

BIOSCOPIC DIAGNOSTIC LABORATORY DOH ACCREDITED

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Name:	Date:
Age/Sex:	Physician:

HEMATOLOGY EXAMINATION REPORT						
PARAMETER	RESULT	REFERENCE RANGE	PARAMETER	RESULT	REFERENCE RANGE	
Hemoglobin		M: 140.0 - 180.0 g/L F: 120.0 - 160.0 g/L	C O D		,	
Hematocrit		M: 0.40 - 0.54% F: 0.35 - 0.48%	Differential Count Neutrophil		0.50 - 0.75 %	
RBC Count		M: 4.5 - 6.0 x 10 12/L F: 4.0 - 5.5 x 10 12/L	Lymphocyte Monocyte		0.25 - 0.40 % 0.02 - 0.06 %	
WBC Count		5.0 - 10.0 x 10 9/L	Eosinophil Basophil		0.01 - 0.04 % 0 - 0.01 %	
			Platelet Count		145 - 450 x 10 ⁹ /L	

LABORATORY

REMARKS:

END OF REPORT

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