Patient: LARIVEE, GARY

Age: 79 years Gender: M

Date of Birth: Jan 24 1940

HC #: 6183846770

Patient's Phone: (519) 633-8952

Ordered by: OSAGIE DR. ELSIE

Date of Service: Oct 18 2019 11:47

Lab No: 2019-HB2911004

Reference #:

Patient ID: Referring Site ID:

Reported on: Oct 19 2019 04:28

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Telephone:

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Test	Flag	Result	Reference Range	e - Units	Lab Lic. #
<u>Hematology</u>					
WBC RBC Hemoglobin Hematocrit MCV MCH MCHC RDW Platelet Count	НІ	15.5 4.82 149 0.433 90 30.9 344 12.5 330	4.0 - 11.0 4.50 - 6.00 135 - 175 0.400 - 0.500 80 - 100 27.5 - 33.0 305 - 360 11.5 - 14.5 150 - 400	x E9/L x E12/L g/L L/L fL pg g/L % x E9/L	#5407
				-	
Differential Neutrophils Lymphocytes Monocytes Eosinophils Basophils Immature Granulocytes Nucleated RBC Biochemical Investigation of Anemias Vitamin B12 General Chemistry Glucose Random Hemoglobin A1C/Total Hemoglobin	НІ	12.1 2.1 1.0 0.3 0.1 0.1 0	2.0 - 7.5 1.0 - 3.5 0.2 - 1.0 0.0 - 0.5 0.0 - 0.2 0.0 - 0.1 138-652 3.6 - 7.7 < 6.0	x E9/L x E9/L x E9/L x E9/L x E9/L /100 WBC	
		CDA 2013 Guidelines:			

Lab - 5407: KENNEDY, 6560 Kennedy Road, Mississauga, Ontario.

FINAL RESULTS

Page 1 of 2

IMPORTANT:

This report contains confidential information intended for view by authorized person(s) only and should be disposed of securely (e.g. shredding) before discarding.

Note to Health Care Providers: This report has been printed by the patient.

Please contact your Health Care Provider if you have any questions regarding the results on this report. Note to patients:

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General Chemistry

Sodium Potassium Creatinine

Glomerular Filtration Rate (eGFR)

disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.

141 135-145 mmol/L 4.4 3.5-5.2 mmol/L 117 67-117 umol/L 51

An eGFR result of 45-59 ml/min/1.73 m2 is consistent with mild to moderately decreased kidney function.

For patients of African descent, the reported eGFR must be multiplied by 1.15.

Effective May 4 2015, eGFR is calculated using the CKD-EPI 2009 equation.

KDIGO 2012 guidelines highlight the importance of eGFR and urine albumin creatinine ratio (ACR) in screening, diagnosis and management of CKD. Results for eGFR should be interpreted in concert with ACR.

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