Laboratory Report

Patient Details

Name	: DUMMY REPORT		
UR	:		
Ref	:		
DOB	:	Sex	: Female
IC NO.	:	Age	:
Collected	:	Ward	:
Referred	:	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.	:
Courier Run	: **WKT**
Report Printed	: 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/1.73m^2) NOTE: EGFR is NOT VALID for pregnant women,dialysis patients and/or teenagers   .
Result should be interpreted alongside clinical presentation and in reference to KDIGO 2012 CKD Guidelines and the   n Clinical
Practice Guidelines for the Management of Chronic Kidney Disease 2nd Edition (   ).

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

CC Drs: COMPUTER DEPARTMENTS.

STANDARDS MALAYSIA ACCREDITED
SAMM MT 319

Innoquest Pathology Sdn. Bhd. is a full scope CAP and ISO15189 accredited laboratory.
Few assays may be pending ISO15189 accreditation due to their recent launch. Scan our QR to see the full list.

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ANALYTES		RESULTS	UNITS	REF. RANGES
SPECIAL CHEMISTRY	**SPECIMEN: WHOLE BLOOD**			
HbA1c	葡萄糖血红蛋白	5.2 % 33	mmol/mol	

```
Diagnostic Values of HbA1c in        n 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:      Clinical Practice Guidelines for the Management of Type 2
Diabetes Mellitus (6th Edition).              Joint Publication of of
the Ministry of Health        , Academy of Medicine        ,            n
Endocrine & Metabolic Society and Diabetes        .
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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		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         ,
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.

<u>**REPORT COMPLETED**</u>

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

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