

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
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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].

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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
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

CC Drs: COMPUTER DEPARTMENTS.

