

Laboratory Report

Name:

Lab Episode Number: 22019103

HN:

Age:

48Y 11M 21D

DOB : 22/01/1973

Sex: Female

Order Date:

12/01/2022

Time: 15:49

Station: VitalLife Clinic (Building C 10th Floor)

Order Owner: Nacha Harinrak (Dr.)

Biochemistry

Lipoprotein (a)

Specimen No.22019103-1: Collected 12/01/2022 15:49, Received 12/01/2022 16:12, Plain Blood 5 ml. - (CH) Red Top Tube

Test	Result	Flag	Units	Ref. Range
Lipoprotein (a)	9.6		mg/dL	(0-30)

Authorised by Panote Krasathong at 17:05 on 12/01/2022

Comment: Test results should always be used in conjunction with the patient's medical history, clinical examination and other findings.**Remark:** Any tests followed by * symbol represents those with ISO 15189 or ISO 22870 Accreditation

Flag message: (L) means below low normal, (H) means above high normal, c means correction.

(LL) means below a critical low value, (HH) means a critical high value.

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Laboratory Report

Name:

Lab Episode Number: 22019103

HN:

DOB : 22/01/1973

Age:

48Y 11M 21D

Sex: Female

Order Date:

12/01/2022

Time: 15:49

Station: VitalLife Clinic (Building C 10th Floor)

Order Owner: Nacha Harinrak (Dr.)

Biochemistry

Apolipoprotein A1

Specimen No.22019103-1: Collected 12/01/2022 15:49, Received 12/01/2022 16:12, Plain Blood 5 ml. - (CH) Red Top Tube

Test	Result	Flag	Units	Ref. Range
Apolipoprotein A1	179.4		mg/dL	(101.0-223.0)

Authorised by Panote Krasathong at 17:05 on 12/01/2022

C-Reactive Protein*(CRP)

Specimen No.22019103-1: Collected 12/01/2022 15:49, Received 12/01/2022 16:12, Plain Blood 5 ml. - (CH) Red Top Tube

Test	Result	Flag	Units	Ref. Range
C Reactive Protein *	0.11		mg/dL	(0.00-0.50)

Authorised by System Auto Authorized at 16:26 on 12/01/2022

Comment: Test results should always be used in conjunction with the patient medical history, clinical examination and other findings.

Remark: Any tests followed by * symbol represents those with ISO 15189 or ISO 22870 Accreditation

Flag message such as (L) means below low normal, (H) means above high normal, c means correction.

(LL) means a critical low value, (HH) means a critical high value

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Laboratory Report

Name:

Lab Episode Number: 22002162

HN:

Age: 32Y 3M 29D

DOB : 03/10/1989

Sex: Female

Order Date: 01/02/2022

Time: 16:43

Station: Ward 11C

Order Owner: Kritnarong Kietsiri

Referral Lab Services

Apolipoprotein B (Blood)**

Specimen No.22002162-2: Collected 01/02/2022 16:43, Received 01/02/2022 16:44, Plain Blood 5 ml. - (SO) Red Top Tube

Test	Result Flag	Units	Ref. Range
Apolipoprotein B**	150 (H)	mg/dL	(55-125)
Apolipoprotein B/A1 ratio	0.8		

Reference Value: Apolipoprotein B/A1 ratio (mg/dL)

Age	Males	Females
< 24 m	Not established	Not established
2-17 Y	< 0.8	<0.8
> 18 Y	Lower Risk <0.7	Lower Risk <0.6
	Average Risk 0.7-0.9	Average Risk 0.6-0.8
	Higher Risk >0.9	Higher Risk >0.8

Interpretation and Limitation:

1. Apolipoprotein B (ApoB) is the main protein in the low-density lipoprotein (LDL). Elevated ApoB levels indicate that there is a higher than normal risk of developing atherosclerotic cardiovascular disease. ApoB may be elevated in many conditions such as overweight, insulin resistance, diabetes, hypothyroidism, pregnancy, coffee consumption etc. Low ApoB levels may be associated with malnutrition, hyperthyroidism, liver cirrhosis, use of certain medications or possibly a rare genetic condition that causes ApoB deficiency.
2. Apolipoprotein A1 (ApoA1) is a protein that constitutes the major components of high density lipoprotein (HDL). A low ApoA1 level may be associated with coronary artery disease, obesity, diabetes, chronic kidney disease, liver disease, smoking, use of certain medications, Tangier disease etc.
3. Elevated ApoB/A1 ratio indicates an increased risk of atherosclerotic cardiovascular disease, independently of LDL and HDL cholesterol concentrations.
4. In rare cases, gammopathy, monoclonal IgM type in particular, may cause unreliable results.

Authorised by Kritnarong Kietsiri at 16:45 on 01/02/2022

Remark: Any tests followed by * symbol represents those with ISO 15189 or ISO 22870 Accreditation, c means correction.

Any tests marked ** are sent to referral labs.

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Laboratory Report

Name:

Lab Episode Number: 22019103

HN:

DOB : 22/01/1973

Age: 48Y 11M 21D

Sex: Female

Order Date: 12/01/2022

Time: 15:49

Station: VitalLife Clinic (Building C 10th Floor)

Order Owner: Nacha Harinrak (Dr.)

Clinical Genomics

APOE Genotype (for Cardiovascular Disease)

Specimen No.22019103-3: Collected 12/01/2022 15:49, Received 12/01/2022 16:19, EDTA Blood 3 ml. - Lavender Top Test

Test	Result	Flag	Units	Ref. Range
APOE genotype	e3/e3			

Interpretation

This genotype is associated with normal lipid metabolism, and is not associated with an increased risk of cardiovascular disease.

Additional Information

APOE genotype (for Cardiovascular Disease) test is a TaqMan SNP genotyping assays performed on StepOne Plus-Real-Time PCR system (Life Technologies/ Thermo Fisher Scientific, Waltham, MA) for the qualitative detection of APOE rs429358 (NG_007084.2:g.7903T>C), and APOE rs7412 (NG_007084.2:g.8041C>T). The test was utilized to identify the three common APOE alleles (e2, e3, and e4). If no detectable APOE variant is found, a presumed e3/e3 genotype is assigned. Rare variants may be present that could lead to false-negative or false-positive results. Rare APOE variants and variants in other genes that cause hyperlipoproteinemia type III are not detected by this test assay.

- Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Please consider the environmental factors and personal variables.
- This method may affect the recipient's genotype in patients who received heterologous blood transfusions or allogeneic blood or bone marrow transplantation.
- The interpretation is associated with cardiovascular risk only and should not be used to determine the relative risk of other diseases.
- Misinterpretation of test result may occur if the information provided is incomplete or inaccurate.
- Genetic counseling is recommended to help understand the test result and explain the implications of this result for the patients and other family members.
- This test was developed and its performance characteristics determined by Bumrungrad International Hospital Laboratory in a manner consistent with CAP requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

References

1. Eichner JE et al. Apolipoprotein E polymorphism and cardiovascular disease: A HuGE review. *Am J Epidemiol.* 2002; 155: 48-195.
2. Schaefer EJ et al. Effect of gender and menopausal status on the association of apolipoprotein E phenotype with plasma lipoprotein levels. Results from the Framingham Offspring Study. *Arterioscler Thromb Vasc Biol.* 1994; 14: 1105-1113.
3. Song Y et al. Meta-analysis: Apolipoprotein E genotypes and risk for coronary heart disease. *Ann Intern Med.* 2004; 141: 137-147.

Authorised by Alisa Yoosabai at 18:12 on 20/01/2022

Comment: Test results should always be used in conjunction with the patient's medical history, clinical examination and other findings.

Remark: c means correction.

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