

Patient Details

Name : DUMMY REPORT
 UR :
 Ref :
 DOB : [REDACTED]
 IC NO. : [REDACTED]
 Collected : [REDACTED] [REDACTED]
 Referred : [REDACTED]

Sex : Female
 Age : [REDACTED]
 Ward :
 Yr Ref. :

Doctor Details

GRIBBLES IT DEPARTMENTAAAAA
 14 JALAN 19/1 2ND FLR
 WISMA KT (IF YOU RCV REPT
 PLS GIVE IT TO IT DEPT.)
 PETALING JAYA SEL 46300
 Lab No. : [REDACTED]
 Courier Run : WKT
 Report Printed : [REDACTED] 11:41

| ANALYTES | RESULTS | UNITS | REF. RANGES |
|----------|---------|-------|-------------|
|----------|---------|-------|-------------|

GENERAL SCREENING DBTICBM PROFILE
BIOCHEMISTRY

| | | | | |
|------------|----------|------|---------------------------|-------------|
| Sodium | 钠 | 141 | mmol/L | (135-145) |
| Potassium | 钾 | 4.1 | mmol/L | (3.5-5.1) |
| Chloride | 氯化物 | 99 | mmol/L | (95-110) |
| Urea | 尿素 | 7.1 | mmol/L | (3.0-10.0) |
| Creatinine | 肌酸酐 | 88 | umol/L | (44-110) |
| eGFR | 估計腎小球濾過率 | 60 | mL/min/1.73m ² | |
| Uric Acid | 尿酸 | 0.21 | mmol/L | (0.15-0.45) |

An eGFR(CKD-EPI)- Normal or Mildly decreased.

(60-89 mL/min/1.73m²) NOTE: EGFR is NOT VALID for pregnant women, dialysis patients and/or teenagers [REDACTED]. Result should be interpreted alongside clinical presentation and in reference to KDIGO 2012 CKD Guidelines and the [REDACTED] Clinical Practice Guidelines for the Management of Chronic Kidney Disease 2nd Edition ([REDACTED]).

| | | | | |
|-----|--------|----|-----|--------|
| AST | 谷草转氨基酶 | 33 | U/L | (< 41) |
| ALT | 谷丙转氨基酶 | 25 | U/L | (< 51) |

SERUM/PLASMA GLUCOSE

| | | | | |
|--------------------|--------------|-----|--------|-------------|
| Glucose | 葡萄糖 | 5.6 | mmol/L | (3.9 - 6.0) |
| Specimen collected | [REDACTED] h | | | |
| Specimen type | Fasting | | | |

Interpretation:

| Category | Fasting Plasma Glucose (mmol/L) |
|-------------------|---------------------------------|
| Normal | 3.9 - 6.0 |
| IFG (Prediabetes) | 6.1 - 6.9 |
| DM | >= 7.0 |

IFG = Impaired Fasting Glucose; DM = Diabetes Mellitus

Recommend Oral Glucose Tolerance Test (OGTT) for fasting plasma glucose levels 6.1 - 6.9 mmol/L.

Source: [REDACTED] Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus (6th Edition). [REDACTED] Joint Publication of the Ministry of Health [REDACTED], Academy of Medicine [REDACTED], [REDACTED] Endocrine & Metabolic Society and Diabetes [REDACTED].

CC Drs: COMPUTER DEPARTMENTS.



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| ANALYTES | SPECIMEN: WHOLE BLOOD | RESULTS | UNITS | REF. RANGES |
|---|-----------------------|---|-------|-------------|
| SPECIAL CHEMISTRY | | | | |
| HbA1c 葡萄糖血红蛋白 5.2 % 33 mmol/mol | | | | |
| Diagnostic Values of HbA1c in [REDACTED] in Adults | | | | |
| HbA1c (NGSP) % | HbA1c (IFCC) mmol/mol | | | |
| < 5.7 | < 39 | Normal | | |
| 5.7 - 6.2 | 39 - 44 | *Prediabetes (IFG or IGT) | | |
| => 6.3 | => 45 | T2DM | | |
| IFG: Impaired Fasting Glucose; IGT: Impaired Glucose Tolerance; OGTT: Oral Glucose Tolerance Test; T2DM: Type 2 Diabetes Mellitus | | | | |
| *Recommend OGTT for HbA1c levels 5.7 - 6.2% | | | | |
| Individualised HbA1c Target for Known Diabetes | | | | |
| HbA1c (NGSP) % | HbA1c (IFCC) mmol/mol | | | |
| <= 6.5 | <=48 | A: Tight target range for young, newly diagnosed diabetes without hypoglycaemia. | | |
| 6.6 - 7.0 | 49 - 53 | B: Target range for all other individuals not in category A or C. | | |
| 7.1 - 8.0 | 54 - 64 | C: Target range for diabetes with comorbidities short life expectancy and/ or prone to hypoglycaemia. | | |

Source: [REDACTED] Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus (6th Edition). [REDACTED] Joint Publication of the Ministry of Health [REDACTED], Academy of Medicine [REDACTED], [REDACTED] Endocrine & Metabolic Society and Diabetes [REDACTED].

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| ANALYTES | RESULTS | UNITS | REF. RANGES |
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| SPECIAL CHEMISTRY | SPECIMEN: URINE | | |
| RANDOM URINE ALBUMIN | | | |
| ALBUMIN AND CREATININE RATIO (ACR) | | | |
| Urine Albumin | 1.5 | mg/L | (< 20.1) |
| Urine Creatinine | [REDACTED] | mmol/L | (4.00-25.00) |
| ACR | < 0.1 | mg Alb/mmol | (< 3.5) |

KDIGO 2012 Albuminuria Categories:

- A1 Normal to Mildly Increased: <3
- A2 Moderately Increased: 3 - 30
- A3 Severely Increased: >30

Due to the variability in urinary albumin excretion, at least 2 specimens, preferably first morning void, collected within a 3 to 6 month period should be abnormal before considering a patient to have crossed one of these diagnostic thresholds. Exercise within [REDACTED], infection, fever, congestive heart failure, marked hyperglycaemia, pregnancy, marked hypertension, urinary tract infection and haematuria may increase urinary albumin over baseline values.

KFRE risk calculation is not applicable if eGFR is >=60.

REPORT COMPLETED

Tests Requested:

ALBUMIN/CREATININE RATIO, MULTIPLE BIOCHEM ANALYSIS, HAEMOGLOBIN A1C (HBA1C), GLUCOSE, SERUM/PLASMA, GLUCOSE, SERUM/PLASMA

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