اسم الفرع الاسماعيليه
مدير الوحده ا.د. دينا هشام
طبيب الوحده د. راندا طلعت

مدير المعامل
ا.د. فاطمة نصرت

Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:53
Age / Sex:	60 Year / Male	Authenticated	09-06-2019 19:15:04
Referred By:	Prof : -	Printed	12-09-2019 11:28:13
Client Name:	28386		

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Diabetic Profile				
Fasting Blood Glucose		124	mg/dL	"Normal 60 - 100 Prediabetes 101 - 125 Diabetes more than 125"
Glucose After 2 Hours		238	mg/dL	"Normal: 70 - 139 Prediabetes: 140 - 199 Diabetes: more than 200"
Fructosamine and HBA1c are recommended.				
Inflammatory Markers				
C-Reactive Protein (Quantitative)		101.77	mg/L	Up To 5.0
Liver Function Tests				
Total Bilirubin	H	24.60	mg/dL	0.3 - 1.2
Direct Bilirubin	H	20.30	mg/dL	0 - 0.3
Indirect Bilirubin	H	4.30	mg/dL	0 - 0.9
SGPT (ALT)	H	41	U/L	7 - 40
SGOT (AST)	H	82	U/L	0 - 34
Hepatitis markers are recommended				
Alkaline Phosphatase	H	267	U/L	46 - 116
Gamma GT	H	176	U/L	0 - 73
Serum Total protein		6.7	g/dL	5.7 - 8.2
Serum Albumin	L	2.8	g/dL	3.2 - 4.8
Serum Globulin	H	3.90	g/dL	2 - 3.5
Albumin/Globulin ratio	L	0.7		1.1 - 2.1

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Lipid Profile

Lipid Profile(T.Cholesterol,Triglyceride,HDL,LDL)

Serum Total Cholesterol		**171**	**mg/dL**	**Normal: Up to 200 Borderline Risk : 200-240 High Risk: >240**
Serum Triglycerides	**H**	**300**	**mg/dL**	**0 - 150**
HDL Cholesterol	**L**	**12**	**mg/dL**	**40 - 60**
LDL Cholesterol		**99**	**mg/dL**	**0 - 100**
VLDL Cholesterol	**H**	**60**	**mg/dL**	**0 - 30**
HDL Risk Factor		**13.90**		**1/2 Average : 3.9 Average : 4.4 2 Average : 7.1 3 Average : 11.0**

Kidney Function Tests

Serum Creatinine		**0.79**	**mg/dL**	**0.7 - 1.3**
Blood Urea Nitrogen (BUN)	**H**	**29**	**mg/dL**	**5 - 21**
Serum Uric Acid		**4.2**	**mg/dL**	**3.5 - 7.2**
Serum Calcium		**8.8**	**mg/dL**	**8.5 - 10.2**
Serum Phosphorous	**L**	**2.2**	**mg/dL**	**2.5 - 4.5**
Serum Magnesium	**L**	**1.5**	**mg/dL**	**1.6 - 2.6**
Serum Potassium		**3.8**	**mmol/L**	**3.5 - 5.5**
Serum Sodium		**139**	**mmol/L**	**136 - 145**
Serum Chloride	**L**	**97**	**mmol/L**	**99 - 109**

Iron Profile

Serum Iron		**66.00**	**ug/dL**	**65 - 175**
Total Iron Binding Capacity (TIBC)	**L**	**241.000**	**ug/dL**	**250 - 450**
Transferrin saturation		**27.39**	**%**	**15 - 50**
Ferritin	**H**	**1221.00**	**ng/ml**	**30 - 400**

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Cardiac Markers

Serum LDH	**156**	**U/L**	**120 - 246**

Pancreatic Function Tests

Serum Amylase	**80.00**	**U/L**	**0 - 118**

Tumor Markers

Alpha-fetoprotein (AFP)	**4.6**	**ng/mL**	**0 - 8.1**
Carcinoembryonic Antigen (CEA)	**8.49**	**ng/mL**	**"Non smoker up to 3.0 Smoker up to 5.0"**

Follow up is recommended

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

CA 19-9	**H 412.3**	**U/mL**	**0 - 34**

Follow up is recommended

CA15-3	**H 41.1**	**U/mL**	**0 - 32.4**

Follow up is recommended

CA 125	**H 800.40**	**U/mL**	**0 - 35**

Follow up is recommended

PSA Total	**0.100**	**ng/ml**	**0 - 4.5**

N.B. :"Screening Testing on Asymptomatic men : * PSA Screening may be carried out every two years. * An Alternative is Annual Testing for PSA levels above 2.5 ng/ml. (American Cancer Society ,2016)

Immunoglobulins Profile

IgG in serum	**H 1777**	**mg/dL**	**700 - 1600**
IgA in serum	**H 586.00**	**mg/dL**	**70 - 400**
IgM in serum	**111.30**	**mg/dL**	**40 - 230**

Complement Profile

C3	**126.40**	**mg/dL**	**90 - 180**
C4	**37.60**	**mg/dL**	**10 - 40**

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Hepatitis Markers

Hepatitis A virus IgM	**Negative**		**Negative**
Hepatitis A virus IgG	**Positive**		**Negative**
Hepatitis B surface antigen	**Negative**		**Negative**
Hepatitis B surface antibody (titre)	**Positive 183.20**	**mIU/mL**	**Negative <10** **Positive =>10**
Hepatitis B core total	**Negative**		**Negative**
Hepatitis B core IgM	**Negative**		**Negative**
Hepatitis B e Antigen	**Negative**		**Negative**
Hepatitis B e antibody	**Negative**		**Negative**
HCV Ab by Chemiluminescent technology	**Negative**		**Negative**

TORCH Screening

Herpes simplex virus Type I IgG :	**152.50**	**COI**	**Negative : <0.6** **Weak Positive : 0.6 - 0.99** **Positive : =>1.0**
Cytomegalovirus IgM	**Negative 0.229**	**COI**	**Negative : < 0.9** **Weak positive :0.9 - <1.1** **Positive : => 1.1**
Cytomegalovirus IgG	**Positive >500.00**	**U/mL**	**Negative : < 0.5** **Weak positive :0.5 - 0.99** **Positive : => 1.0**

Param- General

Epstein-barr virus antibody to viral capsid antigen (VCA-IgG)	**24.60**	**S/CO Ratio**	**Negative : < 0.9** **Weak Positive : 0.9 - <1.1** **Positive : => 1.1**

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Epstein-barr virus antibody to viral capsid antigen (VCA-IgM)	**0.41**	**S/CO Ratio**	**Negative : < 0.9** **Weak Positive : 0.9 - <1.1** **Positive : => 1.1**
HIV Antibody (AIDS Test)	**Negative**		**Negative**

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د. راندا طلعت

مدير المعامل
ا.د. فاطمة نصرت

Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:53
Age / Sex:	60 Year / Male	Authenticated	16-06-2019 20:10:43
Referred By:	Prof : -	Printed	12-09-2019 11:28:14
Client Name:	28386		

CHEMISTRY REPORT

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Kidney Function Tests				
Creatinine Clearance				
Total Urine Volume / 24 Hrs		1100	ml/24 Hrs	800 - 1800
Serum Creatinine		0.95	mg/dL	0.7 - 1.3
Urinary Creatinine		46	mg/dL	
Surface Area		1.92		
Creatinine Clearance		36.99	ml/min	
Corrected Creatinine Clearance	L	33.33	ml/min/1.73 m2	69 - 119
Urine Chemistry Analysis				
Protein in 24 hrs Urine				
Total Urine Volume / 24 Hrs		760	ml/24 Hrs	800 - 1800
Urinary Protein		34.59	mg/dL	
Protein in 24 hrs Urine	H	0.26	gm/24 hrs	Less than 0.15
Drugs of Abuse Screening				
Barbiturates in urine		Not Detected		Not Detected
Cocaine in urine		Not Detected		Not Detected
Amphetamine in urine		Not Detected		Not Detected
Benzodiazepine in urine		Not Detected		Not Detected
Opiates (Morphine) in urine		Not Detected		Not Detected
Cannabinoids (THC) in urine		Not Detected		Not Detected
Tramadol in urine		Not Detected		Not Detected

N.B. :-Detectable level of Barbiturates: 300ng/ml .
-Detectable level of Cocaine: 300ng/ml .
-Detectable level of Amphetamine: 1000 ng/ml .
-Detectable level of Cannabinoids (THC): 50ng/ml .
-Detectable level of Benzodiazepine: 300ng/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).

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د. راندا طلعت

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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
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Age / Sex:	60 Year / Male	Authenticated	16-06-2019 20:10:43
Referred By:	Prof : -	Printed	12-09-2019 11:28:14
Client Name:	28386		

Copper in 24 Hrs Urine

Total Urine Volume / 24 Hrs	**850**	**ml/24 Hrs**	**800 - 1800**
Urinary Copper	**30**	**ug/dL**	
Copper in 24 hrs Urine	**255**	**ug/24 hrs**	**< 50**

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اسم الفرع الاسماعيليه

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مدير المعامل
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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:53
Age / Sex:	60 Year / Male	Authenticated	10-06-2019 15:48:11
Referred By:	Prof : -	Printed	12-09-2019 11:28:15
Client Name:	28386		

IMMUNOLOGY REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Autoimmune Liver Profile			
Liver Kidney Microsomal Antibody (LKM-1) (Serum)	**Negative**		**Negative**
Comment : APCA is highly recommended.			
N.B. :By Indirect Immunofluorescence Technique			
Anti mitochondrial antibody (AMA-M2) by IF (Serum)	**Negative**		**Negative**
N.B. :The Starting dilution of AMA is 1/20			
Anti Smooth Muscle Antibody (ASMA) by IF (Serum)	**Positive 1/20**		**Negative**
N.B. :The starting dilution of ASMA is 1/20			

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اسم الفرع الاسماعيليه
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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:53
Age / Sex:	60 Year / Male	Authenticated	09-06-2019 19:46:13
Referred By:	Prof : -	Printed	12-09-2019 11:28:15
Client Name:	28386		

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Immunology			
Anti-nuclear Antibody (ANA)	**0.49**	**RU**	**Negative <0.8 Borderline 0.8 - 1.2 Positive >1.2**
N.B. :Follow up ANA, ADNA, by IF are recommended			
ADNA (ds)	**2.88**	**IU/mL**	**Negative <12 Positive >18 Weak Positive 12-18**
N.B. :Follow up ANA, ADNA, by IF are recommended			

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اسم الفرع الاسماعيليه

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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:27:28
Age / Sex:	60 Year / Male	Authenticated	09-06-2019 18:27:11
Referred By:	Prof : -	Printed	12-09-2019 11:28:16
Client Name:	28386		

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Ceruloplasmin	**H 31.24**	**mg/dL**	**15 - 30**

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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:54
Age / Sex:	60 Year / Male	Authenticated	10-06-2019 10:59:00
Referred By:	Prof : -	Printed	12-09-2019 11:28:17
Client Name:	28386		

MOLECULAR BIOLOGY REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
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.

HBV-DNA Qualitative by PCR:	**Negative**	**Negative**

N.B. :The test uses polymerase chain reaction (PCR) to qualitatively detect the DNA of the Hepatitis B virus (HBV) in human blood sample.

HCV-RNA Qualitative by PCR:	**Negative**	**Negative**

N.B. :The test uses real time polymerase chain reaction (RT-PCR) to qualitatively detect the RNA of the Hepatitis C virus (HCV) in human blood sample.
TMA for HCV RNA is recommended for negative HCV patients.
The assay is intended to the qualitative detection of HCV RNA by the Transcription Mediated Amplification (TMA) in human blood sample, which is more sensitive than other PCR qualitative assays.
According to analytical sensitivity study performed using dilutions of WHO International Standard for HCV RNA, samples at a concentration of 5.3 IU/mL would have been detected.
Fibro-Acti test and Interleukin 28B are recommended for Positive HCV patients.

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F. H. NASRAT

Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:	[redacted]	Collected	09-06-2019 11:28:54
Age / Sex:	60 Year / Male	Authenticated	10-06-2019 10:59:00
Referred By:	Prof : -	Printed	12-09-2019 11:28:17
Client Name:	28386		

Factor V Leiden Mutation by PCR:	**Normal**	**Normal**

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 mutation: FV G1691A (Leiden).

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:	**Normal**	**Normal**
PAI-1 4G/5G:	**4G**	
HPA-1 a/b:	**1a**	
MTHFR C677T:	**Normal**	**Normal**
MTHFR A1298C:	**Positive at Heterozygous state**	**Normal**
ACE I/D:	**Ins/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 XIIIV34L, B-Fibinogen -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.

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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:53
Age / Sex:	60 Year / Male	Authenticated	10-06-2019 15:33:59
Referred By:	Prof : -	Printed	12-09-2019 11:28:17
Client Name:	28386		

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
TORCH Screening			
Herpes simplex virus Type I IgM	**Negative < 10**	**U/ml**	**Negative <20 Weak Positive 20.0 - 29.9 Positive =>30**
Anti Cardiolipin Antibodies			
Anti-Cardiolipin IgM	**Negative 1.28**	**MPLU/ml**	**UP to 6.9**
Anti-Cardiolipin IgG	**Negative 2.9**	**GPLU/ml**	**UP to 9.9**

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طبيب الوحده د. علاء زيدان

مدير المعامل
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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:54
Age / Sex:	60 Year / Male	Authenticated	09-06-2019 20:31:25
Referred By:	Prof : -	Printed	12-09-2019 11:28:18
Client Name:	28386		

HEMATOLOGY REPORT

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Detection of Lupus Anticoagulant (LA)				
dRVV Screen Ratio (Citrated Plasma)		1.11		< 1.2
* 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				
Free Protein S Assay (Citrated Plasma)		129.0	%	60 - 150
Coagulation Profile				
Anti-thrombin III (AT-III) activity (Citrated Plasma)	L	48	%	80 - 120
ABO & Rh Typing				
ABO GROUP (EDTA Blood)		B		
Rh Grouping (EDTA Blood)		Positive		
Prothrombin Time (PT) (Citrated Plasma)				
Patient Prothrombin Time		14.5	sec	
Control Prothrombin Time		10.9	sec	
Prothrombin Concentration		50.5	%	70 - 120
INR		1.35		0.9 - 1.27
APTT (Citrated Plasma)		36.2	sec	23 - 40
Protein C Assay (Citrated Plasma)	L	41.0	%	72 - 160
Factor V Activity (Citrated Plasma)	L	35	%	70 - 120

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اسم الفرع الاسماعيليه
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طبيب الوحده د. علاء زيدان

Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:54
Age / Sex:	60 Year / Male	Authenticated	09-06-2019 17:56:12
Referred By:	Prof : -	Reported	12-09-2019 11:28:18
Client Name:	28386		

HEMATOLOGY REPORT

Complete Blood Picture

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Haemoglobin	L	10.0	g/dl	12.5 - 17.5
Haematocrit (PCV)	L	28.6	%	41 - 52
RBCs Count	L	2.99	millions/cmm	4.5 - 5.9
MCV		95.7	fl	80 - 100
MCH	H	33.4	pg	27 - 33
MCHC		35.0	g/dl	31 - 37
RDW-CV	H	17.4	%	11.5 - 15
Platelet Count (EDTA Blood)		184	thousands /cmm	150 - 450
Total Leucocytic Count (EDTA Blood)		9.4	thousands /cmm	4 - 11

Percent Values			Absolute Values		
Neutrophils	68.0	%	6.40	x10^9/L	2 - 7
Lymphocytes	22.5	%	2.12	x10^9/L	1 - 4.8
Monocytes	8.1	%	0.76	x10^9/L	0.2 - 1
Eosinophils	0.8	%	0.08	x10^9/L	0.1 - 0.45
Basophils	0.6	%	0.06	x10^9/L	0 - 0.1

Other Cells

Comment :

MILD NORMOCHROMIC NORMOCYTIC ANEMIA WITH RBCs ANISOCYTOSIS.*FOLLOW UP IS RECOMMENDED.

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Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:55
Age / Sex:	60 Year / Male	Authenticated	09-06-2019 19:09:57
Referred By:	Prof : -	Printed	12-09-2019 11:28:19
Client Name:	28386		

PARASITOLOGY REPORT

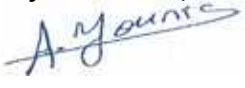
TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Anti-Bilharzial Antibodies in Serum			
Anti-bilharzial antibodies in serum	**Positive 1/160**		**Negative < 1/160** **Positive > = 1/160**

Comment : Weak Positive, repeitition of the test is recommended 2 or 3 weeks later.

Bilharzial Antigen in Serum			
Bilharzial Antigen in Serum	**Negative**		**Negative**

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



Visit Number:	36719514487	Registered	09-06-2019 11:26:10
Patient Name:		Collected	09-06-2019 11:28:55
Age / Sex:	60 Year / Male	Authenticated	13-06-2019 14:42:32
Referred By:	Prof : -	Printed	12-09-2019 11:28:20
Client Name:	28386		

WATER REPORT

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Serum Copper	**93**	**ug/dL**	**56 - 111**