HEALTH CENTRE

NAME :f

MP/MF

ANNA UNIVERSITY, MIT CAMPUS, CHENNAI-44.

ID NO :

AGE : REF DR: **DATE** :2019-04-13 **Lab Report** Hemoglobin **PCV** Total count Polymorph Lymphocyte Eosinophil Monocyte Basophil 30 mints/60 mints Platelet count

Lab_technician