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The State of Eritrea  
Ministry Of Health  
Zoba Debub

دولة ارتريا  
وزارة  
الصحة الاقليم الجنوبي

ዕለት

Date:

15/11/18

ቁ.መዝገብ

Ref:

257/18

To: National Health Laboratory  
Food & Beverages Department  
Asmara

Owner's name: Segeeniti municipal

Address: Segeeniti

Tel. 08695510

Reference N° 001

Type material: water

Total amount 60 barrel (22000 lb)

Amount taken for analysis 2.5 lb-microbiological & 1.5 lb-physico-chemical

Date of sampling 15/11/18

Time: 3:30 pm

Sample taken from: water Truck

Requested analysis:

Code No 001

Microbiological



Physico-chemical



Code No

Microbiological



Physico-chemical



Code No

Microbiological



Physico-chemical



Sampled by: Tseam - K.

Profession PH

Signature

Professional opinion: feed back should be early



Victory To The Mass!

MoH Debub Zone EHU



# National Health Laboratory Food and Drinks Analytical Laboratory

Tel. 123596 ext 214 P.O.BOX 1686

## Laboratory Test Report

Date of issue:

1. Type of sample: water
2. Description of sample: tap water
3. Owner: Segeneiti municipality
4. Sponsor: MOH - Debub zone
5. Customer contact: - Segeneiti
6. Sample reference No.: 217/18
7. Date of receipt : 17/11/18
8. Date of analysis started: 19/11/18
9. Lab. Reference No: FDW051/18 – 052/18
10. Sample submitted by: Daniel Kibreab

Parameters	Results		WHO guideline value
Microbiological quality			
	Code - 001	Code - 002	
Total coliform bacteria, cfu/100ml	21	21	0/100ml
Faecal coliform bacteria, cfu/100ml	21	7	0/100ml
E.coli	NG	NG	NG
Salmonella	NG	NG	NG
Shiegella	NG	NG	NG
Inorganic constituents			
	Code - 001	Code - 002	
Potassium, ppm	0.8	1.5	12ppm
Aesthetic quality			
Total hardness, ppm	330	255	
Calcium hardness, ppm as CaCO3	135	122	
Magnesium hardness, ppm, as CaCO3	195	133	
Total alkalinity, ppm	245	270	
Solids – total dissolved, ppm	382	338	1000 mg/L max
Calcium, ppm as Ca	54	48.89	
Magnesium, ppm as Mg	47	32.31	
pH, ppm	7.32	7.35	6.5-8.5
Conductivity, µS/cm	567	501	

NB: The results given above are analysed as per sample.  
Remark

Technologists: Tedros Estifanos

Tesfu kidane

Head, food and Drink Analytical Laboratory

Yosief Tekle

Signature:

Signature:



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MINISTRY OF HEALTH

NATIONAL HEALTH LABORATORY

P.O.Box 1686, Asmara, Eritrea

Telephone: (291) 1 114354 Fax: (291) 1 121585

Request form for TB Culture and Drug Susceptibility Test (DST)

Specimen No \_\_\_\_\_

Collection Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Zoba: \_\_\_\_\_

Name & type of the Health Facility \_\_\_\_\_

MDR/TB Registration No. \_\_\_\_\_

**Patient Identification**

Name of Patient \_\_\_\_\_

Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

Eritrean ID \_\_\_\_\_

Tel. \_\_\_\_\_

Ward/Department (admitted patients): \_\_\_\_\_ Address \_\_\_\_\_

**Disease site and type**

Site: Pulmonary ☐

Extra-pulmonary (specify) ☐ \_\_\_\_\_

Type: New (or treated for < 1 month) ☐ Relapse ☐ Failure ☐

Return after default ☐ Chronic ☐ MDR Contact ☐ Uncertain ☐

**AFB Microscopy Result of Health facility**

Smear: Direct smear \_\_\_\_ Concentrated smear \_\_\_\_

Staining: Hot Ziehl Neelsen \_\_\_\_ Cold Staining \_\_\_\_ Fluoresc \_\_\_\_

HIV-status: Pos \_\_\_\_ Neg \_\_\_\_ Unknown \_\_\_\_

Health Facility GeneXpert Result \_\_\_\_\_

NO	Neg	1-9	1+	2+	3+
1					
2					
3					

Reason for Request: Diagnosis \_\_\_\_ On treatment/ follow up at \_\_\_\_ months After Treatment/Treatment  
Follow-up at \_\_\_\_ months Round \_\_\_\_

Specimen Type: Sputum \_\_\_\_ others (specify): \_\_\_\_\_

Requested tests Type: AFB \_\_\_\_ Culture \_\_\_\_ DST ( First \_\_\_\_ / Second line \_\_\_\_ )

If Request for culture/DST: First Culture/DST \_\_\_\_ previously reported on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Person requesting examination: Name \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

To be completed by National Health Laboratory

Volume \_\_\_\_ Consistency \_\_\_\_ MGIT Serial Number \_\_\_\_

Date of received \_\_\_\_\_

Signature Of Laboratory \_\_\_\_\_

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MINISTRY OF HEALTH

NATIONAL HEALTH LABORATORY

P.O. Box 1686, Asmara, Eritrea

Telephone: (291) 1 123596

Fax: (291) 1 121585

**FINAL REPORT OF TB LABORATORY DEPARTMENT**

PATIENT NAME \_\_\_\_\_ SEX. \_\_\_\_\_ ERITREAN ID \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ADDRESS \_\_\_\_\_

LAB SERIAL NO: \_\_\_\_\_ ROUND \_\_\_\_\_ FACILITY NAME \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DATE OF REPORT \_\_\_\_\_

**LAB FINDING**

MGIT CULTURE \_\_\_\_\_

MGIT AFB Microscopy \_\_\_\_\_

LJ CULT URE \_\_\_\_\_

GeneXpert/ ID Rapid test \_\_\_\_\_

**DST RESULT**

MGIT first line DST		MGIT second line DST	
Drugs	Result	Drugs	Result
Streptomycin		Amikacin	
Isoniazid		Capreomycin	
Rifampicin		Kanamycin	
Ethambutol		Levloxacin	
Pyrazinamide		Ofloxacin	

**RESULT** \_\_\_\_\_

**COMMENT:** \_\_\_\_\_

Reported By:

Reviewed By:

\_\_\_\_\_

\_\_\_\_\_

**STATE OF ERITREA  
MINISTRY OF HEALTH  
NATIONAL HEALTH LABORATORY**

**CONFIRMATION FORM**

NAME OF HCT SITE: \_\_\_\_\_

ZOBA: \_\_\_\_\_ SUB-ZOBA \_\_\_\_\_ TOWN \_\_\_\_\_

Code N<sup>o</sup> \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

TEST RESULT:

1. FIRST TEST: \_\_\_\_\_

2. SECOND TEST: \_\_\_\_\_

Requesting counselor: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

.....

**TO BE FILLED BY NATIONAL HEALTH LABORATORY ONLY**

TEST RESULT:

1. FIRST TEST: \_\_\_\_\_

2. SECOND TEST: \_\_\_\_\_

3. THIRD TEST: \_\_\_\_\_

Reported by: \_\_\_\_\_ Sig. \_\_\_\_\_ Date: \_\_\_\_\_

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## National Health Laboratory

## Laboratory request and report form for HIV DNA-PCR test

Name of health facility Amara Hle Subzone: U.E. A Zone: Mael  
 Child's name: ~~Saint~~ ~~Amara~~ Child's ID No: 342119 Age months: 15 Sex F  
 Child's DOB 15/5/19 Weight (at birth) 2.6  
 Mother's name: ~~Amara~~ ~~Amara~~ Mother's ID No: \_\_\_\_\_  
 Mother's/care taker's address & phone No: ~~03748054~~  
 Reason for test: ☒ Initial/diagnostic Date/time of specimen collection 15/5/19  
☐ Repeat /confirmatory

## PMTCT INFORMATION

1. HIV rapid test result: Child: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown  
 Mother: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

Mother: ☒ None ☐ Sd-Nvp ☒ Mother on ART ☐ Other \_\_\_\_\_  
 Child: ☐ None ☐ Sd-Nvp ☒ NVP 6 weeks ☐ other \_\_\_\_\_

3. Child breast feeding status: ☐ Never breast fed ☐ Stopped b/feeding ☒ Exclusive breast feeding  
☐ Formula feeding ☐ still breast feeding ☐ Unknown Age Stopped breast feeding \_\_\_\_\_

Health worker Dehab Phone No \_\_\_\_\_ Signature: De

## FOR LABORATORY USE

Child Laboratory no: \_\_\_\_\_ Date/Time of specimen received: \_\_\_\_\_

Initial DNA-PCR Test Result: ☐ Detected ☒ Not Detected ☐ Indeterminate ☐ Sample Rejected

Repeat /confirmatory DNA-PCR Test Result: (incase the child is Rapid positive)

☐ Detected ☐ Not Detected ☐ Indeterminate ☐ Sample Rejected

Comment (Reason for Rejection of the Sample): \_\_\_\_\_

Name of lab technologist HAIMANOT - ABAI Signature [Signature] Date 04/07/2019

Reviewed By: Dawit f. Sal Signature [Signature] Date 05/07/2019

Date result Received \_\_\_\_\_ Health Worker Name \_\_\_\_\_ Signature \_\_\_\_\_

Ministry of Health  
National Health Laboratory  
HCV VIRAL load Request Form

<b>1. IDENTIFICATION</b>	
Health Facility: _____	Zoba: _____ Sub-Zoba: _____ Village/ City _____
Requested by: _____	Tele: _____
<b>2. SERUM SPECIMEN:</b>	
Date of specimen collection: ____/____/____	Date Sent to NHL: ____/____/____
Condition of Specimen: GOOD	<input type="checkbox"/> INADEQUATE <input type="checkbox"/>

S/N	Client's code/name	Client's national ID	Age	sex	Viral load test		RESULTS
					Initial test	Repeat test	

At NHL:

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_

Ministry of Health  
National Health Laboratory  
**HIV** ~~HCV~~ VIRAL load Request Form

<b>1. IDENTIFICATION</b>	
Health Facility: _____	Zoba: _____ Sub-Zoba: _____ Village/ City _____
Requested by: _____	Tele: _____
<b>2. SERUM SPECIMEN:</b>	
Date of specimen collection: ____/____/____	Date Sent to NHL: ____/____/____
Condition of Specimen: GOOD <input type="checkbox"/> INADEQUATE <input type="checkbox"/>	

S/N	Client's code/name	Client's national ID	Age	sex	Viral load test		RESULTS
					Initial test	Repeat test	

At NHL:

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_



Ministry of Health  
National Health Laboratory  
HIV VIRAL load Request Form

<b>1. IDENTIFICATION</b>	
Health Facility: _____ Zoba: _____ Sub-Zoba: _____ Village/ City _____	
Requested by: _____ Tele: _____	
<b>2. SERUM SPECIMEN:</b>	
Date of specimen collection: ____/____/____ Date Sent to NHL: ____/____/____	
Condition of Specimen: GOOD <input type="checkbox"/> INADEQUATE <input type="checkbox"/>	

S/N	Client's code/name	Client's national ID	Age	sex	Viral load test		RESULTS
					Initial test	Repeat test	

**At NHL:**  
 Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_

Ministry of Health  
National Health Laboratory  
HIV VIRAL load Request Form

<b>1. IDENTIFICATION</b>	
Health Facility: _____ Zoba: _____ Sub-Zoba: _____ Village/ City _____	
Requested by: _____ Tele: _____	
<b>2. SERUM SPECIMEN:</b>	
Date of specimen collection: ____/____/____ Date Sent to NHL: ____/____/____	
Condition of Specimen: GOOD <input type="checkbox"/> INADEQUATE <input type="checkbox"/>	

S/N	Client's code/name	Client's national ID	Age	sex	Viral load test		RESULTS
					Initial test	Repeat test	

**At NHL:**  
 Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Sig: \_\_\_\_\_

**STATE OF ERITREA**  
**MINISTRY OF HEALTH**  
**NATIONAL HEALTH LABORATORY**

Quality Assurance and Quality control shipment Form

HIV SAMPLES FOR Quality control to be sent to NHL(monthly)

Name of HCT SITE:----- ZOBA :----- SUB ZOBA----- TOWN-----

Sent by:----- Date samples sent-----

	code No	Age	sex	Health facility Result		NHL Result			REMARK
				First Test (Lot .No) N=Negative p= positive	second Test (Lot .No) N=Negative p= positive	EIA	Determine	Uni- Gold	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

Date SAMPLES RECEIVED AT NHL-----

REPORTED BY NAME ----- DATE----- SIG-----

REVIEWED BY NAME :-----DATE-----SIG-----

**STATE OF ERITREA**  
**MINISTRY OF HEALTH**  
**NATIONAL HEALTH LABORATORY**

**Quality Assurance and Quality Control shipment Form**

**SYPHILIS samples for quality control to be sent to NHL (Monthly)**

NAME OF HCT SITE: \_\_\_\_\_ ZOBA: \_\_\_\_\_ SUB- ZOBA \_\_\_\_\_ TOWN \_\_\_\_\_

Sent by: \_\_\_\_\_ Date samples sent: \_\_\_\_\_

#	Code No	Age	Sex	Health facility result		NHL result			Remark
1.				RPR		TPHA			
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

DATE SAMPLES RECEIVED AT NHL: \_\_\_\_\_

# TEST REQUEST FORM

PLEASE WRITE CLEARLY  
COMPLETE ALL PATIENT INFORMATION

Sample ID #. \_\_\_\_\_

Patient ID No. \_\_\_\_\_ Patient Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Patient Zoba & Sub-Zoba \_\_\_\_\_ Date & Time collected \_\_\_\_\_

Hospital/Clinic Name \_\_\_\_\_ OPD/Ward \_\_\_\_\_ Bed No. \_\_\_\_\_

Physician Name \_\_\_\_\_ Signature \_\_\_\_\_

CLINICAL DETAILS/DIAGNOSIS: \_\_\_\_\_

SAMPLE TYPE \_\_\_\_\_

Payment type:  
Sick Report \_\_\_\_\_ ☐  
In-Patient \_\_\_\_\_ ☐  
Poverty Certificate \_\_\_\_\_ ☐  
Free \_\_\_\_\_ ☐  
Survey \_\_\_\_\_ ☐  
OPD Receipt No. \_\_\_\_\_

CHEMISTRY	HAEMATOLOGY	THERAPEUTIC DRUGS
THYROID PANEL (T4, T3U, FTI)	BLOOD FILM DIFFERENTIAL	CARBOMAZEPINE
ALBUMIN	BLOOD FILM MORPHOLOGY	PHENOBARBITAL
ALKALINE PHOSPHATASE	CBC (COMPLETE BLOOD COUNT)	VALPROIC ACID
ALT (SGT)	FACTOR & ASSAY	PHENYTOIN
AST (SGOT)	FIBRINOGEN	LITHIUM
BILIRUBIN, TOTAL	PROTHROMBIN TIME/INR	
BILIRUBIN, DIRECT	APTT	
BUN	RETICULOCYTE COUNT	ESTRADIOL
CALCIUM	TESTOSTERONE	FSH
CHOLESTEROL	ASL-O	LH
CREATININE	BRUCELLA	PROGESTERONE
ELECTROLYTES (sodium, potassium, chloride, CO <sub>2</sub> )	CHLAMYDIA IgG	PROLACTIN
GLUCOSE, FASTING	C-REACTIVE PROTEIN (CRP)	TESTOSTERONE
GLUCOSE, RANDOM	H. PYLORI	
Y-GLUTAMYL TRANSFERASE (GGT)	HBsAg	
LIPID PANEL (HDL, LDL, CHOLESTEROL, TRIGLYCERIDES)	HEPATITIS C ANTIBODY	CULTURE AND SENSITIVITY
IRON, TOTAL	INFECTIOUS MONONUCLEOSIS	CULTURE - FUNGUS
PHOSPHORUS	RHEUMATOID FACTOR	BLOOD
POTASSIUM	RUBELLA	BODY FLUID SITE
PROTEIN, TOTAL (SERUM)	TOXOPLASMA IgM	CSF
SODIUM	VDRL/RPR	ABSCSS SITE
TRIGLYCERIDES	WEIL-FELIX	SPUTUM
URIC ACID	WIDAL	STOOL
AMYLASE	HSV IgM 1 & 2	URINE
CSF PROTEIN & GLUCOSE	MEASLES IgM	URETHRAL
24hr. URINE PROTEIN	ANTI-DNA	VAGINAL/CERVICAL
24 hr. URINE CREATININE		WOUND
CREATININE CLEARANCE		ULCER
TSH		OTHERS
GLUCOSE BODY FLUID		TYPE OF ANTIMICROBIAL STARTED
PROTEIN BODY FLUID		

PATIENT TELEPHONE (FOR OVERSEAS REFERENCE LAB TESTING ONLY) \_\_\_\_\_

National Health Laboratory  
Phone: 291 1 123596 Fax: 291 1 121585

Asmara Eritrea

FINAL REPORT OF CHEMISTRY DEPARTMENT

PATIENT NAME: **ALGANESH GHEBRU** PATIENT ID: **0909075** AGE/DOB: **41Y**  
SAMPLE ID #: **190405841** DRAW DATE: **02/11/19** @ **10:24 AM** SEX: **F**  
DOCTOR NAME: **SALEH** LOCATION: **NHL** WARD/OPD: **OPD**  
PAYMENT

Test Name	Result	Flag	Units	Ref. Range	Graph
ALKALINE PHOSPHATASE	78		U/L	39 - 117	[ * ]
ALT(SGPT)	27		U/L	0 - 31	[ * ]
AST(SGOT)	23		U/L	0 - 31	[ * ]

**BUN & CREATININE**

Test Name	Result	Flag	Units	Ref. Range	Graph
BUN-SERUM	23	H	mg/dL	6 - 20	[ * ]
CREATININE-SERUM	0.9		MG/DL	0.4 - 1.1	[ * ]

**LIPID PANEL**

Test Name	Result	Flag	Units	Ref. Range	Graph
TRIGLYCERIDES	198		mg/dL	0 - 200	[ * ]
CHOLESTEROL	331	H	MG/DL	0 - 200	[ * ]
HDL CHOL	70		MG/DL	>40 -	
LDL CHOL	222	H	MG/DL	0 - 160	[ * ]

FLAG: H = High result L = Low result A = Alert (Critical Result) "-" means test was not ordered or could not be performed

COMMENTS :

Technologist: **ASKALE**  
Report Date: **02/11/19 @ 13:37**

Reviewed by: 

**MINISTRY OF HEALTH  
ERITREA**

HOSPITAL \_\_\_\_\_

Name \_\_\_\_\_

**HEMATOLOGY**

Physician Name \_\_\_\_\_

Sign. \_\_\_\_\_

Ward \_\_\_\_\_ Bed No. \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_  
☐ Bed patient ☐ Ambulatory patient  
 Date \_\_\_\_\_

Clinical Details \_\_\_\_\_

		Normal Value	Result			Normal Value	Result			Normal Value	Result
	WBC X 10 <sup>3</sup> /μl	4.0-9.0			RETC %	0.1-1.5			Diff Count	%	
	RBC X 10 <sup>6</sup> /μl	4.0-6.0			PLT X 10 <sup>6</sup> /μl	150-450			Neutrophil Seg.	54-62	
	HGB g/dl	12.5-16.0			BL - TIME	1-6			Neutrophil Band	3-5	
	HCT %	37-52			CLT - TIME	5-12			Lymphocyte	25-39	
	MCV μ <sup>3</sup>	80-94			PT Sec				Monocyte	3-7	
	MCH Pg	27-31			PT INR				Eosinophil	1-3	
	MCHC %	32-36			PTT Sec				Basophil	0-0.75	
	ESR mm/hr	< 20									

Hemo-parasite

Cell Morphology

Others

Date of Report \_\_\_\_\_

Sign. \_\_\_\_\_

HEMATOLOGY

**MINISTRY OF HEALTH  
ERITREA**

HOSPITAL \_\_\_\_\_

Name \_\_\_\_\_

**HEMATOLOGY**

Physician Name \_\_\_\_\_

Sign. \_\_\_\_\_

Ward \_\_\_\_\_

Bed No. \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

☐ Bed patient

☐ Ambulatory patient

Date \_\_\_\_\_

Clinical Details \_\_\_\_\_

		Normal Value	Result			Normal Value	Result			Normal Value	Result
	WBC X 10 <sup>3</sup> /μl	4.0-9.0			RETC %	0.1-1.5			Diff Count	%	
	RBC X 10 <sup>6</sup> /μl	4.0-6.0			PLT X 10 <sup>6</sup> /μl	150-450			Neutrophil Seg.	54-62	
	HGB g/dl	12.5-16.0			BL - TIME	1-6			Neutrophil Band	3-5	
	HCT %	37-52			CLT - TIME	5-12			Lymphocyte	25-39	
	MCV μ <sup>3</sup>	80-94			PT Sec				Monocyte	3-7	
	MCH Pg	27-31			PT INR				Eosinophil	1-3	
	MCHC %	32-36			PTT Sec				Basophil	0-0.75	
	ESR mm/hr	< 20									

Hemo-parasite

Cell Morphology

Others

Date of Report \_\_\_\_\_

Sign. \_\_\_\_\_

HEMATOLOGY

**National Health Laboratory**  
174 Denden str. 83  
Phone: 291 1 123596 Fax: 291 1 121585  
Asmara, Eritrea

**FINAL REPORT OF HEMATOLOGY DEPARTMENT**

PATIENT NAME :  
SAMPLE ID # :  
DOCTOR NAME :

TEKESTE KIDANE  
190093734  
DR BIRHANE

PATIENT ID : 0937608

Draw Date : 01/09/19 @ 11:51 am

AGE/DOB 67Y

SEX: M

LOCATION: NHL

Payment:


Test Name	Result	Flag	Units	Ref. Range	Graph
COMPLET BLOOD COUNT -ADULT 1					
WCC	2.1	A	$\times 10^6$	4.0 - 11.0	<1 1
LYM%	70.5	H	%	20.5 - 51.1	1 1>
MON%	4.30		%	1.7 - 9.3	1 1
GRA%	16.1	L	%	42.2 - 75.2	<1 1
LYM#	1.5		$\times 10^3/L$	1.2 - 3.4	1 1
MON#	0.1		$\times 10^3/L$	0.1 - 0.6	1 1
GRA#	0.3	L	$\times 10^3/L$	1.4 - 6.5	<1 1
RCC	5.9		$\times 10^6/L$	4.50 - 6.50	1 1
HB	19.0	H	/ulg%	13.0 - 18.0	1 1>
PCV	56.4	H	%	40.0 - 54.0	1 1>
MCV	95.6		fL	76.0 - 96.0	1 1
MCH	32.2	H	pg	27.0 - 32.0	1 1>
MCHC	33.7		g/dL	32.0 - 36.0	1 1
REDCELL DIST. WIDTH	14.1	H	%	11.6 - 13.7	1 1>
PLATELET	158		$\times 10^6$	150 - 400	1 1
MCV/RCC INDEX	16.2		uIU/ml	>13.8 -	

FLAGS: H = High result L = Low result A = Alert (Critical Result) "-" means test wasnot ordered or couldnot be performed

COMMENTS :

Technologist : TSEGA DANIEL

Report Date : 02/01/19 @ 02:11 pm

Reviewed by: 

REPORT COMPLETED

Page 1 of 1



Specimen ID: 190093734  
Patient ID: 0937608  
First Name: TEKESTE

Test: CD  
Gender: M  
Last Name: KIDANE

Specimen: WB

Run Date/Time: 29/01/2018 12:16 PM

Collection:

Location:

Comments:

Date of Birth:

Sequence #: 5622

Physician:

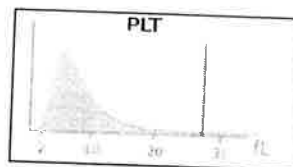
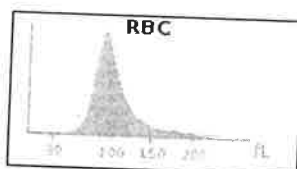
Age:

67 Hour(s)

Test	Result	Flags	Units	Low	High
WBC	2.11	RI	$\times 10^3/\mu\text{L}$	3.60	10.20
LY	70.58	Rh	%	15.20	43.30
MO	4.30	RI	%	5.50	13.70
NE	16.10	RI	%	43.50	73.50
EO	8.49	Rh	%	0.80	8.10
BA	0.53	R	%	0.20	1.50
LY#	1.49	R	$\times 10^3/\mu\text{L}$	1.00	3.20
MO#	0.09	RI	$\times 10^3/\mu\text{L}$	0.30	1.10
NE#	0.34	RI	$\times 10^3/\mu\text{L}$	1.70	7.60
EO#	0.18	R	$\times 10^3/\mu\text{L}$	0.00	0.50
BA#	0.01	R	$\times 10^3/\mu\text{L}$	0.00	0.10

Test	Result	Flags	Units	Low	High
RBC	5.94	h	$\times 10^6/\mu\text{L}$	4.06	5.63
HGB	19.03	H	g/dL	12.50	16.30
HCT	56.8	H	%	36.7	47.1
MCV	95.6		fL	73.0	96.2
MCH	32.0		pg	23.9	33.4
MCHC	33.5		g/dL	32.5	36.1
RDW	14.1		%	12.1	16.2
RDW-SD	45.2		fL	36.5	46.0

PLT	158.6	R	$\times 10^3/\mu\text{L}$	152.4	347.9
MPV	8.77		fL	7.40	11.40



# SENSITIVITY FORM

Sample ID: \_\_\_\_\_  
 Sample Type: \_\_\_\_\_

Pt. Name: \_\_\_\_\_  
 Date Setup: \_\_\_\_\_ Int: \_\_\_\_\_  
 Date Read: \_\_\_\_\_ Int: \_\_\_\_\_

GNB

Antibiotic	R	I	S	zone	Inter.
Ampicillin	Am	≤13	14-16	≥17	
Cefalexin	Cp	≤14	15-17	≥18	
Ceftazidime	Ca	≤14	15-17	≥18	
Ceftriaxone	Ci	≤13	14-20	≥21	
Chloramphenicol	C	≤12	13-17	≥18	
Ciprofloxacin	Cf	≤15	16-20	≥21	
Co-trimoxazole	Co	≤10	11+15	≥16	
Gentamycin	Gm	≤12	13-14	≥15	
Nalidixic acid	Na	≤13	14-18	≥19	
Nitrofurantoin	Nf	≤14	15-16	≥17	
Tetracycline	Te	≤14	15-18	≥19	

Do not report on Urines - Do not report

STAPH

Antibiotic	R	I	S	zone	Inter.
Ciprofloxacin	Cf	≤15	16-20	≥21	
Chloramphenicol	C	≤12	13-17	≥18	
Co-trimoxazole	Co	≤10	11+15	≥16	
Clindamycin	CC	≤14	15-18	≥19	
Erythromycin	E	≤15	16-20	≥21	
Gentamycin	Gm	≤12	13-14	≥15	
Oxacillin	S.aureus	≤10	11+12	≥13	
Ox	CONS	≤17	-	≥18	
Nitrofurantoin	Nf	≤14	15-16	≥17	
Penicillin	P	≤28	-	≥29	
Rifampin	Ra	≤16	17-19	≥20	
Tetracycline	T	≤14	15-18	≥19	
Vancomycin	Va	-	-	≥15	

Do not report on Urines - Do not report

GNB

Antibiotic	R	I	S	zone	Inter.
Ampicillin	Am	≤13	14-16	≥17	
Cefalexin	Cp	≤14	15-17	≥18	
Ceftazidime	Ca	≤14	15-17	≥18	
Ceftriaxone	Ci	≤13	14-20	≥21	
Chloramphenicol	C	≤12	13-17	≥18	
Ciprofloxacin	Cf	≤15	16-20	≥21	
Co-trimoxazole	Co	≤10	11+15	≥16	
Gentamycin	Gm	≤12	13-14	≥15	
Nalidixic acid	Na	≤13	14-18	≥19	
Nitrofurantoin	Nf	≤14	15-16	≥17	
Tetracycline	Te	≤14	15-18	≥19	

Do not report on Urines - Do not report

STAPH

Antibiotic	R	I	S	zone	Inter.
Ciprofloxacin	Cf	≤15	16-20	≥21	
Chloramphenicol	C	≤12	13-17	≥18	
Co-trimoxazole	Co	≤10	11+15	≥16	
Clindamycin	CC	≤14	15-18	≥19	
Erythromycin	E	≤15	16-20	≥21	
Gentamycin	Gm	≤12	13-14	≥15	
Oxacillin	S.aureus	≤10	11+12	≥13	
Ox	CONS	≤17	-	≥18	
Nitrofurantoin	Nf	≤14	15-16	≥17	
Penicillin	P	≤28	-	≥29	
Rifampin	Ra	≤16	17-19	≥20	
Tetracycline	T	≤14	15-18	≥19	
Vancomycin	Va	-	-	≥15	

Do not report on Urines - Do not report

ENTC

Antibiotic	R	I	S	zone	Inter.
Ampicillin	Am	≤16	-	≥17	
Ciprofloxacin	Cf	≤15	16-20	≥21	
Chloramphenicol	C	≤12	13-17	≥18	
Erythromycin	E	≤15	16-20	≥21	
Gentamycin	Gm	≤6	7-9	≥10	
Rifampin	Ra	≤16	17-19	≥20	
Tetracycline	Te	≤14	15-18	≥19	
Vancomycin	Va	≤14	15-16	≥17	

Do not report on Urines - Do not report

S.pneumoniae

Antibiotic	R	I	S	zone	Inter.
Chloramphenicol	C	≤20	-	≥21	
Clindamycin	CC	≤14	15-18	≥19	
Erythromycin	E	≤15	16-20	≥21	
Oxacillin	Ox	≤10	-	≥11	
Tetracycline	Te	≤18	19-22	≥23	
Vancomycin	Va	-	-	≥17	

Do not report on Urines - As set by preference panel only

Extra

Antibiotic	R	I	S	zone	Inter.

# MICROBIOLOGY DEPARTMENT

## Sensitivity test form for Neonatal Ward (Blood Culture)

Sample I'd \_\_\_\_\_  
Specimen \_\_\_\_\_

Name \_\_\_\_\_  
Date set up \_\_\_\_\_ Init. \_\_\_\_\_  
Date read \_\_\_\_\_ Init. \_\_\_\_\_

### GNB

S.no	Antibiotic		Sensitivity measurement				Zone	Interpretation
			R	I	S			
1	Ampicillin	A	<13	14-16	>17			
2	Ceftriaxone	Ci	<13	14-20	>20			
3	Ceftazidime	Ca	<14	15-17	>18			
4	Chloramphenicol	C	<12	13-17	>18			
5	Gentamycin	G	<12	13-14	>15			
6								

### STAPH

S.no	Antibiotic		Sensitivity measurement				Zone	Interpretation
			R	I	S			
1	Chloramphenicol	C	<12	13-17	>18			
2	Gentamycin	G	<12	13-14	>15			
3	Oxacillin/Cloxacillin S.aureus* CNS#	Ox	*<10 #<17	11-12 -	>13 #>18			
4	Penicillin	P	<28	-	>29			
5	Vancomycin	V	-	-	>17			
6								

NB.

This panel was set-up based on the request of the staffs of Neonatal Ward for Temporary usage until it revised wholly.

NATIONAL HEALTH LABORATORY  
MICROBIOLOGY DEPARTMENT

PATIENT NAME: \_\_\_\_\_ DATE SAMPLE RECEIVED: \_\_\_\_\_  
NATIONAL ID No: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ OPD/WARD: \_\_\_\_\_ PHYSICIAN NAME: \_\_\_\_\_  
SAMPLE TYPE: \_\_\_\_\_ TEST REQUESTED: culture and sensitivity

---

RESULT OF CULTURE:    G                    NG

INTERPRETATION: 'G' = GROWTH      'NG' = NO GROWTH

ISOLATE 1: \_\_\_\_\_

ISOLATE 2: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNOLOGIST: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGN.: \_\_\_\_\_

SIGN.: \_\_\_\_\_

NATIONAL HEALTH LABORATORY  
MICROBIOLOGY DEPARTMENT RESULT SHEET

PATIENT NAME: \_\_\_\_\_ DATE SAMPLE RECEIVED: \_\_\_\_\_

NATIONAL ID N°: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

LOCATION: \_\_\_\_\_ OPD/WARD: \_\_\_\_\_ PHYSICIAN NAME: \_\_\_\_\_

SAMPLE TYPE: \_\_\_\_\_ TEST REQUESTED: culture and sensitivity

CULTURE AND SENSITIVITY RESULT

ISOLATE 1: \_\_\_\_\_

ISOLATE 2: \_\_\_\_\_

SENSITIVITY RESULT

	Isolate 1	Isolate 2	Isolate _____
Ampicillin	_____	_____	Ciprofloxacin _____
Cephalexin	_____	_____	Chloramphenicol _____
Ceftazidime	_____	_____	Cotrimoxazole _____
Ceftriaxon:	_____	_____	Clindamycin _____
Chloramphenicol	_____	_____	Erythromycin _____
Ciprofloxacin	_____	_____	Gentamycin _____
Cotrimoxazole	_____	_____	Oxacillin _____
Gentamycin	_____	_____	Nitrofurontoin _____
Naldicic acid	_____	_____	Penicillin _____
Nitrofurontoin	_____	_____	Tetracycline _____
Tetracycline	_____	_____	Vancomycin _____
_____	_____	_____	_____

Interpretation:      'S' = Sensitive      'R' = Resistant      'I' = Intermediate

Technologist: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_ Sign. \_\_\_\_\_

Date: \_\_\_\_\_ Sign. \_\_\_\_\_

Date 12/02/2019

**CENTRAL HEALTH LABORATORY  
ASMARA - ERITREA**

Pathology Request & Report form:

HISTOLOGY  
CYTOLOGY FNA  
BONE MARROW

PATIENT'S NAME Semere Abrahma Woldem AGE 40 SEX M  
ADDRESS Delei Zene WARD/OPD MBA  
HOSPITAL Quota BED No. 9  
REFERRING DR. Dr. Haben + Int. Temesge Mihail

DATE & TIME OF SPECIMEN COLLECTION \_\_\_\_\_

SPECIMEN(S) (I) \_\_\_\_\_ (II) \_\_\_\_\_  
(III) \_\_\_\_\_ (IV) \_\_\_\_\_

CLINICAL HISTORY He presented with significant weight loss, Handache, papitabou, cough of nodular of spleen and USG  
scaped mass on Rt lobe 0.5cm and 0.6cm on left lobe

CLINICAL DIAGNOSIS

Thyroid adenoma

Int. Temesge M  
SIGNATURE OF REQUESTING DR.

REPORT

12 FEB. 2019

CASE No. C-19-179

MACROSCOPIC DESCRIPTION Thyroid lobe rt. - very small, not palpable & enlargement of about 1cm.

(H.S. normal?)  
MICROSCOPIC DESCRIPTION RBC - rich smears. Some different sized particles of colloidal material. few small nests of thyrocytes.

DIAGNOSIS (Thyroid lobe rt.): Benign lesion, consistent with slight follicular hyperplasia. No signs of neoplasia, no inflammation.

COMMENT

12 FEB. 2019  
DATE OF REPORT

Prof. Hartmut Lobeck  
MD PhD  
(HistoCytoPathology)

[Signature]  
PATHOLOGIST  
S.P. Service 60823/12/Tests/Kors

# NATIONAL HEALTH LABORATORY

Telephone: (291 1) 114354 Fax: (291 1) 121585 e-mail: centlab@gemel.com.er

P.O. Box 1686 Asmara, Eritrea

## HISTOPATHOLOGY FINAL REPORT

<b>Patient Name</b>	SEMERE ABREHA	<b>Doctor</b>	HABEN
<b>Patient ID</b>	C-19-179	<b>Location</b>	OROTA
<b>Age</b>	40Y	<b>Sex</b>	M
		<b>Date / Time</b>	2/13/2019 8:22:19 AM

**Pathology ID:** C-19-179 **Test type:** CYTOLOGY

**Specimen:** FNA

**Site:** THYROID

### **Macroscopic Description:**

Thyroid low rt : very small not palpable soft enlargment of about 1cm.

### **Microscopic Description:**

RBC-rich smears. Some different sized particles of colloidal material. Few small nests of thyreocytes.

### **Diagnosis:**

Thyroid low rt : Benign lesion, consistent with slight follicular hyperplasia. No signs of neoplasia, no inflammation.

Pro lobeck.

**Pathologist:**