**PEDIATRIC COMPLETE BLOOD COUNT**

**\**

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICAL REC NO. |  | PHYSICIAN/COMPANY |  |
| NAME |  | DATE OF REQUEST |  |
| AGE/GENDER |  | DATE PERFORMED |  |
| DATE OF BIRTH |  | DATE RELEASED |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TEST** | **RESULT** | **NORMAL** | **TEST** | **RESULT** | **NORMAL** |
| **WBC** |  | 5.00 - 19.00 x 109/L | **RBC** |  | 3.91-5.31 x 1012/L |
| **Lymphocyte** |  | 25.0 – 40.0 % |
| **Monocyte** |  | 3.0 – 7.0 % | **Hemoglobin** |  | 9.50-14.1 g/dL |
| **Granulocytes** |  | 50.0 – 75.0 % |
| **MCV** |  | 70.0-84.0 fl | **Hematocrit** |  | 30.0-40.0% |
| **MCH** |  | 23.0-29.0 pg |
| **MCHC** |  | 31.0-35.0% | **Platelet** |  | 150 - 450 x 109/L |

|  |  |
| --- | --- |
| **REMARKS** |  |

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