

Patient dischg'

Far. 05 - 8208837

10Q.

COLUMBIA ASIA SDN. BHD.(388359-P)
COLUMBIA ASIA HOSPITAL TAIPING
Wholly Owned By COLUMBIA ASIA SDN. BHD.
NO. 5,
JALAN PERWIRA,
34000
TAIPING 34000
PERAK
GST ID No :001965957120
Tel No : 605-8208888 Fax No : 605-8208999

Debtor Name : PMCARE SDN BHD

GST ID No. : 000149835776

Debtor Address : NO.1, JALAN USJ 21/10, UEP SUB, , , SUBANG
JAYA, 47630 , SELANGOR, MALAYSIA

GL No. : 18011815474158

Co.Guarantor :

Patient Name :

Patient Address :

IC No. :

MRN : TAIP-0000086436

Visit No. : A0000000003-TAIP

Admitting/ Primary : YUEN WAI MUN
Doctor

DRAFT BILL

Bill Date/Time : 20/01/2018 12:57:21PM

Cashier Name : HAYATI.A

Account : PMCARE

Credit Term : 60 Day(s)

Admit Date/Time : 17/01/2018 07:34:00PM

Discharge Date/Time : 20/01/2018 12:55:00PM

Ward/Rm/Bed/Type : MULTIDISCIPLINE-2/72/2BED
DED/72B

Charge Type : InPatient

	Description	Quantity	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHARGES								
ADMIN CHARGES								
17/01/2018	ADMIN CHARGES - REGISTRATION FEE	1.00	6.00	0.00	SR6	0.36	6.36	
							6.36	
EQUIPMENT CHARGES								
19/01/2018	3 CHANNEL MONITOR	1.00	31.05	0.00	ES0	0.00	31.05	
	OGDS MACHINE	1.00	374.90	0.00	ES0	0.00	374.90	
							405.95	
LABORATORY								
17/01/2018	LAB AFTER OFFICE SURCHARGE	1.00	42.00	0.00	ES0	0.00	42.00	
	STAT PROFILE 2	1.00	98.60	0.00	ES0	0.00	98.60	
							140.60	
MEDICAL SUPPLIES								
17/01/2018	THERMOMETER - EAR PROBE	1.00	1.28	0.00	ES0	0.00	1.28	
	COVER THERMOSCAN							
	IV CANNULA - VASOFIX SAFETY	1.00	9.76	0.00	ES0	0.00	9.76	
	20G							
	IV GIVING SET - INTRAFIX	1.00	10.22	0.00	ES0	0.00	10.22	
	SAFESET WITH INJ SITE							
	(4063005)							
	DRESSING - TEGADERM IV	1.00	6.75	0.00	ES0	0.00	6.75	
	ADVANCED 6.5 X 7CM (1683)							
18/01/2018								

	UNDERPAD SIZE 30" X 30"	2.00	5.84	0.00	ESO	0.00	5.84
	IV CONNECTOR - CLAVE	1.00	8.08	0.00	ESO	0.00	8.08
	IV GIVING SET - PAEDIATRIC	1.00	22.72	0.00	ESO	0.00	22.72
	DOSIFIX 120ML SWIM VALVE						
	15MMF LL 200CM (4039149)						
19/01/2018	COTTON WOOL ROLL 400G	1.00	24.25	0.00	ESO	0.00	24.25
	CATHETER - MALE EXTERNAL	1.00	3.83	0.00	ESO	0.00	3.83
	SIZE S						
	UNDERPAD SIZE 30" X 30"	2.00	5.84	0.00	ESO	0.00	5.84
	DVD	1.00	5.84	0.00	ESO	0.00	5.84
	APRON DISPOSABLE 0.04MM	4.00	3.64	0.00	ESO	0.00	3.64
	GLOVE - STERILE SURGICAL	1.00	7.32	0.00	ESO	0.00	7.32
	POWDER FREE SIZE 6.5 (ANSELL						
	GAMMEX)						
	LARGE BITE BLOCK BLUE LATEX	1.00	25.92	0.00	ESO	0.00	25.92
	FREE 20X27MM (001429)						
	TUBE - BALLOON REPLACEMENT	1.00	350.09	0.00	ESO	0.00	350.09
	GASTROSTOMY COOK						
	(PEG-24-BRT-S)						
	TUBE - SUCTION CONNECTING	1.00	15.25	0.00	ESO	0.00	15.25
	3M						
	TUBE - SUCTION LINER 1.5L	1.00	20.13	0.00	ESO	0.00	20.13
	WITH VACGARD						
	DRESSING - BASIC PACK	1.00	6.20	0.00	ESO	0.00	6.20
	DRESSING - GAUZE STERILE 10	2.00	13.12	0.00	ESO	0.00	13.12
20/01/2018	X 10CM X 16PLY						
	CATHETER - MALE EXTERNAL	1.00	3.83	0.00	ESO	0.00	3.83
	SIZE S						
	UNDERPAD SIZE 30" X 30"	1.00	2.92	0.00	ESO	0.00	2.92
	IV CONNECTOR - CLAVE	1.00	8.08	0.00	ESO	0.00	8.08
	CAP - NURSE	1.00	0.73	0.00	ESO	0.00	0.73
	DRESSING - GAUZE STERILE 10	1.00	6.56	0.00	ESO	0.00	6.56
	X 10CM X 16PLY						
							568.20
	MEDICAL SUPPLIES MULTIPLE USE						
17/01/2018							
	WARD MEDICAL SUPPLIES	1.00	45.00	0.00	ESO	0.00	45.00
	GAUZE RIBBION - PER STERILE	1.00	6.71	0.00	ESO	0.00	6.71
	PACK						
20/01/2018							
	WARD MEDICAL SUPPLIES	1.00	45.00	0.00	ESO	0.00	45.00
							96.71
	NURSING						
17/01/2018							
	NURSING CHARGES DAILY	1.00	60.50	0.00	ESO	0.00	60.50
	ER OBSERVATION	1.00	16.50	0.00	ESO	0.00	16.50
	ER YELLOW ZONE (ERY)	1.00	44.00	0.00	ESO	0.00	44.00
18/01/2018							
	BED BATH / ASSIST BATH IN	1.00	33.00	0.00	ESO	0.00	33.00
	TOILET						
	NURSING CHARGES DAILY	1.00	60.50	0.00	ESO	0.00	60.50
19/01/2018							
	BED BATH / ASSIST BATH IN	1.00	33.00	0.00	ESO	0.00	33.00
	TOILET						
	NURSING CHARGES DAILY	1.00	60.50	0.00	ESO	0.00	60.50
	AMBULATORY CARE	1.00	44.00	0.00	ESO	0.00	44.00
20/01/2018							
	BED BATH / ASSIST BATH IN	1.00	33.00	0.00	ESO	0.00	33.00
	TOILET						
	CATHETERISATION BY NURSES	1.00	38.50	0.00	ESO	0.00	38.50
	NURSING PROCEDURE	2.00	55.00	0.00	ESO	0.00	55.00
							478.50
	OR UTILISATION & RECOVERY						
19/01/2018							

AMBULATORY SCOPE ROOM	1.00	115.50	0.00	ESO	0.00	115.50
OR - CONSUMABLE MISC CHARGES	1.00	100.00	0.00	ESO	0.00	100.00

215.50

PHARMACY
17/01/2018

NEXIUM 40MG INJ (ESOMEPRAZOLE)	1.00	107.32	0.00	ESO	0.00	107.32
NORMAL SALINE 0.9% INJ 10ML	1.00	12.25	0.00	ESO	0.00	12.25
NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ESO	0.00	14.02

18/01/2018

NORMAL SALINE 0.9% 500ML	3.00	42.06	0.00	ESO	0.00	42.06
NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ESO	0.00	14.02

19/01/2018

HYOSCINE 20MG/ML INJ (COPAN)	1.00	12.25	0.00	ESO	0.00	12.25
DORMICUM 5MG/5ML INJ (MIDAZOLAM)	1.00	38.48	0.00	ESO	0.00	38.48
AFTAMED ORAL GEL 3ML (SODIUM HYALURONATE)	2.00	45.30	0.00	ESO	0.00	45.30
POVIDONE IODINE 10% SOLUTION 500ML (SEPTIDIN) - PER ML	10.00	1.40	0.00	ESO	0.00	1.40
WATER FOR INJECTION 10ML	4.00	49.00	0.00	ESO	0.00	49.00
NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ESO	0.00	14.02
NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ESO	0.00	14.02

20/01/2018

GAVISCON ADVANCE LIQUID 150ML	1.00	47.97	0.00	ESO	0.00	47.97
NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ESO	0.00	14.02
NORMAL SALINE 0.9% 500ML	4.00	56.08	0.00	ESO	0.00	56.08

482.21

PHARMACY MULTIPLE USE
19/01/2018

KY LUBRICATING JELLY 100GM - PER USE	1.00	3.08	0.00	ESO	0.00	3.08
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3.08

ROOM CHARGES
17/01/2018

ROOM CHARGES - 2 BED	1.00	120.00	0.00	ESO	0.00	120.00
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18/01/2018

ROOM CHARGES - 2 BED	1.00	120.00	0.00	ESO	0.00	120.00
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19/01/2018

ROOM CHARGES - 2 BED	1.00	120.00	0.00	ESO	0.00	120.00
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360.00

NON INDEPENDENT DOCTOR CHARGES
MO CONSULTATION
Doctor Name : AZRAAI BIN ALI

17/01/2018

MO CONSULTATION - WARD ROUNDS / ADMISSION	1.00	60.00	0.00	ESO	0.00	60.00
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60.00

MO PROCEDURES
Doctor Name : AZRAAI BIN ALI

17/01/2018

MO PROC - GENERAL PROCEDURE, SIMPLE	1.00	30.00	0.00	ESO	0.00	30.00
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30.00

DOCTOR CHARGES (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor
SPECIALIST CONSULTATION
Doctor Name : YUEN WAI MUN (GST ID No : 001188536320)

17/01/2018
17/01/2018

12/1/12	CONSULTATION COMPLEX - N/CASE AFT HR (MMA)	1.00	315.35
	OTHER CONSULTATION, PROCEDURE OR TREATMENT [sedation]	1.00	132.50
	CONSULTATION - WARD ROUNDS	1.00	84.80
	CONSULTATION - WARD ROUNDS	1.00	84.80
18/1/12	CONSULTATION - WARD ROUNDS	1.00	84.80
	CONSULTATION - WARD ROUNDS	1.00	84.80
	CONSULTATION - WARD ROUNDS	1.00	84.80
20/01/2018			
19/1/12	CONSULTATION - WARD ROUNDS	1.00	84.80
	CONSULTATION - WARD ROUNDS	1.00	84.80
	CONSULTATION - WARD ROUNDS	1.00	84.80
20/1/12	CONSULTATION - WARD ROUNDS	1.00	84.80
			1,211.05

SURGICAL FEE

Doctor Name : YUEN WAI MUN (GST ID No : 001188536320)
19/01/2018

GASTROSTOMY (G3400)	1.00	1,585.76
DIAGNOSTIC OESOPHAGO-GASTRO-DUODENOSCOPY INCLUDING BIOPSY (G6500)	1.00	364.91
		1,950.67

Total Amount :	5,829.50
Total Discounted	0.00
Total GST @ 6% Amount :	179.33
Total Payable Amount :	6,008.83
Rounded Off Value :	6,008.85
Doc. Amount	Allocated Amount

LESS Total Credit Note : 0.00
6,008.85

ADD Total Debit note : 0.00
6,008.85

LESS Payment : 0.00
Balance Payable / (Refundable) : **6,008.85**

All cheque payment should be made to COLUMBIA ASIA SDN. BHD.

COLUMBIA ASIA SDN. BHD.(388359-P)
 COLUMBIA ASIA HOSPITAL TAIPING
 Wholly Owned By COLUMBIA ASIA SDN. BHD.
 NO. 5,
 JALAN PERWIRA,
 34000
 TAIPING 34000
 PERAK
 GST ID No : 001965957120
 Tel No : 605-8208888 Fax No : 605-8208999

Debtor Name : PMCARE SDN BHD
GST ID No. : 000149835776

DRAFT BILL

Debtor Address : NO.1, JALAN USJ 21/10, UEP SUB, , , SUBANG
 JAYA, 47630 , SELANGOR, MALAYSIA

Bill Date/Time : 20/01/2018 12:58:06PM

Cashier Name : HAYATIA

Debtor Code : PMCARE

Credit Term : 60 Day(s)

GL No.: 18011815474158
Co.Guarantor:

Admit Date/Time : 17/01/2018 07:34:00PM

Discharge Date/Time : 20/01/2018 12:55:00PM

Patient Name:

Ward/Rm/Bed/Type : MULTIDISCIPLINE-2/72/2BED
 DED/72B

Charge Type : InPatient

Patient Address:

IC No.:

MRN: TAIP-0000086436

Visit No. : A0000000003-TAIP

Admitting/ Primary : YUEN WAI MUN
Doctor

Description	Amount	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHARGES					
ADMIN CHARGES	6.00	0.00	0.36	6.36	6.36
EQUIPMENT CHARGES	405.95	0.00	0.00	405.95	405.95
LABORATORY	140.60	0.00	0.00	140.60	140.60
MEDICAL SUPPLIES	568.20	0.00	0.00	568.20	568.20
MEDICAL SUPPLIES MULTIPLE USE	96.71	0.00	0.00	96.71	96.71
NURSING	478.50	0.00	0.00	478.50	478.50
OR UTILISATION & RECOVERY	215.50	0.00	0.00	215.50	215.50
PHARMACY	482.21	0.00	0.00	482.21	482.21
PHARMACY MULTIPLE USE	3.08	0.00	0.00	3.08	3.08

ROOM CHARGES					
	360.00	0.00	0.00	360.00	
				360.00	
NON INDEPENDENT DOCTOR CHARGES					
MO CONSULTATION					
Doctor Name :	AZRAAI BIN ALI	60.00	0.00	0.00	60.00
					60.00
MO PROCEDURES					
Doctor Name :	AZRAAI BIN ALI	30.00	0.00	0.00	30.00
					30.00
DOCTOR CHARGES (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor					
SPECIALIST CONSULTATION					
Doctor Name :	YUEN WAI MUN (GST ID No : 001188536320)			1,211.05	
					1,211.05
SURGICAL FEE					
Doctor Name :	YUEN WAI MUN (GST ID No : 001188536320)			1,950.67	
					1,950.67
Total Amount :				5,829.50	
Total Discounted				0.00	
Total GST @ 6% Amount :				179.33	
Total Payable Amount :				6,008.83	
Rounded Off Value :				6,008.85	
		Doc. Amount	Allocated Amount		
LESS Total Credit Note :					0.00
					6,008.85
ADD Total Debit note :					0.00
					6,008.85
LESS Payment :					0.00
Balance Payable / (Refundable) :					6,008.85

All cheque payment should be made to COLUMBIA ASIA SDN. BHD.

YUEN WAI MUN (GST ID No : 001188536320)
 NO. 5,
 JALAN PERWIRA,
 34000
 TAIPING 34000
 PERAK
 Tel No : 605-8208888 Fax No : 605-8208999

Debtor Name : PMCARE SDN BHD
GST ID No. : 000149835776
Debtor Address : NO.1, JALAN USJ 21/10, UEP SUB, ,
 SUBANG JAYA, 47630 , SELANGOR,
 MALAYSIA

GL No. : 18011815474158
Co.Guarantor :

Patient Name :

Patient Address :

IC No. :

MRN : TAIP-0000086436 A0000000003-TAIP

Admitting/Primary Doctor : YUEN WAI MUN

DRAFT BILL

Bill No. : WAIMUN.Y/IP2-232886
Bill Date/Time : 20/01/2018 12:57:21PM
Cashier Name : HAYATI.A
Debtor Code : PMCARE
Credit Term : 60 Day(s)
Admit/Visit Date/Time : 17/01/2018 07:34:00PM
Discharge Date/Time : 20/01/2018 12:55:00PM
Ward/Rm/Bed/Type : MULTIDISCIPLINE-2/72/2BEDDED/72B
Charge Type : InPatient

Description	Qty	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
DOCTOR CHARGES							
SPECIALIST CONSULTATION							
Doctor Name : YUEN WAI MUN							
19/01/2018							
CONSULTATION COMPLEX - N/CASE AFT HR (MMA)	1.00	297.50	0.00	DSR6	17.85	315.35	
OTHER CONSULTATION, PROCEDURE OR TREATMENT [sedation]	1.00	125.00	0.00	DSR6	7.50	132.50	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
20/01/2018							
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
CONSULTATION - WARD ROUNDS	1.00	80.00	0.00	DSR6	4.80	84.80	
						1,211.05	
SURGICAL FEE							
Doctor Name : YUEN WAI MUN							
19/01/2018							
GASTROSTOMY (G3400)	1.00	1,496.00	0.00	DSR6	89.76	1,585.76	
DIAGNOSTIC OESOPHAGO-GASTRO-DUODENOSCOPY INCLUDING BIOPSY (G6500)	1.00	344.25	0.00	DSR6	20.66	364.91	
						1,950.67	

Total Amount :	2,982.75
Total Discounted	0.00
Total GST @ 6% Amount:	178.97
Total Payable Amount :	3,161.72
Rounded Off Value :	3,161.70

All cheque payment should be made to COLUMBIA ASIA SDN. BHD.



Patient Name				/pm
NRIC No.				/pm
Membership No				
Service Type	ADMISSION	Patient Telephone No.		
SPECIALIST/CONSULTANT DISCHARGE NOTES				
Primary Diagnosis				
Primary diagnosis	OTHER GASTRITIS			
Etiology of the above diagnosis	ICD10 coding, if available			
Presenting symptoms at time of admission	infection			
When was the date patient sought your consultation for this condition?	17 day 01 month 18 year			
To your knowledge, was the patient previously treated for this condition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes When? _____ day _____ month _____ year Name/Address & contact number : - _____			
In your professional opinion, when did the condition first develop?	15 day 01 month 18 year			
Any possibility of relapse?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Please indicate (✓) if the illness/injury or treatment is/are	Motor vehicle accident related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Date of accident	_____ day _____ month _____ year
	Chronic	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Time of accident	_____ am/pm
	Pregnancy related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Cosmetic	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Work related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Fertility related	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Psychological related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Congenital	<input type="checkbox"/> No <input type="checkbox"/> Yes
Secondary Diagnosis				
Diagnosis other than primary	Haemorrhagic gastritis - Dilated PEG tube.			
Has patient suffered from/Is patient suffering any illnesses stated as follows:	Hypertension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year
	Cardiovascular Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year
	Gastrointestinal Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year
	Malignancy of any kind	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year
	Diabetes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year
If yes, please specify				



Treatment & Investigation				
Please indicate (✓) nature of treatment and Investigation	<input type="checkbox"/> Blood Test <input type="checkbox"/> Dietary Counseling <input type="checkbox"/> Medical <input type="checkbox"/> Operation <input type="checkbox"/> Physiotherapy <input type="checkbox"/> X-ray <input type="checkbox"/> Others, Please specify : <u>Oral, gastroscopy.</u>			
	Medication dispensed <u>T-Neurin</u>			
Please state procedures, investigation and operations performed	Type of Operation/Procedure/Investigation	Date Performed	Performed by	
	<u>Oral gastroscopy for feeding.</u>	<u>19/01/18</u> <u>19/01/18</u>	<u>DR. YASVIR KUMAR M.W.</u> <u>DR. YASVIR KUMAR M.W.</u>	
Referred Doctors & Specialty	Name of Doctor		Specialty	
	Name of Doctor		Specialty	
	Name of Doctor		Specialty	
Follow up Treatment				
Follow-up necessary?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, to which specialist? (Please state reason)		
Please indicate (✓) if patient needs to be/was crossed referred?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Attending Doctor				
In the case of DEATH , please advise	Date	day month year	Cause of Death	
	Time	am/pm		
To the best of my knowledge, I hereby declare that all the information given above is true and accurate.				
Signature of Attending Doctor		<p>Columbia Asia Hospital Taiping No. 5, Jalan Perwira, 34000 Taiping, Perak Darul Ridzuan. Tel: 05-820 8888 Fax: 05-820 8999</p>		<p><u>20/01/18</u> Date</p>

Name			
MRN	: TAIP-0000000000	Visit No	: A00000000003-TAIP
Age/Gender	: 21Y 2M 13D / MALE	Received On	: 17/01/2018 8:29PM
Lab No	: T0000110789	Reported On	: 17/01/2018 9:55PM
Referred By	: Dr. YUEN WAI MUN	Ward/Room/Bed	: MULTIDISCIPLINE-2 / 72 / 72B

Haematology

Test Name	Result	Reference Range
<u>STAT PROFILE 2</u>		
FULL BLOOD COUNT (FBC)		
HAEMOGLOBIN	13.6 g/dl	(12.5 - 17.5)
RBC	4.8 x10 ¹² /L	(4.5 - 6.0)
PCV	43 %	(40 - 50)
MCV	89 fl	(78 - 97)
MCH	28 pg	(27 - 33)
MCHC	32 g/dl	(31 - 36)
RDW	13.1 %	(0.0 - 16.0)
TOTAL WBC	8.9 x 10 ⁹ /L	(4.0 - 11.0)
NEUTROPHILS	6.1 x 10 ⁹ /L (68 %)	(1.6 - 8.0)
LYMPHOCYTES	1.9 x 10 ⁹ /L (22 %)	(1.0 - 4.5)
MONOCYTES	0.6 x 10 ⁹ /L (7 %)	(0.08 - 1.0)
EOSINOPHILS	0.3 x 10 ⁹ /L (3 %)	(0.0 - 0.6)
BASOPHILS	0.0 x 10 ⁹ /L	(0.0 - 0.11)
PLATELET COUNT	248 x 10 ⁹ /L	(150 - 400)

***** END OF REPORT *****

Comment :

This report is computer generated, signature is not required. Validated by : NORAZILA BINTI MAD NOR, B.Sc (Hons) USM

Name :
MRN : TAIP-0000086436
Age/Gender : 21Y 2M 13D / MALE
Lab No : T0000110789
Referred By : Dr. YUEN WAI MUN

Visit No : A0000000003-TAIP
Received On : 17/01/2018 8:29PM
Reported On : 17/01/2018 9:41PM
Ward/Room/Bed : MULTIDISCIPLINE-2 / 72 / 72B

Biochemistry

Test Name	Result	Reference Range
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STAT PROFILE 2**LIVER FUNCTION TEST**

TOTAL PROTEIN	76 g/L	(64 - 83)
ALBUMIN	39 g/L	(34 - 48)
GLOBULIN	37 g/L	(18 - 42)
A/G RATIO	1.1	(1.0 - 2.2)
TOTAL BILIRUBIN	6.1 µmol/L	(3.0 - 22.5)
ASPARTATE TRANSAMINASE (SGOT)	28 U/L	(16 - 40)
ALANINE TRANSAMINASE (SGPT)	24 U/L	(0 - 50)
ALKALINE PHOSPHATASE	74 U/L	(40 - 120)
GAMMA GLUTAMYL TRANSFERASE (GGT)	18 U/L	(0 - 55)

RENAL PANEL 2

SODIUM	142 mmol/L	(132 - 145)
POTASSIUM	4.0 mmol/L	(3.5 - 5.2)
CHLORIDE	100 mmol/L	(94 - 111)
UREA	4.5 mmol/L	(3.2 - 7.3)
CREATININE	45 µmol/L	(0 - 120)
URIC ACID	332 µmol/L	(200 - 420)
CALCIUM	2.4 mmol/L	(2.1 - 2.6)
PHOSPHATE (INORGANIC)	1.4 mmol/L	(0.8 - 1.5)
GLUCOSE (RANDOM)	4.8 mmol/L	(3.5 - 7.8)

***** END OF REPORT *****

Comment :

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