**ADULT COMPLETE BLOOD COUNT**

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| --- | --- | --- | --- |
| 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** |  | 5.0 – 10.0 x 109/L | **RBC** |  | M: 4.50 – 5.50 x 1012/L |
| **Lymphocyte** |  | 25.0 – 40.0 % |  | F: 4.0 – 5.0 x 1012/L |
| **Monocyte** |  | 3.0 – 7.0 % | **Hemoglobin** |  | M: 14.0 – 17.4 g/dl |
| **Granulocytes** |  | 50.0 – 75.0 % |  | F: 12.0 – 16.0 g/dl |
| **MCV** |  | M: 84.0 – 96 .0 fL | **Hematocrit** |  | M: 45.0 – 52.0 % |
|  | F: 76.0 – 96 .0 fL |  | F: 36.0 – 48.0 % |
| **MCH** |  | 27.0 – 32.0 pg | **Platelet** |  | 150 - 400 x 109/L |
| **MCHC** |  | 30.0 – 35.0 % |



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| **REMARKS** |  |

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