 4th floor SKK Bldg. 63-65 Sen. Gil Puyat Ave., Pasay City  
**Tel. No. 834-7046 / 0920-9537443**  
Email address: [sjladi.adm@gmail.com](mailto:sjladi.adm@gmail.com)  
DOH Accreditation No.: 13-083-17-MF-2  
ISO Certified 9001:2015

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| --- | --- | --- |
| Patient ID: | Date: | Form No: |
| Name: | Package: | |
| Age: | Company: | |
| Gender: | Account: | |
| Civil Status: |  | |

CLINICAL MICROSCOPY

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Name** | **Result** | **Units** | **Normal Range** |
| COLOR |  |  |  |
| TRANSPARENCY |  |  |  |
|  |  |  |  |
| LEUKOCYTE |  |  |  |
| NITRITE |  |  |  |
| UROBILINOGEN |  |  |  |
| PROTEIN |  |  |  |
| PH |  |  |  |
| BLOOD |  |  |  |
| SPECIFIC GRAVITY |  |  |  |
| KETONE |  |  |  |
| BILIRUBIN |  |  |  |
| GLUCOSE |  |  |  |
|  |  |  |  |
| EPITHELIAL CELLS |  |  |  |
| MUCOUS THREADS |  |  |  |
| AMORPHOUS |  |  |  |
| MATERIAL |  |  |  |
| PUS CELLS |  |  |  |
| RBC |  |  |  |
| BACTERIA |  |  |  |

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| Name: | Package: | |
| Age: | Company: | |
| Gender: | Account: | |
| Civil Status: |  | |

STOOL EXAMINATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Name** | **Result** | **Units** | **Normal Range** |
| COLOR |  |  |  |
| CONSISTENCY |  |  |  |
|  |  |  |  |
| PUS |  |  |  |
| RBC |  |  |  |
| OTHERS |  |  |  |