



Dr. M. Jaksch Freiburg Medical Lab

Laboratory Report Online Version

Report Date: 05.05.2022

Patient Name: Gender: Date of Birth: Nationality: Your ID:	UAE/GCC/M.E. Risk Profile Male 01.02.1933	Test Request Code: Sample ID: Patient IDNo: Sampling Date / Time Receipt Date / Time:	2501049 e:05.05.2022 / 09:00
Remarks: Sample	Report	Insurance:	

Analysis Result Flag Units Reference Range	
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Heamateleau				
Haematology				
CBC (EDTA blood)				
WBC	5.1		10^3/µl	4.0 - 10.0
RBC	4.3	low	10^6/µl	4.5 - 5.5
HGB	14.0		g/dl	13.0 - 17.0
НСТ	43.0		%	42 - 52
MCV	100.2		fl	83.0 - 101.0
МСН	32.6	high	pg	27.0 - 32.0
МСНС	32.6		g/dl	31.5 - 36.0
PLT	219		10^3/ul	150 - 450
Differential Count (automatic)				
Neutrophils	24.0	low	%	50 - 70
Lymphocytes	64.0	high	%	20 - 40
Monocytes	9.0		%	4 - 12
Eosinophils	3.0		%	0 - 4
Basophils	0.0		%	0 - 2
Neutrophils absolute	1.20	low	10^3/µl	2.0 - 7.0
Lymphocytes absolute	3.30		10^3/µl	0.8 - 4.0
Monocytes absolute	0.50		10^3/µl	< 1.2

This report was technically validated

Note:

Our reference values are adjusted to age and gender. Daily internal Quality Control within the required range (according to Rili-BÄK).

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** (DHA- 84548-001)

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







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Report Date: 05.05.2022

Gender: Date of Birth:	UAE/GCC/M.E. Risk Profile Male 01.02.1933	Test Request Code: Sample ID: Patient IDNo:	2801 2501049	
Your ID:	Nationality: Your ID:	Sampling Date / Time:05.05.2022 / 09:00 Receipt Date / Time: 05.05.2022 / 16:04		
Remarks: Sample	Report	Insurance:		

Analysis	Result	Flag	Units	Reference Range
Differential Count (automatic), Co	ontinuation			
Eosinophils absolute	0.20		10^3/µl	<0.4
Basophils absolute	0.00		10^3/µl	0.0 - 0.1
Coagulation (Citrated Plasma)				
PT (COAG)	61	low	%	70 - 130
INR (CALC)	1.29	high	ratio	0.85 - 1.20
Proteins/Metabolites (NaF-Plasm	a)			
Glucose (Recommendation of the	e Amerian Diabet	es Asso	ciation)	
Glucose fasting (PHO)	104	high	mg/dl	70 - 99

Please note that we have adjusted our reference ranges according to the recommendations of the American Diabetes Association: Glucose Level

70-99 Normal fasting glucose

100-125 Impaired fasting glucose (pre-diabetes)

> 126 Suspicion of diabetes

Sodium-fluoride (NaF) is a glycolysis inhibitor and is the most used additive for Glucose measurements in the medical laboratory. However, glycolysis inhibition is not complete in uncentrifuged NaF blood tubes. The American Diabetes Association (ADA) recommends to consider higher Glucose values in the patient, if using NaF blood tubes which cannot be centrifuged immediately.

Glucose values decrease in NaF uncentrifuged blood tubes:

up to 5% in the first hour

up to 7% in the second hour

up to 9% in the 3rd hour

Source: Montagnana and Lippi. Preanalytical issues for diagnosing diabetes. Ann Transl Med 2017;5(12):257

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	lale			Patient IDNo:	2501049
	1.02.1933				
Nationality:				Sompling Data / Tim	0.05 05 2022 / 00.00
Your ID:					e:05.05.2022 / 09:00 05.05.2022 / 16:04
Remarks: Sample Re	eport			Insurance:	
Analysis		Result	Flag	Units	Reference Range
Proteins/Metabolites	s (NaF-Plasma), Cor	tinuation			
Glucose fasting (PH	0)	5.8	high	mmol/l	3.9 - 5.5
Proteins/Metabolites	s (Serum)				
Lipid Studies in mg/	dl (Recommendatio	ns for Adul	ts from	the American Heart Ass	ociation)
Cholesterol, total (P	HO)	119		mg/dl	100 - 199
Normal: 100 - 199, De	esirable: < 200, Borde	erline: 200 -	239, Hig	h Risk: >240	
Triglycerides (PHO)		74		mg/dl	< 150
Normal: < 150, Borde	rline: 150 - 199, High	: 200 - 499,	Very Hig	gh: >500	
HDL Cholesterol, dir	rect (PHO)	39.9	low	mg/dl	> 50
Increased Risk Men: •	< 40, Increased Risk	Women: < 8	50, Norm	nal: 50 - 60, Optimal: > 60	
LDL Chol., Friedewa	ld (CALC)	64		mg/dl	< 100
Optimal: < 100, Near	Optimal: 100 - 129, E	Borderline: 1	30 - 159	, High: 160 - 189, Very Hig	gh: > 190
VLDL (CALC)		14.8		mg/dl	< 30.0
Cholesterol/HDL (CA	ALC)	3.0		Ratio	2.0 - 4.4
Normal: 2.0 - 4.4, Des	sirable: < 4.5, Borderl	ine: 4.5 - 6.0), Increa	sed Risk: > 6.0	



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Nationality: Your ID:		Sampling Date / Time Receipt Date / Time:	e:05.05.2022 / 09:00 05.05.2022 / 16:04
Remarks: Sample	Report	Insurance:	

Analysis	Result	Flag	Units	Reference Range
Recommendations for treatment - second	ndary targets:			
Risk category:	non-HDL-C	holesterc	d:	
ndividuals at very high total CV-risk	< 10	0 mg/dl		
ndividuals at high total CV-risk) mg/dl		
ndividuals at moderate CV-risk	< 14	5 mg/dl		
Reference: 2016 ESC/EAS Guidelines for the Mana European Heart Journal, 2016.	agement of Dy	slipidemi	as.	
Proteins/Metabolites (Serum)				
Lipid Studies in mmol/I (Recommend	lations for Ad	ults fron	n the America	n Heart Association)
Cholesterol, total (PHO)	3.1		mmol/l	2.6 - 5.1
Normal: 2.6 - 5.1, Desirable: < 5.2, Bord	derline: 5.2 - 6	.2, High F	Risk: >6.2	
Triglycerides (PHO)	0.8		mmol/l	< 1.7
Normal: < 1.7, Borderline: 1.7 - 2.2, Hig	h: 2.2 - 5.6, Ve	ery High:	>5.6	
HDL Cholesterol, direct (PHO)	1.0	low	mmol/l	>1.3
Increased Risk Men: < 1.0, Increased R	Risk Women: <	: 1.3, Nor	mal: 1.3 - 1.6, (Optimal: > 1.6
	4 7			
LDL Chol., Friedewald (CALC)	1.7		mmol/l	< 2.6

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Gender:	Male			Sample ID: Patient IDNo:	2501049
Date of Birth:	01.02.1933				2001010
Nationality:				Sampling Date	/ Time:05.05.2022 / 09:0
Your ID:					Time: 05.05.2022 / 09.0
Remarks: Sample Report			Insurance:		
Analysis		Result	Flag	Units	Reference Range
Proteins/Metaboli	tes (Serum), Contin	uation			
/LDL (CALC)		0.38		mmol/l	<0.77
	<i></i>				
· /	tes (EDTA-Plasma)				
Proteins/Metaboli Iomocysteine (Pl Please note: Ve are using the c aboratories. In mos cut-off value for no	10) ut-off value of 12 umo st of the U.S. laborato rmal levels of Homoc	ories, 15 umo ysteine in adu	l/l is used ılts.	as the	<16.0
Proteins/Metaboli Iomocysteine (Pl Please note: We are using the c aboratories. In mo- cut-off value for no A significantly incre- arteriosclerotic risk /arious studies hav by results below 10 imes; esults from 15 to 2 A combined folic ac nomocysteine level Please note, that th	HO) ut-off value of 12 umo st of the U.S. laborato mal levels of Homocy factor. ve shown that the risk results from 10 to 1 0 up to 2.8 times; res cid, vitamin B6 and vi monitoring is recom the reference range is	ol/I, which is up pries, 15 umo ysteine in adu ysteine is con to f mortality w 5 increase the sults >20 up to tamin B12 su mended. valid only for	I/I is used ults. sidered a will not be e risk fact o 4.5 time pplement	as the as the n increased or up to 1.9 es. ation followed by	<16.0
Proteins/Metaboli Homocysteine (Pl Please note: We are using the c aboratories. In mo- cut-off value for no A significantly incre arteriosclerotic risk /arious studies hav oy results below 10 imes; esults from 15 to 2 A combined folic ac nomocysteine leve Please note, that the vas separated with	HO) ut-off value of 12 umost of the U.S. laboratormal levels of Homocy factor. ve shown that the risk results from 10 to 1 0 up to 2.8 times; rescid, vitamin B6 and vir monitoring is recommendereference range is in one hour after bloc	ol/I, which is up pries, 15 umo ysteine in adu ysteine is con to f mortality w 5 increase the sults >20 up to tamin B12 su mended. valid only for	I/I is used ults. sidered a will not be e risk fact o 4.5 time pplement	as the as the n increased or up to 1.9 es. ation followed by	<16.0
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Proteins/Metaboli Homocysteine (Pl Please note: We are using the c aboratories. In mos cut-off value for not A significantly increative arteriosclerotic risk /arious studies hav by results below 10 imes; results from 15 to 2 A combined folic ac nomocysteine level Please note, that the vas separated with Proteins/Metaboli Albumin (PHO)	HO) ut-off value of 12 umo st of the U.S. laborato rmal levels of Homocy factor. ve shown that the risk r; results from 10 to 1 0 up to 2.8 times; res cid, vitamin B6 and vi monitoring is recom the reference range is in one hour after bloc tes (Serum)	ol/I, which is up pries, 15 umo ysteine in adu ysteine is con to f mortality w 5 increase the sults >20 up to tamin B12 su mended. valid only for	I/I is used ults. sidered a will not be e risk fact o 4.5 time pplement	ropean as the n increased or up to 1.9 es. ation followed by asma which	3.5 - 5.0
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Nationality:					
Your ID:					ne:05.05.2022 / 09:00 : 05.05.2022 / 16:04
Remarks: Sample	Report			Insurance:	
Analysis		Result	Flag	Units	Reference Range
Please note that Fe Lipoprotein (a) (T	erritin is an acute phase URB)	protein and 195.6	d is increa high	sed in inflammatory disc nmol/l	rders. < 75.0
other CHD risk fact	n (a) increases the risk for tors. A moderately strong ed independently of the	g associati	on of Lp (a	a) with CHD	
	pectoris is increased with ficant if accompanied by				
potential beneficial	cin reduces Lp (a) levels effects by reducing LDL ant cholesterol and by ra	. cholester	ol, total ch	olesterol,	
European Atheroso cardiovascular risk	destgaard, M. John Chap clerosis Society Consens factor: current status. Heart Journal: 2010; 31:	sus Panel:	Lipoprotei		
Total Protein (PH	0)	7.3		g/dl	6.4 - 8.3
Uric Acid (PHO)		4.5		mg/dl	2.6 - 7.2
2012 American Co Guidelines for Man	llege of Rheumatology agement of Gout				
- Serum urate level	should be lowered suffi	ciently to d	lurably imp	prove	



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Patient Name: UAE/GCC/M.E. Risk Profile 2801 Test Request Code: Sample ID: Gender: Male Patient IDNo: 2501049 Date of Birth: 01.02.1933 Nationality: Sampling Date / Time:05.05.2022 / 09:00 Your ID: Receipt Date / Time: 05.05.2022 / 16:04 Insurance: **Remarks: Sample Report**

Analysis	Result	Flag	Units	Reference Range

signs and symptoms of gout, with the target <6 mg/dl at a minimum, and often <5mg/dl

- The task force panel recommended that the goal of urate lowering therapy is to achieve a serum urate level target at a minimum of 6 mg/dl in all gout case scenarios (evidence A).
- Moreover, the task force panel recommended that the target serum urate level should be lowered sufficiently to durably improve signs and symptoms of gout, including palpable and visible tophi detected by physical examination, and this may involve therapeutic serum urate level lowering to below 5 mg/dl (evidence B).

Source: Kanna D et al, Arthritis Care & Research 2012, 64, 1431 - 1446

Proteins/Metabolites (EDTA blood)				
HbA1c acc. to IFCC (HPLC)	39	mmol/mol	29 - 42	
HbA1c acc. DCCT/NGSP (HPLC)	5.7	%	4.8 - 6.0	
Estimated avg. Glucose (CALC)	118	mg/dl	92 -127	

The American Diabetes Association (ADA) suggests an HbA1c level of 7% DCCT (53mmol/mol IFCC) and below (reflecting an average glucose level of 154mg/dl)as the therapeutic target. However, more or less stringent glycemic goals may be appropriate for each individual (please refer to the ADA website: www.diabetes.org).

ADA defines the cut-off point for HbA1c in the diagnosis of diabetes at 6.5% DCCT (48 mmol/mol IFCC).

Please note that we have adjusted the unit according to the recommendation of the IFCC. Reference HbA1c (IFCC/NGSP). Source: www.ngsp.org/docs/IFCCstd.pdf

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This report has been printed through Imed-Online-Reporting-System and therefore does not carry a signature.



Page 7 of 13





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Remarks: Sample	Report	Insurance:			

Analysis	Result	Flag	Units	Reference Range

Please note:

Any condition that decreases mean erythrocyte age or increases Red Blood Cells turnover will affect the HbA1c test results regardless of the assay method used. In such cases, HbA1c should be interpreted with caution and alternative forms of testing should be considered.

Enzymes (Serum)				
ALT/GPT (PHO)	15	U/I	< 42	
AST/GOT (PHO)	21	U/I	< 39	
Alk. Phosphatase (PHO)	45	IU/L	41-137	

Source: Hay W.W., Levin M.J., Sondheimer J.M. and Deterding R.R. Current pediatric diagnosis and treatment (19th edition) 2009. New York: Lange Medical Books/McGraw Hill.

GGT (PHO)	22		IU/I	10 - 66
LDH (PHO)	165		U/I	135 - 225
Endocrinology (Serum)				
Insulin/fasting (ECL)"	12.5		µIU/mI	1.9 - 23.0
HOMA Index (CALC)	3.21	high	index	see text

Interpretation:

HOMA: < 2.0 normal insulin response

HOMA: > 2.5 increased insulin resistance

The homeostasis model assessment (HOMA) is an index of insulin resistance, calculated using fasting Glucose and fasting Insulin. It is considered a useful method, not only for assessing insulin resistance but also for monitoring the

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Receipt Date / Time: 05.05.2022 / 16:0 Remarks: Sample Report Insurance: Analysis Result Flag Units Reference Range Analysis Result Flag Units Reference Range reatment in Diabetes mellitus type 2. Source (first description of HOMA): Matthews DR et al. Diabetologia 28:412-419 1985 Please note that 12 hours fasting is recommended. Endocrinology (Serum) Insurance: FSH (ECL)" 3.20 mIU/I 0.30 - 4.20 mportant note: Revised TSH levels: Insurance to compare the TSH reference range to 0.3 - 3.0 mIU/I in order to not miss any latent hypothyreosis. The discussion is still controversal, nowwere the TSH reference range to 0.3 - 3.0 mIU/I in order to not miss any latent hypothyreosis. The discussion is still controversal, nowwere TSH levels from 3.0 - 4.2 mIU/I as greyzone (borderline increased TSH) and definitely sevated TSH levels are unit. FSH shows Circadian Variability and Individual Variation, maximal levels are seen in the early morning and the dwest level in the late afternoon to mid-evening. These variations might mask a subclinical hypothyroidism. source:Biochemical Testing of the Thyroid:TSH is the Best and, Oftentimes, Only Test Needed; Clinical Wedicine & Research Volume 14, Number 2: 83-92- 2016) Jume 14, Number 2: 83-92- 2016) Vitamins (Serum, light-protected) Jume 14, Number 2: 83-92- 2016) Vitamins H2 (ECL)" <	-				Sampling Date / Tin	ne:05 05 2022 / 09:00
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Vitamin B12 (ECL)" 520 pg/ml 200 - 1000 200 - 350 pg/ml borderline ote: ote: ote: ur reference values are adjusted to age and gender. ote:	owest level in the (source:Biochemic Medicine & Resea	late afternoon to mid-ev al Testing of the Thyro rch	vening. The	se variatio	ons might mask a subclin	ical hypothyroidism.
200 - 350 pg/ml borderline	vitamins (Serum,	light-protected)				
ote: ur reference values are adjusted to age and gender.	/itamin B12 (ECI	_)"	520		pg/ml	200 - 1000
ur reference values are adjusted to age and gender.	200 - 350 pg/ml	borderline				
aily internal Quality Control within the required range coording to Rili-BÄK).	ur reference values are ad aily internal Quality Contro					

Anon-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)

Specialist **Clinical Pathology** (DHA- 84548-001)

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





Dr. M. Jaksch Freiburg Medical Lab

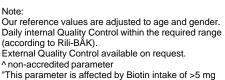
Laboratory Report Online Version

Report Date: 05.05.2022

Patient Nan Gender:	ne: UAE/ Male	GCC/M.E	. Risk Profile	•	Test Request Code: Sample ID:	2801
Date of Birth:		.1933			Patient IDNo:	2501049
Nationality: Your ID:					Sampling Date / Tim Receipt Date / Time:	
Remarks: Sam	ple Report				Insurance:	
Analysis			Result	Flag	Units F	Reference Range
>350 - 400 pg >400 pg/i		able				
We recommen	d the followi	ing procedu	re:			
Vitamin B12	holoTC	MMA	Interpretation			
>400 pg/ml	-	-	B12 deficiency e	excluded		
<400 pg/ml	normal	normal	still normal B12	2 status		
<400 pg/ml	decreased	normal	B12 deficiency	(early pha	ase)	
<400 pg/ml	decreased	increased	functional B12 d	leficiency		
holoTC = Holot MMA = Methylr						
homocysteine.			/atkins.: Update rogram. 2003:62		min, folate and	
Vitamin D (250			47.9		ng/ml	40 - 80

Deficient:<30 Borderline: 30 - 40 Desirable >40

Source:Wacker and Holick, Vitamin D.Effects on Skeletal and Extraskeletal Health and the Need for



(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** (DHA- 84548-001)

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





Dr. M. Jaksch Freiburg Medical Lab

Laboratory Report Online Version

Report Date: 05.05.2022

Gender:	UAE/GCC/M.E. R Male 01.02.1933	isk Profile	•	Test Request Code: Sample ID: Patient IDNo:	2801 2501049
Your ID:				Sampling Date / Tim Receipt Date / Time:	e:05.05.2022 / 09:00 05.05.2022 / 16:04
Remarks: Sample	Report			Insurance:	
Analysis		Result	Flag	Units	Reference Range

Flag

Analysis

Supplementation Nutrients 2013;5:111-148.

This investigation has been performed in a collaborating

accredited laboratory (Germany).

Important note:

The two most important forms for detecting Vitamin D deficiency are 25-OH-Vitamin D3 and 25-OH-Vitamin D2. Vitamin D3 ("human or animal form", cholecalciferol) is mainly produced in the skin after sun exposure but can also be taken up through food; Vitamin D2 ("plant form", ergocalciferol) can be obtained only from fortified foods and supplements. Both forms are metabolized in the liver to the inactive form 25-OH-Vitamin D and stored until needed, at which point 25-OH-Vitamin D is converted in the kidney to the active 1.25-(OH)2-Vitamin D. Please note that this active form does not reflect Vitamin D deficiency as it is tightly regulated by PTH. Calcium and Phosphate. Therefore 1.25-(OH)2-Vitamin D testing is indicated in kidney disorders only (insufficiency, dialysis etc.).

The concentration of 25-OH-Vitamin D in serum reflects the stored supply of all Vitamin D (D3 and D2) and gives a good indication of the Vitamin D deficiency status of the patient. Normally, more than 95% of the measured 25-OH-Vitamin D is D3; Vitamin D2 can only be measured if Vitamin D2 supplements are being taken. Our newly evaluated test, compared with liquid chromatography/mass spectrometry (LCMS), measures the serum concentration of total 25-OH-Vitamin D (immunological method). Should you require a separate measurement of D3 and D2 levels, this can be done through our partners in Germany using LCMS.

Microbiology (Stool)				
H. pylori Ag (EIA)	negative	qualitative	negative	
Using monoclonal antibodies, this test	is highly sensitive an	d specific.		
Serology: Hepatitis B (Serum)				
Hepatitis Bs Ag (ECL)"	0.50	COI	< 0.90	
Note: Dur reference values are adjusted to age and gender. Daily internal Quality Control within the required range according to Rili-BÅK).				A Colorado Maria
External Quality Control available on request. non-accredited parameter This parameter is affected by Biotin intake of >5 mg (RDI = 0.03mg)	Techn. Validat Med. Technolo	ogist Specialist	Associate Professor	

(Supervisor of

the Department)

Clinical Pathology

(DHA- 84548-001)



Medical Director

(DHA-LS-240710)



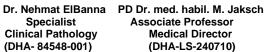


Dr. M. Jaksch Freiburg Medical Lab

Laboratory Report Online Version

Report Date: 05.05.2022

Patient Name:		C/M.E. Risk	Profile	9	Test Request Cod Sample ID:	e: 2801
Gender: Date of Birth:	Male 01.02.1933	X			Patient IDNo:	2501049
Nationality:	01.02.1300	,				
Your ID:						ime:05.05.2022 / 09:00 ne: 05.05.2022 / 16:04
Remarks: Sample	Poport				Insurance:	
	Кероп					
Analysis		Re	esult	Flag	Units	Reference Range
No sign of Hepatitis	B infection.					
Serology: Hepatit						
HCV Abs (ECL)"			0.04		S/CO	<1.00
No sign of Hepatitis	s C infection.					
Autoimmune Diag		um)				
Thyroid Antibodie	s					
TPO Abs (ECL)"			9.1		IU/ml	0 - 34
Detection frequenc	y of TPO Abs	5.:				
Disease Hashimoto Thyroid Primary Myxoedem Morbus Basedow Postpartum Thyroid Cytokine induced T Subacute Thyroidit Autonomy of the th Healthy Person	itis ha ditis 'hyroiditis is de Quervai	PO Abs. positiv 60 - 90 % 40 - 70 % 60 - 70 % 50 - 70 % 30 - 40 % n < 5 % approx. 5 %	ve			
Thyroglobulin Ab	s (ECL)"		12.0		IU/ml	< 115
Detection frequenc	y of TG Abs.:					
Disease	TG Abs	positive				
Note: Our reference values are adj Daily internal Quality Control (according to Rili-BÅK). External Quality Control avai ^ non-accredited parameter "This parameter is affected b (RDI = 0.03mg) * This investigation has been accredited laboratory (Germa	within the required lable on request. y Biotin intake of > performed in a col	range 5 mg	Med. Te (Super	/alidation by chnologist visor of partment)	Dr. Nehmat ElBanna Specialist Clinical Pathology (DHA- 84548-001)	PD Dr. med. habil. M. Jaksch Associate Professor Medical Director (DHA-LS-240710)



This report has been printed through Imed-Online-Reporting-System and therefore does not carry a signature.





Dr. M. Jaksch Freiburg Medical Lab

Laboratory Report Online Version

Report Date: 05.05.2022

Patient Name: UAE/GCC/M.E. Risk Profile

Gender: Date of Birth: Nationality: Your ID: Male 01.02.1933

Test Request Code:2801Sample ID:2501049

Sampling Date / Time:05.05.2022 / 09:00 Receipt Date / Time: 05.05.2022 / 16:04

Remarks: Sample Report

Insurance:

Analysis	Result	Flag	Units	Reference Range
Hashimoto Thyroiditis	30 - 40 %			
Primary Myxoedema	20 - 30 %			
Morbus Basedow	10 - 20 %			
Postpartum Thyroiditis	20 - 40 %			
Cytokine induced Thyroiditis	10 - 20 %			
Subacute Thyroiditis de Quervair	n 0-20%			
Autonomy of the thyroid gland	approx. 5 %			
Healthy Person	approx. 5 %			

This report was technically validated

Note:

Our reference values are adjusted to age and gender. Daily internal Quality Control within the required range (according to Rili-BÅK).

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 (DHA- 84548-001)

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

