**OR. NO.: {{OR\_NO}} DATE: {{DATE}}**

**NAME: {{NAME}}**

**AGE/SEX: {{AGE\_SEX}}**

**FECALYSIS**

|  |  |
| --- | --- |
| COLOR | **{{COLOR}}** |
| CONSISTENCY: | **{{CONSISTENCY}}** |
| **MICROSCOPIC EXAMINATION** | **RESULT** |
| WBC | {{WBC}} / HPF |
| RBC | {{RBC}} / HPF |
| BACTERIA | **{{BACTERIA}}** |
| FAT GLOBULES | **{{FAT\_GLOBULES}}** |
| OVA OR PARASITE | **{{OVA\_PARASITE}}** |
| *E. Histolytica CYST* | **{{E\_HISTOLYTICA}}** |
| *E. coli CYST* | **{{E\_COLI}}** |

*\*\*\*THIS RESULT FORM IS NOT VALID WITHOUT DRY SEAL.*

{{MEDTECH}} {{PATHOLOGIST}}

**MEDICAL TECHNOLOGIST PATHOLOGIST**