

Visit Number:	43819518610	Registered	18-04-2019 19:01:58
Patient Name:		Collected	18-04-2019 19:02:49
Age / Sex:	19 Year / Male	Authenticated	18-04-2019 21:59:41
Referred By:	Prof : -	Printed	12-09-2019 11:25:47
Client Name:	9333		

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
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Diabetic Profile

<u>Fasting Blood Glucose</u>	89	mg/dL	"Normal 60 - 100 Prediabetes 101 - 125 Diabetes more than 125"
<u>Haemoglobin A1C</u>	5.6	%	Normal: less than 5.7 Prediabetes: 5.7-6.4 Diabetes: more than 6.4

Liver Function Tests

<u>Total Bilirubin</u>	0.32	mg/dL	0 - 1.2
<u>Direct Bilirubin</u>	0.13	mg/dL	0 - 0.3
<u>Indirect Bilirubin</u>	0.19	mg/dL	0 - 0.9
<u>SGPT (ALT)</u>	19	U/L	0 - 41
<u>SGOT (AST)</u>	19	U/L	0 - 40
<u>Alkaline Phosphatase</u>	106	U/L	40 - 130
<u>Gamma GT</u>	37	U/L	10 - 71
<u>Serum Total protein</u>	7.3	g/dL	6.4 - 8.3
<u>Serum Albumin</u>	5.0	g/dL	3.5 - 5.2
<u>Serum Globulin</u>	2.30	g/dL	2 - 3.5
<u>Albumin/Globulin ratio</u>	H 2.2		1.1 - 2.1

Lipid Profile

<u>Serum Total Cholesterol</u>	170	mg/dL	Normal: Up to 200 Borderline Risk : 200-240 High Risk: >240
<u>Serum Triglycerides</u>	41	mg/dL	0 - 150

Dr.Eman Abdelfatah

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Kidney Function Tests

<u>Serum Ionized Calcium</u>	1.24	mmol/L	1.12 - 1.32
<u>Serum Creatinine</u>	0.83	mg/dL	0.7 - 1.3
<u>Serum Urea</u>	26	mg/dL	13 - 43
<u>Serum Calcium</u>	9.5	mg/dL	8.6 - 10.2
<u>Serum Potassium</u>	3.7	mmol/L	3.5 - 5.5
<u>Serum Sodium</u>	140	mmol/L	136 - 145

Iron Profile

<u>Serum Iron</u>	74.00	ug/dL	65 - 175
<u>Ferritin</u>	L 24.89	ng/ml	30 - 400

Tumor Markers

<u>Alpha-fetoprotein (AFP)</u>	1.2	ng/mL	0 - 7
<u>Carcinoembryonic Antigen (CEA)</u>	1.91	ng/mL	"Non smoker up to 3.0 Smoker up to 5.0"

N.B. :CEA Levels May Vary According To The Platform Used In The Analysis.

<u>CA 19-9</u>	0.8	U/mL	0 - 34
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Hepatitis Markers

<u>Hepatitis A virus IgM</u>	Negative		Negative
<u>Hepatitis A virus IgG</u>	Positive		Negative
<u>Hepatitis B surface antigen</u>	Negative		Negative
<u>Hepatitis B surface antibody (titre)</u>	Weak Positive 9.63	mIU/mL	Negative <8 Weak positive 8 - 11.9 Positive =>12
Follow up is recommended			
<u>Hepatitis B core total</u>	Negative		Negative
<u>Hepatitis B core IgM</u>	Negative		Negative
<u>Hepatitis B e Antigen</u>	Negative		Negative
<u>Hepatitis B e antibody</u>	Negative		Negative
<u>HCV Ab by Chemiluminescent technology</u>	Negative		Negative

TORCH Screening

<u>Cytomegalovirus IgM</u>	Negative 0.18	COI	Negative : < 0.7 Weak Positive : 0.7 - 0.99 Positive : =>1.0
<u>Cytomegalovirus IgG</u>	Positive 342.20	U/mL	Negative : < 0.5 Weak positive : 0.5 - 0.99 Positive : => 1.0

Param- General

<u>Epstein-barr virus antibody to viral capsid antigen (VCA-IgG)</u>	1.57	S/CO Ratio	Negative : < 0.9 Weak Positive : 0.9 - <1.1 Positive : => 1.1
<u>Epstein-barr virus antibody to viral capsid antigen (VCA-IgM)</u>	0.56	S/CO Ratio	Negative : < 0.9 Weak Positive : 0.9 - <1.1 Positive : => 1.1
<u>HIV Antibody (AIDS Test)</u>	Negative		Negative

Dr.Eman Abdelfatah

Visit Number:	43819518610	Registered	18-04-2019 19:01:58
Patient Name:		Collected	18-04-2019 19:02:49
Age / Sex:	19 Year / Male	Authenticated	19-04-2019 15:21:19
Referred By:	Prof : -	Printed	12-09-2019 11:25:48
Client Name:	9333		

HEMATOLOGY REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
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Detection of Lupus Anticoagulant (LA)

<u>dRVV Screen Ratio (Citratd Plasma)</u>	0.96		< 1.2
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* Negative for LA .
The test for LA is negative if the screen ratio is less than 1.2 ..

N.B. :diluted Russell's Viper Venom (dRVV) test is used for detection of lupus anticoagulant

<u>Free Protein S Assay (Citratd Plasma)</u>	115.0	%	60 - 150
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Coagulation Profile

<u>Anti-thrombin III (AT-III) activity (Citratd Plasma)</u>	111	%	80 - 120
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ABO & Rh Typing

<u>ABO GROUP (EDTA Blood)</u>	A
<u>Rh Grouping (EDTA Blood)</u>	Positive

Prothrombin Time (PT) (Citratd Plasma)

Patient Prothrombin Time	13.3	sec	
Control Prothrombin Time	12.9	sec	
Prothrombin Concentration	96.0	%	70 - 120
INR	1.03		0.9 - 1.27

<u>APTT (Citratd Plasma)</u>	29.1	sec	23 - 40
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<u>Protein C Assay (Citratd Plasma)</u>	90.0	%	72 - 160
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Dr.Abeer Abdelazeem

Visit Number:	43819518610	Registered	18-04-2019 19:01:58
Patient Nam		Collected	18-04-2019 19:02:50
Age / Sex:	19 Year /	Authenticated	18-04-2019 21:26:35
Referred By:	Prof : -	Reported	12-09-2019 11:25:49
Client Name:	9333		

HEMATOLOGY REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
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Complete Blood Picture

Haemoglobin	14.4	g/dl	12.5 - 17.5
Haematocrit (PCV)	42.7	%	41 - 52
RBCs Count	5.29	millions/cmm	4.5 - 5.9
MCV	80.7	fl	80 - 100
MCH	27.2	pg	27 - 33
MCHC	33.7	g/dl	31 - 37
RDW-CV	12.9	%	11.5 - 15
Platelet Count (EDTA Blood)	257	thousands /cmm	150 - 450
Total Leucocytic Count (EDTA Blood)	5.6	thousands /cmm	4 - 11

Percent Values

Absolute Values

Neutrophils	51.7	%	2.90	x10 ⁹ /L	2 - 7
Staff	4	%	0.22	x10 ⁹	
Segmented	47.7	%	2.68	x10 ⁹	
Lymphocytes	37.8	%	2.12	x10 ⁹ /L	1 - 4.8
Monocytes	7.8	%	0.44	x10 ⁹ /L	0.2 - 1
Eosinophils	2.3	%	0.13	x10 ⁹ /L	0.1 - 0.45
Basophils	0.4	%	0.02	x10 ⁹ /L	0 - 0.1

Other Cells

Comment : NORMAL BLOOD PICTURE.

Dr.Abeer Abdelazeem

Visit Number:	43819518610	Registered	18-04-2019 19:01:58
Patient Name:		Collected	18-04-2019 19:02:56
Age / Sex:	19 Year / Male	Authenticated	20-04-2019 14:54:34
Referred By:	Prof : -	Printed	12-09-2019 11:25:49
Client Name:	9333		

MOLECULAR BIOLOGY REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
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**HBV DNA Quantitative by
(TaqMan) Real- time PCR:**

<20

Iu\mL

< 20

N.B. :The COBAS AmpliPrep/COBAS TaqMan HBV test (Version 2 FDA approved) uses nucleic acid amplification technology by real-time PCR to achieve maximum sensitivity and wide dynamic range for the quantitative detection of HBV DNA in EDTA anti-coagulated plasma

The COBAS AmpliPrep / COBAS TaqMan provides a fully automated specimen preparation, and a fully automated amplification and detection.

HBV DNA <20 IU/mL indicates that the HBV DNA level is below the limit of detection of the assay.

HBV DNA >170,000,000 IU/mL indicates that the HBV DNA level is above the limit of detection of the assay.

Note: The HBV DNA concentration in IU/mL X 5.82 = HBV DNA in copies/mL .

**HCV RNA Quantitative by
TaqMan Realtime PCR:**

<15

IU/ml

< 15

N.B. :The COBAS Ampliprep/COBAS TaqMan (CAP/CTM), a fully automated real-time PCR used to monitor HCV viremia during treatment of patients with chronic hepatitis and patients undergoing antiviral therapy. The wide dynamic range of the (CAP/CTM) allowed for a better definition of viral kinetics for all HCV genotypes (1 - 6). Results are reported in international units (IU).

1 IU/ml Corresponds to approx. 5 Copies/ml.

Interpretation of viremia:

< 200,000 IU/ml Low

200,000 - 2,000,000 IU/ml Moderate

> 2,000,000 IU/ml High

HCV RNA < 15 IU/mL indicates that the result was valid and the concentration was below the limit of detection (Undetectable Viremia).

HCV RNA >100,000,000 IU/mL indicates that the result was valid and the concentration was above the defined range of the test.

Fibro-Acti test and Interleukin 28B are recommended for Positive HCV patients.

Dr.Fatma Nasrat
Professor of Clinical Immunology,
Faculty of Medicine, Paris University

F. H. NASRAT

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Patient Name:		Collected	18-04-2019 19:02:56
Age / Sex:	19 Year / Male	Authenticated	20-04-2019 14:54:34
Referred By:	Prof : -	Printed	12-09-2019 11:25:49
Client Name:	9333		

Thrombophilia Gene Screen

Factor V G1691A (leiden):	Normal	Normal
Factor V H1299R (R2):	Normal	Normal
Prothrombin G20210A:	Normal	Normal
Factor XIII V34L:	Normal	Normal
B-Fibrinogen -455 G>A:	Positive at Heterozygous state	Normal
PAI-1 4G/5G:	5G	
HPA-1 a/b:	1a/1b	
MTHFR C677T:	Normal	Normal
MTHFR A1298C:	Positive at Heterozygous state	Normal
ACE I/D:	Del	
APO B R3500Q:	Normal	
APO E genotype:	E3/3	

N.B. :A single genetic defect rarely exerts a dramatic effect in the development of cardiovascular disease (CVD). Most gene variations contribute with minor effects, and the individual cardiovascular risk is related to a critical accumulation of detrimental polymorphism acting in synergy with unfavorable environmental factors.

The procedure includes single multiplex PCR for the amplification of relevant sequences in the respective genes followed by reverse hybridization of biotinylated amplification products to oligonucleotides probes on the test strip.

The assay covers the following 12 mutations: FV G1691A (Leiden), FV H1299R (R2), Prothrombin G20210A, Factor XIII V34L, B-Fibrinogen -455 G > A, PAI-1 4G/5G, GPIIIa L33P (HPA-1), MTHFR C677T, MTHFR A1298C, ACE I/D, Apo B R3500Q, and Apo E2/E3/E4.

Visit Number:	43819518610	Registered	18-04-2019 19:01:58
Patient Name:		Collected	18-04-2019 19:02:56
Age / Sex:	19 Year / Male	Authenticated	20-04-2019 14:31:02
Referred By:	Prof : -	Printed	12-09-2019 11:25:50
Client Name:	9333		

CHEMISTRY REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
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Drugs of Abuse Screening

Full Toxicology panel

Barbiturates in urine	Not Detected	Not Detected
Cocaine in urine	Not Detected	Not Detected
Amphetamine in urine	Not Detected	Not Detected
Cannabinoids (THC) in urine	Detected	Not Detected
Benzodiazepine in urine	Not Detected	Not Detected
Opiates (Morphine) in urine	Not Detected	Not Detected
Tramadol in urine	Not Detected	Not Detected

N.B. :Detectable level of Barbiturates: 300 ng/ml.
Detectable level of Cocaine: 300 ng/ml.
Detectable level of Amphetamine: 1000 ng/ml.
Detectable level of Cannabinoids (THC): 50 ng/ml.
Detectable level of Benzodiazepine: 300 ng/ml.
Detectable level of Opiates (Morphine): 300 ng/ml.
Detectable level of Tramadol: 200 ng/ml.
- The Sample Was Provided To The Lab.
- Positive Result Should Be Confirmed By Another Method (GC/MS)

Dr.Mervat Samy
M.D. Clinical & Chemical Pathology,
Faculty of Medicine, Al Azhar University

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Patient Name:		Collected	18-04-2019 19:02:57
Age / Sex:	19 Year / Male	Authenticated	20-04-2019 12:58:58
Referred By:	Prof : -	Printed	12-09-2019 11:25:50
Client Name:	9333		

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Anti Cardiolipin Antibodies			
<u>Anti-Cardiolipin IgM</u>	Negative 0.11	MPLU/ml	Negative <12 Positive >18 Weak Positive 12-18
<u>Anti-Cardiolipin IgG</u>	Negative 8.1	GPLU/ml	Negative <12 Positive >18 Weak Positive 12-18

Visit Number:	43819518610	Registered	18-04-2019 19:01:58
Patient Name:		Collected	18-04-2019 19:35:46
Age / Sex:	19 Year / Male	Authenticated	20-04-2019 09:32:30
Referred By:	Prof : -	Printed	12-09-2019 11:25:50
Client Name:	9333		

PARASITOLOGY REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
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Bilharzial Antigen in Serum

Bilharzial Antigen in Serum	Negative		Negative
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N.B. :Test limitations:

- 1- The analysis of a single test sample should not be used as the sole criteria for diagnosis. The final diagnosis should be based on the test result in conjunction with other clinical and or laboratory findings.
- 2- In early infections detectable levels of antigen may be absent, the parasite load will determine the sensitivity of the test.

Dr.Azza Younis
Professor of Parasitology,
Faculty of Medicine, Cairo University

