00	fL	[7.00-12.00]	
IFFERENTIAL COUNT (VCS technology & Microscopy)				
Neutrophils	63.1	ଚ୍ଚ	[40.0-75.0]	
Lymphocytes	30.5	00	[20.0-45.0]	

ı				
ı	Neutrophils	63.1	%	[40.0-75.0]
ı	Lymphocytes	30.5	용	[20.0-45.0]
l	Monocytes	6.0	용	[2.0-10.0]
ı	Eosinophils	0.3	용	[0.0-7.0]
ı	Basophils	0.1	%	[0.0-1.0]
ı	Neutrophil Absolute	5552.8	/cu mm	[2000.0-7000.0]
ı	Lymphocyte Absolute	2684.0	/cu mm	[1000.0-3000.0]
ı	Monocyte Absolute	528.0	/cu mm	[200.0-1000.0]
ı	Eosinophil Absolute	26.4	/cu mm	[20.0-500.0]
ı	Basophil Absolute	8.8 #	/cu mm	[20.0-100.0]
1				

Page 3 of 3

----END OF REPORT-----

DOCTOR NAME DOCTOR SIGNATURE

Consultant Pathologist

This report is based on the specimen/s received. The report may need to be correlated clinically as laboratory investigations are dependent on multiple variables. These results should not be reproduced in part.

Disclaimer: Please note that this is system generated e-copy of the report. The same can be downloaded from HOSPITAL APP collected at the laboratory, HOSPITAL ADDRESS

HOSPITAL NAME is not responsible for any modifications / alterations made on this e-copy of the report, by any patient or third party, other than the Authorizing Signatory mentioned in the report, in the interest of the patient.

Department of Laboratory Medicine