Freiburg Medical Laboratory Middle East (L.L.C)

P.O. Box: 3068, Dubai - UAE, Tel: 04 396 2227, Fax: 04 396 2228
E-mail: info@fml-dubai.com, Website: www.fml-dubai.com

Physician:

Dr. M. Jaksch
Freiburg Medical Lab

Laboratory Report Online Version

Report Date: 08.05.2018

Patient Name: Sample report
Gender: Male
Date of Birth: 01.01.1980
Nationality:
Your ID:

Test Request Code: 1695
Sample ID:
Patient IDNo: 380411

Sampling Date / Time: 08.05.2018 / 12:30
Receipt Date / Time: 08.05.2018 / 12:43

Remarks:

Insurance:

Analysis	Result	Flag	Units	Reference Range
Proteins/Metabolites (EDTA-Plasma)				
Homocysteine (PHO)	**10.5**		umol/l	<12.0

Please note:
We are using the cut-off value of 12 umol/l, which is used in European laboratories. In most of the U.S. laboratories, 15 umol/l is used as the cut-off value for normal levels of Homocysteine in adults.

A significantly increased level of homocysteine is considered an arteriosclerotic risk factor.
Various studies have shown that the risk of mortality will not be increased by results below 10; results from 10 to 15 increase the risk factor up to 1.9 times;
results from 15 to 20 up to 2.8 times; results >20 up to 4.5 times.
A combined folic acid, vitamin B6 and vitamin B12 supplementation followed by homocysteine level monitoring is recommended.
Please note, that the reference range is valid only for serum/plasma which was separated within one hour after blood collection.

Proteins/Metabolites (Serum)				
CRP high sensitive (TURB)*	**0.07**		mg/dl	< 0.10

Cardiovascular risk:
low < 0.1
medium 0.1 - 0.3
high > 0.3

LDL, Oxidized (EIA)*	**137**		ng/ml	20 - 170
Lipoprotein (a) (TURB)	**55.0**		nmol/l	< 75.0

Elevated lipoprotein (a) increases the risk for CHD in combination with

Note:
Our reference values are adjusted to age and gender.
Daily internal Quality Control within the required range (according to ISO 15189).
External Quality Control available on request.
^ non-accredited parameter
"This parameter is affected by Biotin intake of >5 mg (RDI = 0.03mg)
* This investigation has been performed in a collaborating accredited laboratory (Germany).

Techn. Validation by Med. Technologist (Supervisor of the Department)

Dr. Nehmat ElBanna Specialist Clinical Pathology (U/S) (DHA-P-0084548)

PD Dr. med. habil. M. Jaksch Associate Professor Medical Director (DHA-LS-240710)

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other CHD risk factors. A moderately strong association of Lp (a) with CHD has been established independently of the classical vascular risk factors.

The risk of angina pectoris is increased with high concentration of Lp (a) and it is more significant if accompanied by high LDL-C concentration.

Treatment with Niacin reduces Lp (a) levels by 30-40% and yields other potential beneficial effects by reducing LDL cholesterol, total cholesterol, triglycerides, remnant cholesterol and by raising HDL cholesterol.

Ref: Borge G. Nordestgaard, M. John Chapman, Kausik Ray et al. for the European Atherosclerosis Society Consensus Panel: Lipoprotein (a) as a cardiovascular risk factor: current status.
Source: European Heart Journal: 2010; 31:2844-2853

BNP-NT-Propeptide (LIA)*	**88**		ng/l	< 125

Normal values exclude heart insufficiency to > 96%.

Proteins/Metabolites (Serum, fasting)				
Lipoprint				
Cholesterol (PHO)*	**168**		mg/dl	100 - 200
VLDL- Lipoprotein (GEL)*	**29**	**high**	mg/dl	up to 22
Inter Lip-Cholesterol(C)(GEL)*	**13**		mg/dl	up to 23
Inter Lip-Cholesterol(B)(GEL)*	**10**		mg/dl	up to 15
Inter Lip-Cholesterol(A)(GEL)*	**13**		mg/dl	up to 25
Large LDL-Cholesterol(1)(GEL)*	**41**		mg/dl	up to 57
Large LDL-Cholesterol(2)(GEL)*	**22**		mg/dl	up tp 30
Small LDL-Cholesterol(3)(GEL)*	**3**		mg/dl	up to 6

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Analysis	Result	Flag	Units	Reference Range
Proteins/Metabolites (Serum, fasting), Continuation				
Small LDL-Cholesterol(4)(GEL)*	**0**		mg/dl	0
Small LDL-Cholesterol(5)(GEL)*	**0**		mg/dl	0
Small LDL-Cholesterol(6)(GEL)*	**0**		mg/dl	0
Small LDL-Cholesterol(7)(GEL)*	**0**		mg/dl	0
HDL - Lipoprotein (GEL)*	**38**	**low**	mg/dl	> 40

Phenotype A, no increased atherogenic risk. Predominantly large and less atherogenic particles are detected in LDL-subfractions.
Further recommended complementary tests in serum: Apolipoprotein A1, B.

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