Laboratory Analysis Report

Name	: Mrs / Olena Zynovieva	Lab ID	: 20554671
MRN	: 50498-0	Emirates / Passport ID	:
Gender	: Female Nationality : Ukraine	Reference No	:
Age / DOB	: 35 Y / 27-11-1988	Reg Date	: 14-APR-2024 09:00 AM
Client Name	: York Diagnostic Laboratories	Collection Date	: 14-APR-2024 09:00 AM
Referred by	: Dr. M. Jay Alkhatib	Reporting Date	: 22-APR-2024 10:55 PM

CLINICAL CHEMISTRY REPORT

Test	Result	Unit	Reference Range	Methodology
hsCRP (High Sensitivity C-Reactive Protein)	0.70	mg/L		Turbidimetric/ Immunoturbidimetric

A high-sensitivity C-reactive protein (hs-CRP) test may be used to help evaluate an individual for risk of cardiovascular disease (CVD).

The American Heart Association and U.S. Centers for Disease Control and Prevention have defined risk groups as follows:

Low risk: less than 1.0 mg/L
Average risk: 1.0 to 3.0 mg/L
High risk: above 3.0 mg/L

These values are only a part of the total evaluation process for cardiovascular diseases. Additional risk factors to be considered are elevated levels of cholesterol, LDL-C, triglycerides, and glucose. In addition, smoking, high blood pressure (hypertension), and diabetes also increase the risk level.

Reference: Mosby's- Diagnostic and Laboratory Test Reference (Fifteenth Edition); CDC&AHA guidelines.
***Kindly note the change in Methodology and Reference ranges effective from 05/02/2024.*

***Zinc, serum**	12.93	umol/L	9.18 - 18.40	Colorimetric
# Selenium	*			

Kindly note that the original report from Lab Cerba - France was released to the client.

Copper	*			

Kindly note that the original report from Lab Cerba - France was released to the client.

Toxic Metals-Urine	In Progress			

Lic. # JLT 65274 DUBAI - U.A.E. York Diagnostic Laboratories DMCC

Dr. Ossama Al Babbili PhD, Germany
Managing Director
License No **DHA/LS/2992011/245185**

Dr; Samar Hourieh
Specialist Clinical Pathology
DHA - P - 0218044

Dr. M. Jay Al Khatib PhD, UK
Laboratory Director
License No DHA-P-0053297

Final Report

Printed Date: 22/04/2024 23:13
Printed By: Automatic Printing

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CLINICAL CHEMISTRY REPORT

End of Report

Sample Type : Urine - 24040011646 SERUM Zn - 24040011647 Serum - 24040011648

Verifed by : Jannice Dangani Verifed on : 16-APR-2024 02:15 PM

* Tests marked with '*' are under ISO 15189:2012 scope of Accreditation

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Client Name	: York Diagnostic Laboratories	Collection Date	: 14-APR-2024 09:00 AM
Referred by	: Dr. M. Jay Alkhatib	Reporting Date	: 14-APR-2024 04:17 PM

HEMATOLOGY & COAGULATION REPORT

Test	Result	Unit	Reference Range	Methodology
***Blood Group & Rh**				
***Blood typing, ABO**	"AB"			Column Agglutination
***Blood typing, Rh (D)**	Positive			Column Agglutination

ABO and Rh blood typing test identifies the presence of specific red cell antigens and antibodies to determine the ABO/Rh type. With Blood typing, ABO and Rh antigens can be detected in the blood of prospective blood donors and potential blood recipients. This test is also used to determine the blood type of expectant mothers and newborns. ABO testing is performed to prevent an adverse transfusion reaction that could be caused by ABO incomaptibility between the blood of a patient (recipient) and that of a donor. The presence or absence of Rh antigens on the RBC's surface determines the classification or Rh positive or Rh negative. After ABO compatibility, Rh factor is the next most important antigen affecting the success of a blood transfusion.

***ESR**	11	mm/hr	Less Than or equal 20	Westergren

ESR is considered an acute-phase or a reactant protein (i.e., it occurs as a reaction to acute illnesses as described previously). The test can be used to detect occult disease. The ESR test occasionally can be helpful in differentiating disease entities or complaints. The ESR is a fairly reliable indicator of the course of disease and can be used to monitor disease therapy, especially for inflammatory autoimmune diseases (e.g., temporal arteritis or polymyalgia rheumatica). If the results of the ESR are equivocal or inconsistent with clinical impressions, the C-reactive protein test is often performed.

Increased levels - Chronic renal failure, Malignant diseases, Bacterial infection, Inflammatory diseases, Necrotic tissue diseases, Hyperfibrinogenemia, Macroglobulinemia, Severe anemias (e.g., iron deficiency or B12 deficiency). Decreased levels - Sickle cell anemia, Spherocytosis, Hypofibrinogenemia , Polycythemia vera.
Reference: Mosby's Diagnostic and laboratory test reference, 10th Edition

Comments : ** Kindly note that this is an amended report, it replaces the previously released report on 14/04/2024 at 4:46PM, amended for Nationality as per client request.
Amended on 14/04/2024 at 6:40 PM.

End of Report

Sample Type : EDTA - 24040042084

Verifed by : Genevie Ramos Verifed on : 14-APR-2024 11:54 AM

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HEMATOLOGY & COAGULATION REPORT

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Referred by	: Dr. M. Jay Alkhatib	Reporting Date	: 19-APR-2024 11:55 PM

IMMUNOLOGY / SEROLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
Celiac Screen				
***Gliadin Antibody, IgA**	<2	RU/mL	Negative < 25 Positive > or = 25	ELISA
***Gliadin Antibody, IgG**	<2	RU/mL	Negative < 25 Positive > or = 25	ELISA
***tTG, IgA (Tissue Transglutaminase IgA)**	<2	RU/mL	Negative: < 20 Positive: > or = 20	ELISA
***tTG, IgG (Tissue Transglutaminase IgG)**	0.11	Ratio	Negative < 1.0 Weak Positive > or = 1.0-2.0 Positive > or = 2.0	ELISA

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Referred by	: Dr. M. Jay Alkhatib	Reporting Date	: 19-APR-2024 11:55 PM

IMMUNOLOGY / SEROLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***ANA (Anti-Nuclear Abs) - Titer**	Trace 1:100	Titer	< 1:100 Negative 1:100 Trace > 1:100 Positive	IFT

Test results to be interpreted in the light of clinical history & to be investigated further if necessary.

Result Interprtation:
Negative: No reaction at 1:100 (No antibodies against cell nuclei detectable in patient samples)
Trace: Positive reaction at 1: 100 (trace reaction for IF types; pattern homogenous, centromeres, nuclear dots, Jo-1, typical pattern of SS-A/SS-B, Sm/RNP) possible indication of various rheumatic and other diseases.
Positive: Positive reaction at 1:320 or higher is indication of various rheumatic and other diseases.

** Up to 15% of completely healthy people have a positive ANA test. Thus, a positive ANA test does not automatically translate into a diagnosis of lupus or any autoimmune or connective tissue disease. Older age, Viral infection as well as certain medication can play a role in a positive ANA reading.*

** (American College of Rheumatology)*

(Immunofluorescence examination performed using a substrate combination of HEp-20-10 Cells & Primate Liver)

End of Report

Sample Type : Serum - 24040011648

Verifed by : Ivy Marie Balansag Verifed on : 19-APR-2024 11:50 PM

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result		Unit	Reference Range	Methodology
***Cortisol - Total (AM)**	**22.5**	**H**	ug/dL	3.7 - 19.4	CMIA

Test results to be interpreted in the light of clinical history & to be investigated further if necessary.

Cortisol measurements are used as a direct monitor of adrenal status and an indirect measure of pituitary hyper or hypofunction. Due to the diurnal variation of cortisol levels in normal subjects, serum cortisol measurements should be referenced to the time of day of sample collection. Patients receiving fludrocortisone, prednisolone or prednisone (which is converted to prednisolone in vivo) may show artificially elevated cortisol values due to cross-reactivity.

Reference: Alinity kit insert B8P330, February 2018.
***Kindly note the change in Methodology and Reference ranges effective from 21/02/2024.*

Comments : ** Kindly note that this is an amended report, it replaces the previously released report on 14/04/2024 at 4:46PM, amended for Nationality as per client request.
Amended on 14/04/2024 at 6:40 PM.

End of Report

Sample Type : SERUM (AM) - 24040011649

Verifed by : Jannice Dangani Verifed on : 14-APR-2024 02:30 PM

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Dr Samar Hourieh,
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