Laboratory Analysis Report

Name	: Mrs / Olena Zynovieva	Lab ID	: 20604282
MRN	: 50498-0	Emirates / Passport ID	:
Gender	: Female	Reference No	:
Age / DOB	: 36 Y / 27-11-1988	Reg Date	: 24-APR-2025 10:10 AM
Client Name	: York Diagnostic Laboratories	Collection Date	: 24-APR-2025 10:10 AM
Referred by	:	Reporting Date	: 26-APR-2025 06:26 PM
		Nationality	: Ukraine

CLINICAL CHEMISTRY REPORT

Test	Result		Unit	Reference Range	Methodology
***Glucose-Fasting**	**105**	**H**	mg/dL	Normal 70 - < 100 Diabetic Risk 100 - 125 Diabetic > or = 126	Hexokinase/G-6-PDH

Reference: American Diabetes Association, 2024
***Kindly note the change in Methodology and Reference ranges effective from 02/04/2024.*

***Glucose, Fasting (SI)**	**5.83**	**H**	mmol/L	Normal 3.89 - 5.55 Diabetic Risk 5.55 - 6.94 Diabetic > or = 6.99	Hexokinase/G-6-PDH

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

Reference: American Diabetes Association, 2024
***Kindly note the change in Methodology and Reference ranges effective from 02/04/2024.*

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Laboratory Analysis Report

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CLINICAL CHEMISTRY REPORT

Test	Result		Unit	Reference Range	Methodology
***C-Reactive Protein (CRP)**	< 1.0		mg/L	Up to 5.00	Turbidimetric/ Immunoturbidimetric

CRP is used as a marker or general diagnostic indicator of infections and inflammation, in addition to serving as a monitor of patient response to pharmacological therapy and surgery. CRP is not a substitute for traditional cardiovascular risk factors.
CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended to help to rule out a recent response to undetected infection or tissue injury. For diagnostic purposes, the patient's medical history and all other clinical findings should be considered when evaluating CRP results.

Kindly note that the published paediatric reference range for this assay from 6 months - < 19 years (0 - 11.3 mg/L). Results to be interpreted in the light of patient age and clinical history.
Paediatric Reference range: Paediatric Reference Intervals-American Association of Clinical Chemistry; Eight Edition- 2021

Patients' reference: Alinity kit insert B7P560, September 2019.
***Kindly note the change in Methodology and Reference ranges effective from 22/03/2024.*

***Vitamin B12**	935	H	pg/mL	187 - 883	CMIA

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

The diagnosis of B12 deficiency cannot be solely based on serum or plasma B12 levels. Further testing for folic acid, intrinsic factor blocking antibodies, holotranscobalamin, homocysteine, and/or methylmalonic acid is suggested for symptomatic patients with hematological or neurological abnormalities.

Adult patients' reference: Alinity kit insert B7P670, December 2017.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 5 days - 19 years).
***Kindly note the change in Methodology and Reference ranges effective from 11/01/2024.*

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CLINICAL CHEMISTRY REPORT

Test	Result	Unit	Reference Range	Methodology
***Zinc, serum**	15.02	umol/L	9.18 - 18.40	Colorimetric
Kindly note changes in pediatric reference range effective 25-06-2024 (Reference Range Values for Pediatric Care-2nd Edition, American Academy Of Pediatric- AAP)				
# Copper	In Progress	umol/L	12.6 - 24.3	Direct Colorimetric

End of Report

Sample Type : Serum - 25040005559 NaF-Plasma Fasting - 25040005560 SERUM Zn - 25040005562

Verifed by : Jannice Dangani Verifed on : 26-APR-2025 03:04 PM

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

- Samples are processed on the same day of request unless indicated.(#)Result obtained from an external accredited laboratory
- Results reported are for the samples received and reference range is age related when applicable

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Laboratory Analysis Report

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Referred by	:	Reporting Date	: 24-APR-2025 06:22 PM
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IMMUNOLOGY / SEROLOGY REPORT

Test	Result		Unit	Reference Range	Methodology
***Rubella Ab, IgG**	**51.9**	**H**	IU/mL	Negative: 0.0 to 4.9 Grayzone: 5.0 to 9.9 Positive: > or = 10.0	CMIA

Rubella IgG assay is used as an aid in the determination of immune status to rubella. Traditionally rubella IgG antibody levels >10-15 IU/mL were used as decision point for seropositivity.

Reference: Alinity kit insert B8P460, January 2020.
***Kindly note the change in Methodology and Reference ranges effective from 03/03/2024.*

End of Report

Sample Type : Serum - 25040005559

Verifed by : Jamsheena Panthalenkunnan Verifed on : 24-APR-2025 03:23 PM

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

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Follicle Stimulating Hormone (FSH)**	10.88	mIU/mL	Follicular: 3.03 - 8.08 Mid-Cycle: 2.55 - 16.69 Luteal: 1.38 - 5.47 Post Menopausal: 26.72 - 133.41	CMIA

FSH varies significantly during the menstrual cycle. Use of adult female reference intervals should be considered for female pediatric patients after the start of menstruation.

Follicular Phase: 3.03 - 8.08
Mid-Cycle Peak: 2.55 - 16.69
Luteal Phase: 1.38 - 5.47

Adult patients' reference: Alinity kit insert B7P490, April 2018.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 30 days - 19 years).
***Kindly note the change in Methodology and Reference ranges effective from 25/01/2024.*

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Luteinising Hormone (LH)**	2.70	mIU/mL	Follicular: 1.80 - 11.78 Mid-cycle: 7.59 - 89.08 Luteal: 0.56 - 14.00 Postmenopausal without HRT: 5.16 - 61.99	CMIA

LH varies significantly during the menstrual cycle. Use of adult female reference intervals should be considered for female paediatric patients after the start of menstruation.

Follicular phase: 1.80 - 11.78
Mid-cycle peak: 7.59 - 89.08
Luteal phase: 0.56 - 14.00

Adult patients' reference: Alinity kit insert B7P910, April 2018.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years).
***Kindly note the change in Methodology and Reference ranges effective from 01/02/2024.*

***Prolactin**	138.2	mIU/mL	108.8 - 557.1	CMIA

Prolactin assay is to be used as an aid in the diagnosis of male and female infertility and pituitary dysfunction, monitoring of male and female gonadal disorders and management of amenorrhea and galactorrhea. Factors which increase prolactin concentrations include: pregnancy, breast stimulation, stress, coitus, administration of estrogens, progesterone, androgens, some psychotropic and antihypertensive drugs, and TRH. Prolactin may exist in alternate structural forms (e.g. macroprolactin) which may exhibit variable levels of physiological activity. In patients with elevated prolactin results, additional information may be required for diagnosis.

Adult patients'reference: Alinity kit insert B7P680, Feb 2018.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years).

***Kindly note the change in Methodology and Reference ranges effective from 14/01/2024.*

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Estradiol (E2)**	26.00	pg/mL	Follicular: 21 - 251 Mid- Cycle: 38 - 649 Luteal: 21 - 312 Postmenopausal not on HRT: <10 - 28 Postmenopausal on HRT: <10 - 144 HRT = Hormone Replacement Therapy	CMIA

This assay should NOT be used to assess estradiol levels for patients undergoing Fulvestrant or Mifepristone treatment. Structural and functional analogues of steroid hormones, including the estradiol molecule, have the potential to cause interference/cross reactivity. Samples from patients administered medications which inhibit tumour cell proliferation (e.g. CDK 4/6 inhibitors) may be subject to interference/cross reactivity. In addition, drugs which interfere with or activate production of steroid hormones (e.g. Aromatase inhibitors) may also interfere or cross react with the Alinity i Estradiol assay. In such cases, an alternate method such as chromatography should be used.
Adult patients' reference: Alinity kit insert B7P500, May 2019.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years).

***Kindly note:*
1 .Change in platform (Abbott, Alinity), methodology (CMIA), Reference ranges effective from 28/01/2024.
2. The new kit methodology will report the minimum value as <24 pg/mL since the Limit of Quantitation (LoQ) is 24 pg/mL as per the kit manufacturer study performed based on guidance from CLSI EP17-A2.20

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Testosterone - Total**	1.05	nmol/L	0.48 - 1.85	CMIA

This assay is used in the diagnosis and treatment of disorders involving the male sex hormones (androgens), including primary and secondary hypogonadism, delayed or precocious puberty, impotence in males and, in females, hirsutism (excessive hair) and virilization (masculinization) due to tumors, polycystic ovaries, and adrenogenital syndromes. The concentrations of testosterone are typically about 10-20 times lower for females than for males. Time of day, age, sex, puberty, pre- and post-menopause, and disease, all have an influence on testosterone concentration and should be considered in interpreting individual results.
Note: Do not use samples from patients receiving Nandrolone treatment as it has a strong interference on this assay.

Testosterone values reported in nmol/L to be multiplied by 0.2884 in order to be converted into ng/mL values.

Adult patients' reference: Alinity kit insert B7P680, Feb 2018; Mosby's- Diagnostic and Laboratory Test Reference (Fifteenth Edition)
Pediatric Reference range: Mosby's- Diagnostic and Laboratory Test Reference (Fifteenth Edition) (7 months - 19 years).

**The reference ranges depicted below are based on Tanner Stage I - V.*

Age	Male (nmol/L)	Female(nmol/L)
*(Tanner Stage I)	< 1.04	< 1.04
*(Tanner Stage II)	< 10.4	< 1.39
*(Tanner Stage III)	5.89 - 18.72	< 2.08
*(Tanner Stage IV, V)	8.67 - 31.55	< 2.43

***Kindly note the change in Methodology and Reference ranges effective from 04/03/2024.*

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Sex hormone binding globulin (SHBG)**	90.6	nmol/L	11.7 - 137.2	CMIA

SHBG assay is used as an aid in the diagnosis of androgen disorders and useful in the evaluation of mild disorders of androgen metabolism and enables identification of those women with hirsutism who are more likely to respond to estrogen therapy. The ratio of testosterone to SHBG is also known as the Free Androgen Index (FAI) or the Free Testosterone Index (FTI). This ratio correlates well with both measured and calculated values of free testosterone and helps to discriminate subjects with excessive androgen activity from normal individuals.

Adult patients' reference: Alinity kit insert B9P380, March 2018.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years).

***Kindly note the change in Methodology and Reference ranges effective from 06/02/2024.*

** The reference ranges depicted below are based on Tanner Stage I-V.*

	Male (nmol/L)	*Female (nmol/L)*
Tanner Stage I	*23.4 - 156.8*	*21.1 - 210.1*
Tanner Stage II	*27.5 - 133.4*	*29.6 - 140.7*
Tanner Stage III	*17.4 - 160.1*	*23.7 - 101.7*
Tanner Stage IV	*12.2 - 79.4*	*12.1 - 125.6*
Tanner Stage V	*7.7 - 49.4*	*15.3 - 92.5*

***Kindly note the update for (Tanner Stage) effective from 09/12/2024.*

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Dehydroepiandrosterone-DHEA-SO4**	229.9	ug/dL	74.8 - 410.2	CMIA

DHEA-S is an excellent indicator of adrenal androgen production. Specimens from patients with adrenal tumors or congenital adrenal hyperplasia may exhibit elevated levels of DHEA-S. DHEA-S may also be slightly elevated in patients with polycystic ovaries. Tumors in men that produce hCG may lead to increased levels of testicular DHEA-S.

Adult patients' reference: Alinity kit insert B9P370, May 2022.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years).

***Kindly note the change in Methodology and Reference ranges effective from 20/01/2024.*

***Insulin - Fasting**	7.5	ulU/mL	Up to 25.0	CMIA

Insulin assays have been suggested by the finding of an increase in risk factors for coronary artery disease among healthy persons with hyperinsulinemia and normal glucose tolerance. Insulin levels may be measured lower in patients with insulin autoimmune syndrome or familial high pro-insulinemia. Specimens from patients treated with bovine or porcine insulin may contain insulin antibodies which could show interference in the assay.

Reference: Alinity kit insert B4T750, March 2022, Melmed S, Polonsky KS, Larsen PR, Kronenberg HM. Williams Textbook of Endocrinology. 13th ed. Philadelphia: Elsevier Saunders; 2016 (https://emedicine.medscape.com/article/2089224- May 26, 2023).

***Kindly note the change in Methodology and Reference ranges effective from 04/02/2024.*

***Kindly note that IRT values assessment to be correlated with the GTT outcomes.*

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Anti-Müllerian Hormone**	0.76	ng/mL		ECLIA

Please note change in reference range and methodology (16/05/2017)
The AMH level was tested with new Roche automated assay on the Cobas e601 platform.

Female Age related reference intervals:

Years	*AMH (ng/mL)*
20 - 24	*1.52 - 9.95*
25 - 29	*1.20 - 9.05*
30 - 34	*0.711 - 7.59*
35 - 39	*0.405 - 6.96*
40 - 44	*0.059 - 4.44*
45 - 50	*0.010 - 1.79*

*PCOS Women**: 2.41 - 17.1*

*** According to the revised diagnostic criteria of PCOS defined by the ESHRE/ASRM (ESHRE = European Society of Human Reproduction and Embryology; ASRM = American Society of Reproductive Medicine) PCOS consensus workshop group.*

*** Kindly note that other methods (ELISA- Mayo Clinic Laboratories) have reported a reference range of 0.9 - 9.5 ng/mL (for female patients age 13- 45 years)*

Kindly note that the reference ranges are based on manufacturer's study on specific papulation; therefore it is advised to interpret AMH result on the basis of clinical/imaging context.

***Testosterone- Free**	0.36	pg/mL	Pre- Menopausal: 0 - 1.70 Post- Menopausal: 0 - 2.34	ELISA

Free Testosterone values reported in pg/mL to be multiplied by 3.47 in order to be converted into pmol/L values.

Kindly note the change in reference range wef. 15.06.2023

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Testosterone, total**	30.28	ng/dL	13.84 - 53.35	CMIA

***Kindly note that the Total Testosterone values originally reported in nmol/L is converted to ng/dL by multiplying the instrument value into 28.84 as a conversion factor.*

The above statement is effective from 07/04/2025.

End of Report

Sample Type : Serum - 25040005559

Verifed by : Jannice Dangani Verifed on : 27-APR-2025 11:52 AM

* Tests marked with '*' are under ISO 15189:2012 scope of Accreditation
- Samples are processed on the same day of request unless indicated.(#)Result obtained from an external accredited laboratory
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*Lipid Profile

Test	Result		Unit	Reference Range	Methodology
***Cholesterol**	**258**	**H**	mg/dL	Desirable: < 200 Borderline: 200 - 239 High: >or = 240	Enzymatic

Cholesterol assay is used as an aid in the diagnosis and treatment of disorders involving excess cholesterol in the blood and lipid and lipoprotein metabolism disorders. Stress, age, gender, hormonal balance, and pregnancy affect normal cholesterol levels.
The Adult Treatment Panel of the National Cholesterol Education Program (NCEP) recommends that all adults 20 years of age and over should have a fasting lipoprotein profile once every five years to screen for coronary heart disease risk.

Reference: Alinity kit insert B4T880, July 2020.
***Kindly note the change in Methodology and Reference ranges effective from 02/03/2024.*

***Triglycerides**	62		mg/dL	Normal: < 150 Borderline high: 150 - 199 High: 200 - 499 Very high: > or = 500	Glycerol Phosphate Oxidase

The Adult Treatment Panel of the NCEP recommends that all adults 20 years of age and over should have a fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride) once every five years to screen for coronary heart disease risk .

For Adult patient > 19 years the below values have been indicated:
Normal: < 150
Borderline high: 150 - 199
High: 200 - 499
Very high: > or = 500
Reference: Alinity kit insert B4U060, April 2021.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 14 days - 19 years).

***Kindly note the change in Methodology and Reference ranges effective from 23/01/2024.*

***HDL Cholesterol**	79		mg/dL	Risk for Heart Disease : Positive < 40	Accelerator Selective Detergent

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Final Report

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Laboratory Analysis Report

Name	: Mrs / Olena Zynovieva	Lab ID	: 20604282
MRN	: 50498-0	Emirates / Passport ID	:
Gender	: Female	Reference No	:
Age / DOB	: 36 Y / 27-11-1988	Reg Date	: 24-APR-2025 10:10 AM
Client Name	: York Diagnostic Laboratories	Collection Date	: 24-APR-2025 10:10 AM
Referred by	:	Reporting Date	: 24-APR-2025 06:22 PM
		Nationality	: Ukraine

*Lipid Profile

Test	Result		Unit	Reference Range	Methodology
				Negative >= 60	

HDL cholesterol assay is a useful tool in identifying high-risk patients of coronary heart disease. N-acetyl-L-cysteine at elevated concentrations may lead to falsely low results. The Adult Treatment Panel of the National Cholesterol Education Program (NCEP) recommends that in all adults 20 years of age and over, a fasting lipoprotein profile should be obtained once every five years to screen for coronary heart disease risk.

Reference: Alinity kit insert B7P750, February 2018.
***Kindly note the change in Methodology and Reference ranges effective from 18/02/2024.*

***LDL Cholesterol - Direct**	157		mg/dL	Optimal < 100 Very high > or = 190	Liquid Selective Detergent

(Near optimal/above optimal 100 - 129) (Borderline high 130 - 159) (High 160 - 189)

Reference: Alinity kit insert B7P7Y0, February 2022.
***Kindly note the change in Methodology and Reference ranges effective from 21/01/2024.*

VLDL Cholesterol	12		mg/dL	Up to 40	Calculation
HDL/Total Cholesterol Ratio	31		%	CHD risk : Below average risk 23-28 Average risk 18-22 High risk 8-17 Very High Risk < 8	Calculation
Total Cholesterol/HDL Ratio	3.3		Ratio	Normal: 2.0 - 4.4 Desirable: < 4.5 Borderline: 4.5 - 6.0 Increased Risk: > 6.0	Calculation
Non - HDL Cholesterol	179.0		mg/dL	50.0 - 850.0	Calculation
***Cholesterol total (SI)**	**6.68**	**H**	mmol/L	Desirable: < 5.18 Borderline: 5.18-6.19 High: > or = 6.22	Enzymatic

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*Lipid Profile

Test	Result	Unit	Reference Range	Methodology
*Kindly note the change in Methodology and Reference ranges effective from 02/03/2024.				
Triglycerides (SI)	0.70	mmol/L	Normal: < 1.70 Borderline high: 1.70 - 2.25 High: 2.26 - 5.64 Very high: > or = 5.65	Glycerol Phosphate Oxidase
For Adult patient > 19 years the below values have been indicated: *Normal: < 1.70* *Borderline high: 1.70 - 2.25* *High: 2.26 - 5.64* *Very high: > or = 5.65*				
*Kindly note the change in Methodology and Reference ranges effective from 23/01/2024.				
HDL Cholesterol direct (SI)	2.0	mmol/L	Risk for Heart Disease : Positive < 1.04 Negative >= 1.55	Accelerator Selective Detergent
*Kindly note the change in Methodology and Reference ranges effective from 18/02/2024.				
LDL Cholesterol direct (SI)	4.1	mmol/L	Optimal < 2.59 Very high > or = 4.92	Liquid Selective Detergent
(Near optimal/above optimal 2.59 - 3.34) (Borderline high 3.37 - 4.12) (High 4.14 - 4.89)				
Reference: Alinity kit insert B7P7Y0, February 2022. *Kindly note the change in Methodology and Reference ranges effective from 21/01/2024.				
HDL/Total Cholesterol Ratio (SI)	31	%	CHD risk : Below average risk 23-28 Average risk 18-22 High risk 8-17 Very high risk < 8	Calculation

End of Report

Sample Type : Serum - 25040005559

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*Lipid Profile

Verified by : Jamsheena Panthalenkunnan Verified time : 24-APR-2025 11:57 AM

* Tests marked with '*' are under ISO 15189:2012 scope of Accreditation
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Test	Result	Unit	Reference Range	Methodology
Kidney Function Profile				
***Creatinine**	0.62	mg/dL	0.55 - 1.02	Enzymatic

The measurement of serum creatinine is used to diagnose and monitor acute and chronic renal disease, estimate glomerular filtration rate (GFR), or assess the status of renal dialysis patients. The serum creatinine test along with BUN, is used to diagnose impaired renal function. Alpha-methyldopa may cause falsely low results in serum samples.

Adult patients' reference: Alinity kit insert B8P0Y0, April 2018.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition -2021,(age 1 day - 19 years).
Kindly note the change in Methodology and Reference ranges effective from 12/01/2024.

***Urea**	21.4	mg/dL	15.0 - 40.2	Urease

The determination of serum urea nitrogen is a widely used test for the evaluation of kidney function. The test is frequently requested in conjunction with the serum creatinine test for the differential diagnosis of prerenal (cardiac decompensation, water depletion, increased protein catabolism), renal (glomerulonephritis, chronic nephritis, polycystic kidney, nephrosclerosis, tubular necrosis), and postrenal (obstructions of the urinary tract) hyperuremia.

Adult patients' reference: Alinity kit insert B8P160, February 2018.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years).
***Kindly note the change in Methodology and Reference ranges effective from 30/01/2024.*

***Total Protein**	7.4	g/dL	6.4 - 8.3	Biuret

This assay is used as an aid in the diagnosis and treatment of a variety of diseases involving the liver, kidney, or bone marrow as well as other metabolic or nutritional disorders. High or low total protein may lead one to suspect pathologic variation of individual proteins and may indicate additional testing including serum protein electrophoresis, hematocrit, electrolytes, testing for specific proteins and other organ or disease specific markers.
In very rare cases, gammopathy, in particular type IgM (Waldenstr?m's macroglobulinemia), may cause unreliable results. The Total Protein assay is susceptible to positive interference effects from dextran in the therapeutic concentration range.

Adult patients' reference: Alinity kit insert B4T810, February 2022.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 15 days - 19 years).
***Kindly note the change in Methodology and Reference ranges effective from 08/02/2024.*

***Albumin**	4.5		3.5 - 5.0	Bromcresol green

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Test	Result	Unit	Reference Range	Methodology

Kidney Function Profile

Albumin is used as an aid in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Elevated serum albumin levels are usually the result of dehydration. Decreased albumin levels are found in a wide variety of conditions, including kidney disease, liver disease, malabsorption, malnutrition, severe burns, infections, and cancer.

Adult patients' reference: Alinity kit insert B4U300, September 2020.
Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 15 days - 19 years).
***Kindly note the change in Methodology and Reference ranges effective from 01/02/2024.*

Test	Result	Unit	Reference Range	Methodology
***Globulin**	2.9	g/dL	2.0 - 3.5	Calculation
***Albumin/Globulin (A/G) Ratio**	1.6	Ratio	1.1 - 2.2	Calculation
***Phosphorous**	2.8	mg/dL	2.5 - 4.5	Phosphomolybdate

Increased serum phosphorus may occur in hypervitaminosis D, hypoparathyroidism, and renal failure. Reduced serum phosphorus levels are seen in rickets (Vitamin D deficiency), hyperparathyroidism,and Fanconis syndrome.

Adult patients' reference: Alinity kit insert B8P400, December 2017.

Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021 (age 1 year - 19 years)

***Kindly note the change in Methodology and Reference ranges effective from 22/03/2024. The adult reference range has been revised based on the updated version of Alinity kit insert (B4U030, January 2023) effective from 30/09/2024.*

Test	Result	Unit	Reference Range	Methodology
***Uric Acid**	3.3	mg/dL	2.5 - 6.2	Uricase

Uric Acid assay is used as an aid in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

Reference: Alinity kit insert B4U090, February 2022.
***Kindly note the change in Methodology and Reference ranges effective from 07/03/2024.*

Test	Result	Unit	Reference Range	Methodology
*** Sodium (Na)**	141	mmol/L	136 - 145	ISE Indirect

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Test	Result	Unit	Reference Range	Methodology
Kidney Function Profile				
Decreased levels of sodium may be caused by an excessive use of diuretics, prolonged vomiting, a decrease in the intake of sodium in the diet, and metabolic acidosis. Increased levels of sodium may be found in Cushing's syndrome, severe dehydration, or in high levels of salt intake without an adequate supply of water. *Reference: Alinity kit insert B7P530, January 2018.* ***Kindly note the change in Methodology and Reference ranges effective from 13/02/2024.*				
*** Potassium (K)**	4.7	mmol/L	3.5 - 5.1	ISE Indirect
The Potassium level should be followed carefully in patients with uremia, Addison disease, vomiting, or diarrhea; in patients on 0steroid therapy; and in patients taking K-depleting diuretics. Potassium must be closely monitored in patients taking digitalis-like drugs because cardiac arrhythmias may be induced by hypokalaemia and digoxin. *Reference: Alinity kit insert B7P530, January 2018; Mosby's-Diagnostic and Laboratory Test Reference (Fifteenth Edition).* ***Kindly note the change in Methodology and Reference ranges effective from 13/02/2024.*				
*** Chloride (Cl)**	105	mmol/L	98 - 107	ISE Indirect
Chloride level can give an indication of acid-base balance and hydrational status. Low levels of chloride are observed in the case of prolonged vomiting in metabolic alkalosis. Elevated levels of chloride are observed in metabolic acidosis associated with prolonged diarrhea. *Adult patients' reference: Alinity kit insert B7P530, January 2018; Mosby's - Diagnostic and Laboratory Test Reference (Fifteenth Edition).* *Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 6 months - 18 years).* ***Kindly note the change in Methodology and Reference ranges effective from 13/02/2024.*				
***Calcium-Total**	9.6	mg/dL	8.4 - 10.2	Arsenazo III

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Test	Result	Unit	Reference Range	Methodology
Kidney Function Profile				
This test is used to evaluate parathyroid function and calcium metabolism by directly measuring the total amount of calcium in the blood. Determination of serum calcium is used to monitor patients with renal failure, renal transplantation, hyperparathyroidism, and various malignancies.				
*Reference: Alinity kit insert B7P570, February 2018; Mosby's - Diagnostic and Laboratory Test Reference (Fifteenth Edition). Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years). **Kindly note the change in Methodology and Reference ranges effective from 15/02/2024.*				
Liver Function Profile				
***Alanine Aminotransferase (ALT)**	29	U/L	Up to 34	NADH (without P-5'-P)
This assay is used as an aid in the diagnosis and treatment of certain liver diseases (e.g., viral hepatitis and cirrhosis. This enzyme is not only sensitive but also very specific in indicating hepatocellular disease. Specimens with Sulfasalazine levels greater than 50 mg/L may cause falsely depressed results with the Alanine Aminotransferase assay.				
*Adult patients' reference: Alinity kit insert B4T840, July 2021. Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 year - 19 years). **Kindly note the change in Methodology and Reference ranges effective from 06/02/2024.*				
***Aspartate Aminotransferase (AST)**	27	U/L	11 - 34	NADH (without P-5'-P)
This test is used as an aid in the diagnosis and treatment of certain liver diseases. AST is most commonly used in conjunction with other laboratory findings ALT or LDH. Decreased AST levels may indicate vitamin B6 deficiency and uremia.				
*Adult patients' reference: Alinity kit insert B4T860, July 2021. Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 15 days - 19 years). **Kindly note the change in Methodology and Reference ranges effective from 07/02/2024.*				
***Gamma Glutamyl Transferase (GGT)**	15	U/L	Up to 38	L-GG-3-carbox-4-nitrooanilide Substrate

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Test	Result	Unit	Reference Range	Methodology
Liver Function Profile				
The Gamma-Glutamyl Transferase2 assay is to be used primarily as an aid in the diagnosis and treatment of liver diseases such as alcoholic cirrhosis and primary and secondary liver tumors. Accordingly, elevated GGT should not be considered a highly-specific marker of hepatobiliary disease. *Adult patients' reference: Alinity kit insert B4T960, July 2021.* *Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 15 days - 19 years).* ***Kindly note the change in Methodology and Reference ranges effective from 28/01/2024*				
***Alkaline phosphatase (ALP)**	53	U/L	46 - 122	Para-nitrophenyl Phosphate
Elevation in serum alkaline phosphatase is used as an aid to detect various hepatobiliary and bone diseases. In order to distinguish between liver or bone as the source, clinical findings and additional diagnostic tools, such as liver function tests (LFTs) including gamma-glutamyl transferase (GGT), aspartate aminotransferase (AST) and alanine aminotransferase (ALT), are used. Specimens from patients undergoing alkaline phosphatase replacement therapy (asfotase alfa) may exhibit positive interference with alkaline phosphatase assays. Day to day variation of total alkaline phosphatase is 5% to 10%. Postprandially alkaline phosphatase levels may increase, therefore it is preferred to measure alkaline phosphatase in a fasting state. *Adult patients' reference: Alinity kit insert B4T830, September 2021.* *Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 1 day - 19 years).* ***Kindly note the change in Methodology and Reference ranges effective from 25/01/2024.*				
***Bilirubin total**	0.50	mg/dL	0.20 - 1.20	Diazonium Salt
Total bilirubin is elevated in hepatitis, cirrhosis, hemolytic disorders, several inherited enzyme deficiencies, and conditions causing hepatic obstruction. For patients undergoing evaluations involving the administration of indocyanine green (ICG), it is recommended that samples are drawn after ICG has been eliminated. In samples where the concentration of bilirubin is low, or where conjugated bilirubin is the predominant form, the Direct Bilirubin assay may report results that are greater than results obtained using the Total Bilirubin assay. Under these circumstances, report the Total Bilirubin results for both the Total Bilirubin and Direct Bilirubin assays. *Adult patients' reference: Alinity kit insert B4V510, February 2022.* *Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 15 days - 19 years).* ***Kindly note the change in Methodology and Reference ranges effective from 29/01/2024.*				
***Bilirubin direct**	0.15	mg/dL	Up to 0.50	Diazo Reaction

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Test	Result	Unit	Reference Range	Methodology
Liver Function Profile				
Specimens with total bilirubin concentrations of 0.2 mg/dL or less occasionally gave a direct bilirubin result that slightly exceeded their respective total bilirubin result. This may be observed when nearly all reacting bilirubin is direct bilirubin. For patients undergoing evaluations involving the administration of indocyanine green (ICG), it is recommended that samples are drawn after ICG has been eliminated.				
*Adult patients' reference: Alinity kit insert B7P970, April 2022. Pediatric Reference range: Pediatric Reference Intervals - American Association of Clinical Chemistry; Eight Edition - 2021, (age 15 days - 19 years). **Kindly note the change in Methodology and Reference ranges effective from 22/01/2024.*				
***Bilirubin - Indirect**	0.35	mg/dL	Up to 0.90	Calculation

End of Report

Sample Type : Serum - 25040005559

Verified by : Jamsheena Panthalenkunnan Verified time : 24-APR-2025 01:51 PM

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*HbA1C

Test	Result	Unit	Reference Range	Methodology
***Glycosylated Haemoglobin (HbA1C)**	4.9	%	Non-Diabetic: 4.0 - 5.6 Diabetic Risk: 5.7 - 6.4 Diabetic: > or = 6.5 Diabetic Control: Good: < 7.0 Fair: 8.0 - 9.0 Poor: > 9.0	HPLC

End of Report

Sample Type : EDTA - 25040005561

Verified by : Jem Tecson Verified time : 24-APR-2025 07:20 PM

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		Nationality	: Ukraine

*Complete Blood Count

Test	Result	Unit	Reference Range	Methodology
RBC	4.68	10^12/L	3.85 - 5.10	Impedance
***Hemoglobin (Hb)**	14.2	g/dL	12.0 - 15.0	Photometry
HCT (Haematocrit)	42.9	%	34.8 - 45.0	Calculation
MCV	91.6	fL	78.5 - 96.4	Impedance
MCH	30.4	pg	26.4 - 33.2	Calculation
MCHC	33.2	g/dL	31.8 - 35.9	Calculation
RDW	13.1	%	12.3 - 17.7	Impedance
Platelet	200	10^3/uL	150 - 410	Impedance
WBC	5.3	10^3/uL	4.0 - 11.0	Impedance (Imp.)

Leukocytes Differential Count

	Differential Percentage			Absolute Count			
	Value	Unit	Normal Range	Value	Unit	Normal Range	
Neutrophils	56	%	40 - 75	2.97	10^3/uL	1.90 - 8.20	Imp.
Lymphocytes	34	%	21 - 53	1.80	10^3/uL	1.10 - 3.10	Imp.
Monocytes	6	%	2 - 10	0.32	10^3/uL	0.20 - 0.90	Imp.
Eosinophils	3	%	1 - 7	0.16	10^3/uL	0.05 - 0.50	Imp.
Basophil	1	%	Up to 1	0.05	10^3/uL	Up to 0.30	Imp.

End of Report

Sample Type : EDTA - 25040041197

Verified by : Hannah Flores Verified time : 24-APR-2025 12:12 PM

* Tests marked with '*' are under ISO 15189:2012 scope of Accreditation
- Samples are processed on the same day of request unless indicated.(#)Result obtained from an external accredited laboratory
- Results reported are for the samples received and reference range is age related when applicable

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Final Report

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