

Blood Test Report

Patient Information:

- **Name:** [Patient Full Name]
- **Age:** [Patient Age]
- **Gender:** [Male/Female/Other]
- **Patient ID:** [Patient ID or Registration No.]
- **Date of Birth:** [Patient DOB]
- **Report Date:** [Date of Report]
- **Doctor:** [Doctor's Name & Specialty]

Test Information:

- **Test Name:** Blood Test
- **Test Date:** [Test Date]
- **Lab/Center:** [Lab Name or Center Address]
- **Sample Collected by:** [Technician Name]
- **Sample Collection Date:** [Sample Collection Date]
- **Sample ID:** [Sample Identification Number]

Test Results:

Parameter	Result	Normal Range	Units
Haemoglobin (Hb)	[Result Value]	13.5-17.5 (M), 12-15.5 (F)	g/dL
White Blood Cell (WBC) Count	[Result Value]	4,000-11,000	cells/ μ L
Platelet Count	[Result Value]	150,000-450,000	cells/ μ L
Red Blood Cell (RBC) Count	[Result Value]	4.7-6.1 (M), 4.2-5.4 (F)	million/ μ L
Hematocrit (Hct)	[Result Value]	40-54% (M), 36-48% (F)	%

Mean Corpuscular Volume (MCV)	[Result Value]	80-100	fL
Mean Corpuscular Hemoglobin (MCH)	[Result Value]	27-33	pg
Mean Corpuscular Hemoglobin Concentration (MCHC)	[Result Value]	32-36	g/dL
Red Cell Distribution Width (RDW)	[Result Value]	11.5-14.5	%
Neutrophils	[Result Value]	40-70%	%
Lymphocytes	[Result Value]	20-40%	%
Monocytes	[Result Value]	2-8%	%
Eosinophils	[Result Value]	1-4%	%
Basophils	[Result Value]	0.5-1%	%
Glucose (Fasting)	[Result Value]	70-99	mg/dL
Cholesterol (Total)	[Result Value]	Less than 200	mg/dL
Triglycerides	[Result Value]	Less than 150	mg/dL

Impression:

- [Short description of the result interpretation, e.g., "Normal," "Elevated levels of X," "Anemia suspected," etc.]
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Recommendations:

[Further tests, follow-up consultation with the doctor, or lifestyle changes if necessary.]

Technician Signature: [Signature]

Doctor Signature: [Signature]

Lab Stamp & Approval: [Stamp]