Haxan Labs
by Haxan Enterprises

You can Write Your Adress of Lab Here
Tel: 03012227462
mhaxan03@gmail.com

Patient #	**1**	**Lab #**	**PM-1126-000001**
Patient Name	**Mr Haxan Labs**	**Registration Date:**	**26-Nov-2026 12:51 PM**
F/H Name		**Registration Location:**	**SELF**
Age / Sex	**20(Y) / Male**	**Reporting Date:**	**26-Nov-2026 01:11 PM**
M.R. No:	**PRN-60001**	**Reporting Location:**	**SELF**
NIC:	**38103-0000000-0**	**Reference:**	**SELF**
Phone:	**0301-2227462**	**Consultant:**	**Self**
Address:		**Sample Location:**	**Taken in lab**

BLOOD GLUCOSE DEPARTMENT

GTT (Glucose Tolerance Test)

RESULT

PRN-60001
26-Nov-2026 01:11 PM

Sample	Normal Value	Unit	
Fasting	70 - 110	mg/dL	71
0.5 Hour After Glucose	70 - 140	mg/dL	↑ 141
1.0 Hour After Glucose	70 - 140	mg/dL	71
1.5 Hour After Glucose	70 - 140	mg/dL	70
2.0 Hour After Glucose	70 - 140	mg/dL	71
2.5 Hour After Glucose	70 - 140	mg/dL	71
Fasting Urine Sugar	Negative		Negative / Non-Reactive
Urine Sugar 1 Hour After 75g Glucose	Negative		Negative / Non-Reactive
Urine Sugar 2 Hours After 75g Glucose	Negative		Negative / Non-Reactive

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Electronically verified report. No signature(s) required

Your Doctor Name
MBBS (Dow), PHD (UK)
Consultant Pathologist

Your Doctor Name

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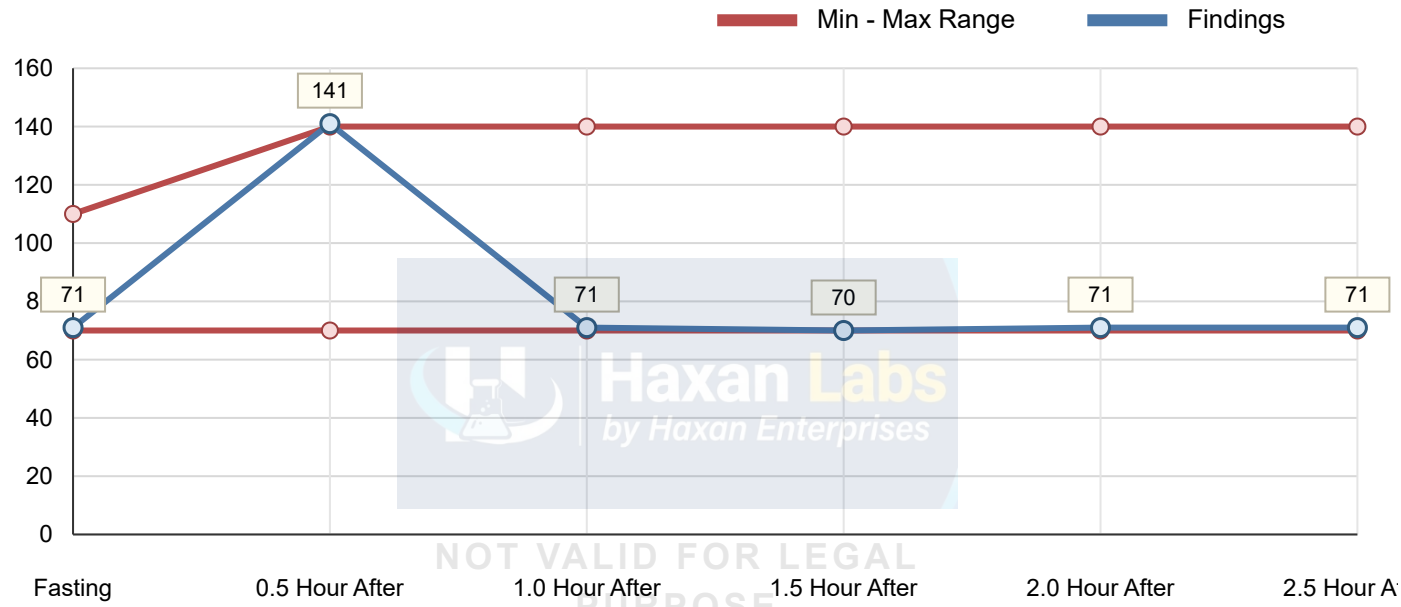
Note: 100gms glucose given orally.



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HEPATITIS VIROLOGICAL DEPARTMENT

REAL TIME HCV RNA PCR (QUALITATIVE)

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
REAL TIME HCV RNA PCR (QUALITATIVE)	-	IU/mL	**HCV RNA DETECTED**

METHODOLOGY: *Real - Time PCR (CFX BIORAD USA)*

RNA - EXTRACTION: HCV RNA is extracted by using QIAamp DSP Virus Spin Kit (IVD and CE mark kit). This procedure is carried out using QIAamp MiniElute columns for high RNA yield from sample.

RNA - AMPLIFICATION: Extracted HCV RNA is amplified using a Real Time amplification system and detected by using fluorescent Reporter dye probes specific for HCV or HCV Internal Control (IC). Internal Control serves as an extraction and amplification control for the entire procedure.

INTERPRETATION & SENSITIVITY: HCV RG RT-PCR kit is linear from 21 IU/ml to 1.5x10^8 IU/ml (Viral Load). Viral Load < 21 IU/ml = Not Detected. Viral Load > 21 IU/ml = Detected.

COMMENTS:

The titer of HCV in blood fluctuates in accordance with the virus latency and sometimes it may be absent or below the sensitivity limit of the assay.

It is highly recommended that the patient follow the consultant advice.

The results of HCV RNA PCR tests performed in different laboratories shall not be compared, as different laboratories use different kits and methodologies that have different sensitivity and specificity.

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MICROBIOLOGY DEPARTMENT

Stool Culture & Sensitivity

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit

SEROLOGY DEPARTMENT

Widal Profile

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit

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WIDAL TITRE

	1:20	1:40	1:80	1:160	1:320
S. typhi (TO)	+	-	13	10	11
S.P. typhi (AO)	+	-	-	-	+
S.P. typhi (AH)	+	+	+	-	-
S.P. typhi (BO)	+	-	-	+	-
S.P. typhi (BH)	+	-	-	-	+

INTERPRETATION

In typhoid endemic areas, active typhoid is suggested if the titers of H or O or both agglutinins are significantly raised.(i.e. titers greater than 1 in 160).

A rising titer, however must be looked for because titers greater than 1 in 200 can occasionally occur in non typhoid conditions such as vaccination with TAB, infection with other salmonella species, chronic liver disease and immunological disorders such as Rheumatoid arthritis, Rheumatic fever, multiple myeloma, Nephrotic syndrome and Ulcerative colitis.

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CBC (Complete Blood Count)

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
HB	12 - 16	g/dl	13
Total RBC	4.5 - 5.9	x10^12/l	5
HCT	40 - 52	%	41
MCV	80 - 96	fl	81
MCH	27 - 33	pg	28
MCHC	32 - 36	g/dl	33
Platelets	150 - 450	x10^3/µL	151
Differential Leukocytes Count			
WBC	4 - 11	10^3/ul	↑ 13
Neutrophils	40 - 75	%	↓ 39
Lymphocytes	20 - 45	%	21
Eosinophils	1 - 6	%	5
Monocytes	2 - 8	%	3
Basophils	0 - 1	%	1
Morphology			
RBC Morphology	Normocytic normochromic		Normocytic normochromic
WBC Morphology	Normal		Reactive lymphocytosis
Platelet Morphology	Normal		Large platelets

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Note: CBC results should always be interpreted in the context of clinical history and physical findings.

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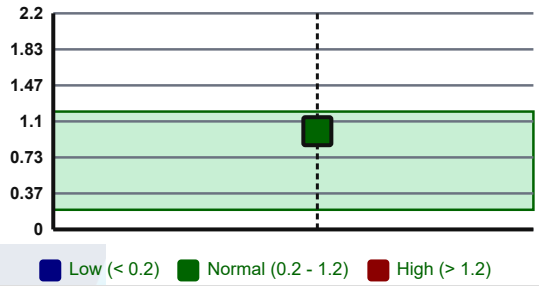
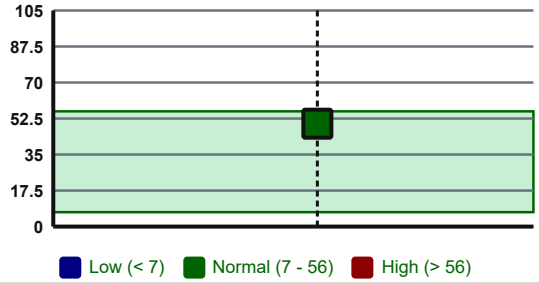
PATHOLOGY DEPARTMENT
Liver Function Test (LFT)

RESULT
PRN-60001
26-Nov-2026 01:11 PM

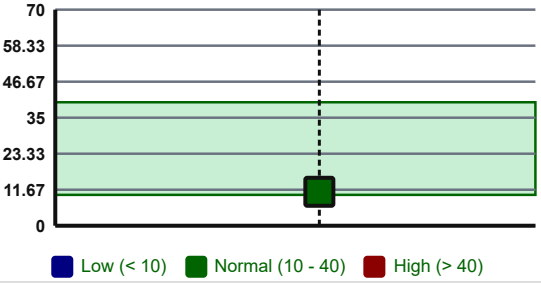
Test Name	Normal Value	Unit	
Total Bilirubin	0.2 - 1.2	mg/dL	**1** **Normal**



SGPT (ALT)	7 - 56	U/L	**50** **Normal**



SGOT (AST)	10 - 40	U/L	**11** **Normal**



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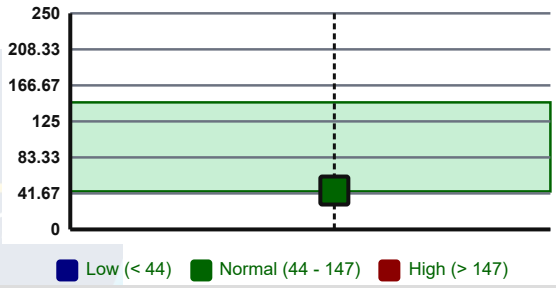
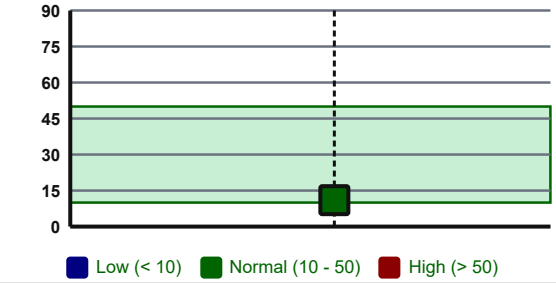
PATHOLOGY DEPARTMENT

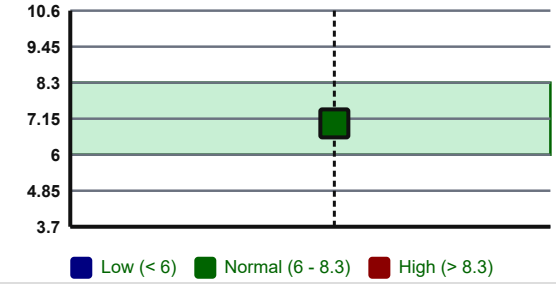
Liver Function Test (LFT)

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
Alkaline phosphatase (ALP)	44 - 147	U/L	**45** **Normal**
Gamma G.T.	10 - 50	U/L	**11** **Normal**
Total Protein	6 - 8.3	g/dL	**7** **Normal**







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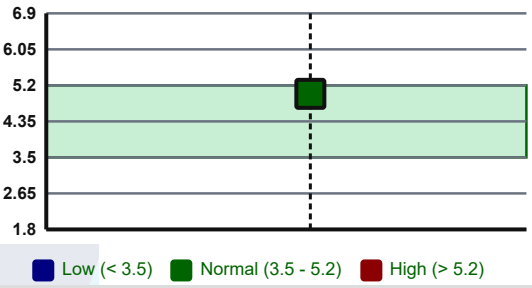
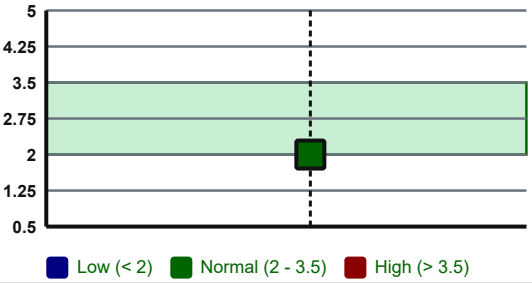
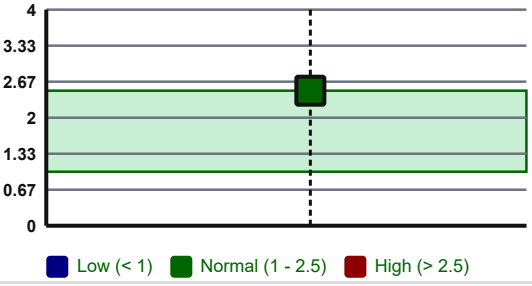
PATHOLOGY DEPARTMENT
Liver Function Test (LFT)

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
Albumin	3.5 - 5.2	g/dL	**5** **Normal**
Globulin	2 - 3.5	g/dL	**2.00** **Normal**
Albumin Globulin Ratio (A/G)	1 - 2.5		**2.50** **Normal**







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Methodology: Automated chemistry analyzer

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CLINICAL CHEMISTRY (BIOCHEMISTRY) DEPARTMENT
Lipid Profile

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
S. Cholesterol	0 - 200	mg/dL	100
S. Triglycerides	0 - 150	mg/dL	↑ 151
HDL Cholesterol	40 - 200	mg/dL	41
LDL Cholesterol (Calculated)	0 - 100	mg/dL	29
VLDL Cholesterol (Calculated)	0 - 30	mg/dL	30
LDL / HDL Ratio	0 - 3.5		0.71
Total Chol / HDL Ratio	0 - 5		2.44
Non-HDL Cholesterol	0 - 130	mg/dL	59

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Note: Lab values should always be correlated with clinical picture. Normal Range(s) and Unit(s) shown are most recent results.

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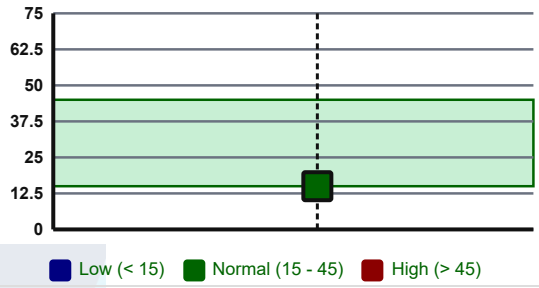
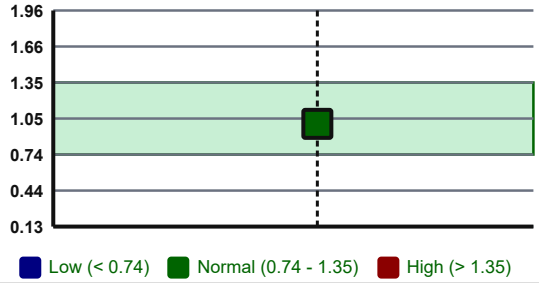
CLINICAL CHEMISTRY (BIOCHEMISTRY) DEPARTMENT

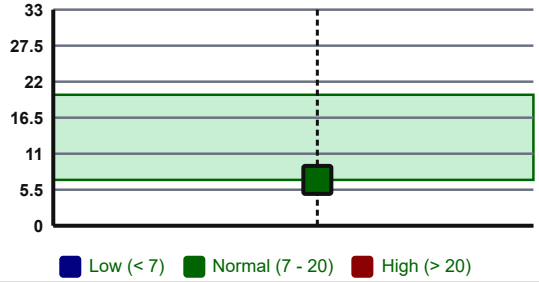
Renal Function Test (RFTs)

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
Urea	15 - 45	mg/dL	**15** **Normal**
Creatinine	0.74 - 1.35	mg/dL	**1** **Normal**
BUN	7 - 20	mg/dL	**7.0** **Normal**







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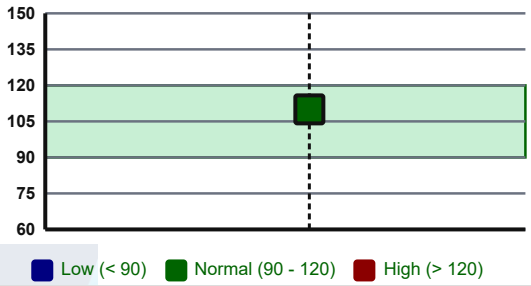
CLINICAL CHEMISTRY (BIOCHEMISTRY) DEPARTMENT

Renal Function Test (RFTs)

RESULT

PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
eGFR	90 - 120	mL/min/1.73m2	**110.0**
			Normal



Methodology: Automated chemistry analyzer

NOT VALID FOR LEGAL PURPOSE

The e-GFR is calculated by using IDMS-isotope dilution mass spectrometry traceable serum creatinine.

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Urine Complete Examination

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Transparency	Clear		Clear
Sp. Gravity	1.005 - 1.030		↓ 1
Deposit	Nil		↑ Present
Chemical Examination			
Reaction (pH)	4.5 - 8.0		5
Albumin	Nil		Nil
Sugar	Nil		Nil
Ketones	Nil		Nil
Blood	Nil		↑ ++
Bile Salts	Nil		↑ Present
Bile Pigments	Nil		Nil
Urobilinogen	Normal		Normal
Nitrite	Negative		↑ Positive
Leucocyte Esterase	Negative		↑ Positive
Ascorbic Acid	Nil		Nil
Protein	Nil		Nil
Microscopic Examination			
Pus Cells	0 - 5	/HPF	1-2

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Patient #	**1**	**Lab #**	**PM-1126-000001**
Patient Name	**Mr Haxan Labs**	**Registration Date:**	**26-Nov-2026 12:51 PM**
F/H Name		**Registration Location:**	**SELF**
Age / Sex	**20(Y) / Male**	**Reporting Date:**	**26-Nov-2026 01:11 PM**
M.R. No:	**PRN-60001**	**Reporting Location:**	**SELF**
NIC:	**38103-0000000-0**	**Reference:**	**SELF**
Phone:	**0301-2227462**	**Consultant:**	**Self**
Address:		**Sample Location:**	**Taken in lab**

Urine Complete Examination

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
RBC	Nil	/HPF	↑ 1-2
Epithelial Cells	Few	/HPF	Few
Casts	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil
Bacteria	Nil		Few
Yeast	Nil		Nil
Trichomonas	Nil		Nil
Spermatozoa	Nil		Nil
Mucus	Nil		Nil
Amorphous	Nil		Nil
Triple Phosphate	Nil		Nil
Uric Acid Crystals	Nil		Nil
Calcium Oxalate	Nil		Nil
Other	Nil		Nil

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Standard urinalysis

Electronically verified report. No signature(s) required

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Consultant Pathologist

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Department of Special Chemistry

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test	Normal Range	Unit	
Beta HCG	(See Below)	mIU/ml	↑ 10

Interpretation

Non pregnant	0.5 - 2.90
1st week of Gestation	5 - 50
1-2 week of Gestation	50 - 500
2-3 week of Gestation	100 - 5,000
3-4 week of Gestation	500 - 10,000
4-5 week of Gestation	10,000 - 50,000
5-6 week of Gestation	10,000 - 1,00,000
6-7 week of Gestation	15,000 - 2,00,000
8-12 week of Gestation	10,000 - 1,00,000

NOTE: In case of "Borderline" result, it is advised to repeat the test result after 2 weeks.

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Note:

Value above 5.0 mIU/ml can be considered as a possible pregnancy or a hint for the Presence of hCG producing tumor.

Serial determination of hCG is helpful when abnormal pregnancy is Suspected.

In ectopic pregnancy & spontaneous abortion hCG concentration increase slowly or decreases.

Failure to detect a gestational sac 24 days or more after conception is presumptive evidence of ectopic pregnancy

The presence of twins approximately doubles the hCG concentration

Method:

Enhanced Chemiluminescence

Electronically verified report. No signature(s) required

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Address:		**Sample Location:**	**Taken in lab**

Serum Ferritin Level	20 - 300	ng/ml	**21**

Note:

Ferritin level < 10.0 ng/ml usually indicates Iron Deficiency Anemia

Increased Levels;

- Iron overload; Hemochromatosis, Thalassemia, Sideroblastic anemia
- Malignant conditions; Breast Carcinoma, Leukemia, Hodgkin's disease
- Inflammatory Diseases; UTI, SLE, Burns, Arthritis, Pulmonary Infections, Osteomyelitis
- Acute & Chronic Hepatocellular disease
- Regular heavy alcohol intake

NOTE:

- Lab results alone are only one aspect for determining patient care & should not be the sole criteria for therapy particularly if the result conflict with other determinants

Method:

Methodology: Enhanced Chemiluminescence -Vitros ECi- Ortho Clinical Diagnostic

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Blood Cross Match With ELISA

RESULT
PRN-60001
26-Nov-2026 01:11 PM

Test Name	Normal Value	Unit	
Donor Details			
Donor Name	-		**Ahmad Hassan**
Donor Blood Group	-		**A**
Donor Rh Factor	-		**Positive**
Donor Screening			
Haemoglobin (Hb)	Male: 13.0-17.0 | Female: 12.0-15.0	g/dL	**13**
Anti-HCV by ELISA	Non-Reactive		**Non-Reactive**
HBsAg by ELISA	Non-Reactive		**Non-Reactive**
Anti-HIV 1 & 2 Antibodies	Non-Reactive		**Non-Reactive**
Malaria Parasite (MP)	Negative		**Negative**
Syphilis Antibodies	Non-Reactive		**Non-Reactive**
Recipient Details			
Recipient Name	-		**Saba Ali**
Patient Blood Group	-		**A**
Patient Rh Factor	-		**Positive**
Compatibility Testing			
Coombs Test (Direct)	Negative		**Negative**
Coombs Test (Indirect)	Negative		**Negative**
Compatibility	Compatible		**Compatible**

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Note: Donor screening and compatibility results must be reviewed together before blood is issued.

Electronically verified report. No signature(s) required

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