

# Laboratory Investigation Results

Patient: ██████████ Roy

PHN: ██████████

Date of Birth: ██████████

Home Telephone: ██████████

Day Telephone: ██████████

BILIRUBIN, TOTAL 13 (0-24) umol/L  
BILIRUBIN, DIRECT 4 (0-7) umol/L

ALKALINE PHOSPHATASE (Reviewed By PP on 31-Mar-2014)  
ALKALINE PHOSPHATASE 57 (30-145) U/L

ALBUMIN (Reviewed By PP on 31-Mar-2014)  
ALBUMIN 39 (33-48) g/L

CREATININE, SERUM (Reviewed By PP on 31-Mar-2014)  
CREATININE, SERUM 90 (50-120) umol/L

LACTATE DEHYDROGENASE (Reviewed By PP on 31-Mar-2014)  
LACTATE 139 (100-235) U/L  
DEHYDROGENASE

CALCIUM (Reviewed By PP on 31-Mar-2014)  
CALCIUM 2.34 (2.10-2.55) mmol/L

ALT (Reviewed By PP on 31-Mar-2014)  
ALT 45 (1-60) U/L

FERRITIN (Reviewed By PP on 31-Mar-2014)  
FERRITIN H 986 (30-400) ug/L

## LEGEND :

H = Above high normal

L = Below low normal

Ordered by: Lategan, Johannes Cornelius (Johan) Sending Facility CLS TXn 2014032710550065667841014-086-003963

Collected: 27-Mar-2014 08:26 Specimen Received: 27-Mar-2014 10:55

HEMOGLOBIN A1C (Reviewed By PP on 31-Mar-2014)

HEMOGLOBIN A1C H 10.1 (4.3-6.1) %

Suggested HbA1c monitoring of diabetics: One test per 3 months.

HbA1c results are affected by RBC lifespan (e.g. higher in iron deficiency, lower in chronic blood loss).

Ordered by: Lategan, Johannes Cornelius (Johan) Sending Facility CLS TXn 2014032711400065667841014-086-003963

Collected: 27-Mar-2014 08:26 Specimen Received: 27-Mar-2014 11:40

COMPLETE BLOOD COUNT (Reviewed By PP on 31-Mar-2014)

HEMOGLOBIN 155 (137 - 180) g/L  
HEMATOCRIT 0.44 (0.40 - 0.54) L/L  
RBC 5.0 (4.5 - 6.0) 10E12/L  
MCV 89 (82 - 100) fL  
MCHC 350 (320 - 360) g/L  
RDW 14.1 (11.0 - 16.0) %  
PLATELET COUNT L 112 (150 - 400) 10E9/L  
WBC L 3.8 (4.0 - 11.0) 10E9/L  
NEUTROPHILS 2.4 (2.0 - 8.0) 10E9/L

# Laboratory Investigation Results

Patient: ██████████ Roy Phillip Collection Date: 05-Dec-2014 8:49:00  
 PHN: ██████████ Sex: M Specimen Received: 05-Dec-2014 11:00:00  
 Date of Birth: ██████████ Age: 68 years Message Date:  
 Home Telephone: ██████████ Prov/Ins Code: AB Sending Application: OPEN ENGINE  
 Day Telephone: ██████████ Sending Facility: CLS  
 Ordered By: Parekh, Prafuli K Accession No: 14-339-004882  
 Copies To: ██████████ Filler Order No: 1116993468:101LA

RESULT REFERENCE RANGE

HEMOGLOBIN A1C (Reviewed By PP on 09-Dec-2014)

**HEMOGLOBIN A1C** 5.1 (4.3-6.1) %

Suggested HbA1c monitoring of diabetics: One test per 3 months.  
 HbA1c results are affected by RBC lifespan (e.g. higher in iron deficiency,  
 lower in chronic blood loss).

LIPID PANEL (Reviewed By PP on 07-Dec-2014)

CHOLESTEROL L 3.28 (4.20-6.20) mmol/L

TRIGLYCERIDES 1.31 (0.60-2.30) mmol/L

HDL CHOLESTEROL L 0.88 (>=0.91) mmol/L

TOTAL: HDL 3.8

CHOLESTEROL RATIO

Assess hours fasting: The guideline is > 9hr. Assess CV risk group.  
 Primary treatment targets for high and moderate CV risk patients are:  
 LDL-C < 2 mmol/L or 50% decrease. Can J. Cardiol 2009; 25: 567-579.

LDL, CALCULATED L 1.81 (2.40-4.10) mmol/L

HOURS FASTING 12 hours

GLUCOSE, RANDOM (Reviewed By PP on 07-Dec-2014)

GLUCOSE, RANDOM 6.3 (3.3-11.0) mmol/L

ESTIMATED GFR (Reviewed By PP on 07-Dec-2014)

ESTIMATED GFR 67 ( ) mL/min/1.73m2

Chronic kidney disease is defined by GFR <60 mL/min/1.73m2 or urine  
 albumin-creatinine ratio >3 mg/mmol for more than 3 months (see  
 www.AKDN.INFO).

GLUCOSE FASTING (Reviewed By PP on 07-Dec-2014)

GLUCOSE, FASTING H 6.3 (3.3-6.0) mmol/L

Hours fasting guidelines: >8 hours Canadian Diabetes Association  
 Hours Fasting 12 hours

ELECTROLYTES (Reviewed By PP on 07-Dec-2014)

**Meds**

**Metformin 2,000 mg**

**OFF**

**Olmetec 40 mg**

**OFF**

**A1C**

**10.1 → 5.1**

The information on this report is privileged and confidential, intended only for the use of authorized individuals.

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Prepared using software from Wolf Medical Systems [www.wolfmedical.com](http://www.wolfmedical.com)