



File No.: 039213

Nationality: SAR

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039213
Name: NOORA SALEM ALMARRI
QID No: VISIT VISA Sex: Female
Mob: 50701235 ADDRESS: ALSILYA



Age: 22yrs

Marital Status: Single

and's Name:

Phone: Residence Phone:

SYMPTOMS:

clo v. discharge + itching -
Recurrent in previous 3H
H/o Recurrent UTI + uses of antibiotic

Medical History: PH. FH.

MENSTRUAL HISTORY:

Menarche: 12yrs L.N.M.P. 19-6-24
Menstrual Habits: Regular Monthly for 7-6 days
Menstrual Symptoms: Nausea Menopause:
Parity: P Abortion Ectopic LCB



EXAMINATION

General Examination: Ht. 161 cm Wt. 72.8 Kg BMI Kg/m² Bp 120/80 mm Hg

Looks well not pale

Chest, C.V.S.

Abdomen: N/A

Breasts: Not examined

PELVIC EXAMINATION:

Speculum Exam. scalp not good hygien va/va + scratch

Bimanual Exam. markings + Redness + yellow to

Rectal Exam. milky discharge v. swab taken Gravid

Investigation Requested:

Diagnosis: Vulvo vaginitis

Plan of Management: 1 day

Next Appointment:



Name : NOORA SALEM
Sex/Age : F/ 22 y / 0 m / 27 d
Nationality : Saudi Arabia
Sample Col. : At Lab
Ref. By Dr. : Dr. Ebtesam Abdullah
Ref. By Clinic : DR.LEILA

Lab No : 223629
AL No : 61467
Entrance Tm: 13-JUL-2024 16:24:36
Exit Date : 15-JUL-2024 11:59:25
Ext. Ref. Num.: 039213

TESTS	RESULTS
Microbiology:	
Test Name:	High Vaginal Swab C/S
Specimen:	Vaginal Swab
Gram Stain:	:
Pus Cells/h.p.f:	Moderate
Epithelial Cells/h.p.f:	Moderate
Gram Positive Bacilli(lactobacilli):	Moderate
Yeast Cells:	Few
Organism Name:	Candida albicans
Growth Pattern:	Scanty Growth
Confirmatory:	Germ Tube test (+) Positive for Candida albicans.

Comments* even though individual isolates of any given species may become resistant to any antifungal agent, Candida species are generally considered susceptible to Fluconazole, Amphotericin B, Ketoconazole, Itraconazole and 5-Fluorocytocine.

If drug susceptibility testing for the grown organism, Candida albicans is needed, a special request can be furnished to carry out the test; and the test can be performed at our collaborative laboratory, svn lab Germany.

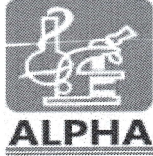


ACCREDITED
USA
USASAB1023

ISO 9001:2015
Quality Management System

ISO 15189:2012
Medical Laboratories Management System





MICROBIOLOGY

Name : NOORA SALEM
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many times called
no answer
last call 17/7/24 at
1:53pm

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New Rayyan, Zone 53, Doha Qatar
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Telephone Nos.: +974 44817651
Fax Nos.: +974 44812796 - P.O. Box 2505
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شمال معيذر شارع السلام
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جوال رقم : 55868523

№ 0006150

LABORATORY REQUEST FORM

Alpha

Patient Name	<u>NIOOKA salem</u>	Q I D No.		Patient File No.	<u>039213</u>
Nationality	<u>SAR</u>	Age	<u>22yr</u>	Gender	<u>fe</u>
Specimen Requested By	<u>Dr. chhism</u>	Date of Request	<u>13-7-24</u>	Specimen Collected By	
Collecting Med. Technician Signature	<u>LVS</u>	Date		Mobile	<u>50701238</u>

Hematology / Coagulation	Albumin	Vitamin B3 (Nicotinamide)	HAV Ab Total
CBC	Total Globulin	Vitamin B6 (Pyridoxine)	HBs Ag
ESR	A / G Ratio	Vitamin E	HBs Ab
Platelet Count	BUN	Hormones	HBc Ab IgM
Reticulocyte count	Urea	β - HCG	HBc Ab Total
Sickle Cell Test	Creatinine	TSH	H Be Ag
Hb Electrophoresis	Uric Acid	FT 4	H Be Ab
G -6 - PD	Sodium	FT 3	HCV Ab
Malaria Film	Potassium	Total T4	HIV I & II
Bleeding Time	Chloride	Total T3	VDRL / RPR
Clotting	Bicarbonate (HCO ₃)	FSH	TPHA
PT	Creatinine Clearance	LH	Rubella IgM
PTT	Calcium (Totale)	Estradiol (E2)	Rubella IgG
Fibrinogen	Calcium (corrected)	Prolactin	Toxoplasma IgM
Coombs Test (Direct)	Phosphorus	Progesterone	Toxoplasma IgG
Coombs Test (Indirect)	Magnesium	Testosterone (Total)	CMV (IgG , IgM)
Blood Group ABO/Rh Typing	Iron	Testosterone (Free)	HSV I (IgG , IgM)
Biochemistry	TIBC	SHBG	HSV II (IgG , IgM)
Glucose (fasting)	Ferritin	DHEA - SO 4	TORCH Test
Glucose (2 hr PP)	CK (Total)	Anti- Mullerian Hormone	Anticardiolipn (IgG , IgM)
Glucose (random)	CK - MB	Insulin	Lupus Anticoagulant
Glucose 1 hr (50 gme)	LDH	C-Peptide	Anti-ds-DNA
Glucose Tolerance Test (GTT)	Amylase	Growth Hormone	Anti CCP
Hb Alc	Homocysteine	IGF - 1	Extractable Nuclear Ag (ENA)
Microalbumin (urine)	Zinc	Cortisol (AM , PM)	H. Pylori Ab (IgA , IgG)
Cholesterol (Total)	Lithium	17-OH Progesterone	Anti-Thyroid Peroxidase Ab
HDL - Cholesterol	Valproic Acid (Depakene)	PTH	Anti-Thyroglobulin Ab
LDL - cholesterol	Carbamazepine (Tegretol)	Immunology/Serology	Varicella Zoster (IgG,IgM)
Triglycerides	Serum Protein Electrophoresis	ASOT	Allergy Screen
Total Lipids	Vitamins	CRP	IgE Total
AST (SGOT)	Vitamin D	RF	Allergy Screen (Food Panel)
ALT (SGPT)	Vitamin B 12	Brucella Test	Allergy Screen (Inhalant panel)
Alkaline Phosphatase	Folate , Serum	Widal Test	Allergy Screen (Pediatric Panel)
Bilirubin (Total)	Folate , RBC	Monospot Test (I.M.)	OTHER
Bilirubin (Direct)	Vitamin A (Retinol)	EBV-VCA (IgM ,IgG)	
Gamma-GT	Vitamin B1 (Thiamine)	HAV Ab IgM	
Total Protein	Vitamin B2 (Riboflavin)	ANA	

Requesting Physician Signature Requesting Physician Stamp



Date/...../.....

New Patient Registration Form

Full Name نورة سالم علي المري الإسم الكامل

Date of Birth 21-5-2002 تاريخ الميلاد

Marital Status ☒ Single / أعزب ☐ Married / متزوج ☐ Divorced / مطلق ☐ Widowed / أرمل

Gender: ☐ Male / ذكر ☒ Female / أنثى Nationality سعودية الجنسية

Occupation المهنة

I.D Number 3.1 رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 50701935 رقم الجوال

Emergency Contact Person أقرب الأقارب

Emergency Contact Number رقم هاتف

Address: Building No. 36 Zone No. Street No. العنوان:

رقم البناية رقم المنطقة رقم الشارع العنوان:

How did you hear about our Center من أين سمعت عن مركزنا؟

☐ Advertisements / إعلانات ☐ Referral by doctor ☒ Friends & Relatives / أصدقاء وأقارب

☐ Others / أخرى

How do you want us to address you ? كيف تفضل أن نناديك ؟

☒ By Name / بالإسم ☐ By No / بالرقم ☐ Others (please specify) / حدد الطريقة التي تفضلها

I receive my Rights & Responsibilities ☐ إستلمت قائمة حقوق و مسؤوليات المريض

Signature التوقيع

File Number 039213



نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطيبة المعالج لي لمقابلتي وأجراء الكشف علي والقيام بتشخيصي ومعالجتي بالأدوية أو العقاقير أو عمليات إن إحتاج الأمر ، وأنا أدرك أن من مسؤوليتي الحضور في الوقت المحدد لمواعيدي واتباع أوامر الطبيب المعالج لي كما أدرك بأنني لدي الحق في طلب رأي ثاني لو لم أكن راضيا / راضية عن الرعاية المقدمة لي.

وأوافق على أي اجراء فحص طبي إن طلب مني من أجل تقديم رعاية طبية صحيحة.

وقد قرأت ووافقت على نموذج الموافقة المستنيرة حسب تعليمات وزارة الصحة العامة.

اسم المريض / المريضة: نوره سالم المري

التاريخ: 13 - 7 - 2024

ملف رقم: 039213

التوقيع:



Z096916<<6SAU0205218F2606233<<<<<<<<<<<<<<<04

نوره بنت سالم بن علي النهاب المري

ALMARRI, NORAH SALEM A



No: 1116231307 الرقم : ١١١٦٢٣١٣٠٧
DOB: 21/05/2002 تاريخ الميلاد : ١٤٢٣/٠٣/٠٩
DOE: 07/12/2026 تاريخ الانتهاء : ١٤٤٨/٠٦/٢٧
مكان الميلاد : الرياض



1116231307



SN: 01114209153230



IDSAU111623130<77<2363<<<<<<<<
0205218F2612074SAU<2<<<<<<<<<6
ALMARRI<<NORAH<SALEM<A<<<<<<<<