

Client
Gurugram
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. FC15	Billing Date	: 07/07/2023 12:23:07
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012757	Report Released on	: 18/07/2023 17:54:09
Accession No	: 10002304813	Barcode No.	: 10002304813-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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HAEMATOLOGY

PNH Confirmation Test Flaer Method

Sample: Whole Blood EDTA

Impression: Negative for PNH clone.

Note: Granulocyte could not be analysed for presence/Absence of PNH clone as they constitute ~0.1% of total WBC population.

Immunophenotyping Findings:

Flowcytometric immunophenotyping of peripheral blood shows 53% granulocytes, 06 % monocytes, 39% lymphocytes (all three % from total WBC) and 99% erythroid cells (of total viable cells).

Flowcytometric analysis of monocytes:

ANTIGENS TESTED	Monocytes (Gated on CD64) Percentage Cells	
	Positive	Negative
CD14	100%	0%
FLAER	100%	0%

Flowcytometric analysis of Granulocytes- Not possible as granulocyte ~0.1 % population

Flowcytometric analysis of RBCs



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Test Name	Result	Biological Ref. Interval	Unit
ANTIGENS TESTED	Monocytes (Gated on CD15) Percentage Cells		
	Positive	Negative	
Glycophorin A	100%	0%	
CD59	100%	0%	

Impression: Flowcytometric analysis of peripheral blood does not show deficiency of GPI-linked antigens on monocytes and RBCs suggesting absence of clone of paroxysmal nocturnal hemoglobinuria (PNH).

Comment: The samples was run on BC Navios 10 color flow cytometer as per the standardized international protocol.

FSC vs SSC was used to gate viable cells. CD45vs SSC gating strategy is used.
Software used for analysis is Kaluza 2.1.3

Note: Investigation should be interpreted understanding the limitation of the sample quality and various statistical parameters. An isolated laboratory report never forms a basis of any treatment decision. It should always be interpreted with the clinical course by the primary

** End of Report**



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