**FECALYSIS**

**\**

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

* **GROSS EXAMINATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Color |  | Other findings |  |
| Consistency |  | Occult Blood |  |

* **MICROSCOPIC EXAMINATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Pus cells/HPF |  | Other findings |  |
| RBC/HPF |  | Remarks |  |

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

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