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DOH Accreditation No.: 13-083-17-MF-2  
ISO Certified 9001:2015

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

HEMATOLOGY

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Name** | **Result** | **Units** | **Normal Range** |
| WBC |  |  |  |
| RBC |  |  |  |
| HGB |  |  |  |
| HCT |  |  |  |
| PLATELET |  |  |  |
| NEUTROPHIL |  |  |  |
| LYMPHOCYTES |  |  |  |
| MONOCYTE |  |  |  |