



Averox Private limited

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Lab Order Information

Patient Name: Patient Administrator **Ordered By:** N/A
Test ID: LAB1761044040538E9KER **Priority:** urgent
Ordered Date: 10/21/2025

Complete Blood Count (CBC) | Urinalysis | Basic Metabolic Panel | Comprehensive Metabolic Panel

Parameter	Value	Unit	Reference Range
Hemoglobin (Hb)	1	g/dL	13.0 - 17.0
Total WBC Count	1	$\times 10^3/L$	4.0 - 10.0
RBC Count	11	$\times 10^{12}/L$	4.5 - 5.9
Hematocrit (HCT/PCV)	1	%	40 - 50
MCV	1	fL	80 - 96
MCH	1	pg	27 - 32
MCHC	11	g/dL	32 - 36
Platelet Count	1	$\times 10^3/L$	150 - 450
Neutrophils	1	%	40 - 75
Lymphocytes	1	%	20 - 45
Monocytes	1	%	2 - 10
Eosinophils	11	%	1 - 6
Basophils	1	%	<2

Notes: