

Name : GUTIERREZ, PATRICIA JOY U.	Date : 05/09/2023
Age : 22 Gender : Female	File No. : 23-1888
Exam : Chest PA	Company : SONIC SALES

Note: This report is based entirely on radiograph examination and should be correlated with clinical and laboratory findings.

RADIOGRAPHIC REPORT

The lungs are clear with no definite evidence of active infiltrates.
Heart is within normal limits in size.
Diaphragm and costophrenic sulci are intact.
The rest of the visualized structures are unremarkable.

IMPRESSION:

- RADIOGRAPHICALLY UNREMARKABLE CHEST FINDINGS

TERESA CANLAS-BARRIENTOS, MD, FPCR
Radiologist

MAY 09 2023

Name: GUTIERREZ, PATRICIA JOY U.	Company: SONIC SALES	Date: 05/09/2023
Age: 22 Gender: Female	Requesting Physician:	J.O. No.: 0023979

RESULT	NORMAL VALUES	RESULT	NORMAL VALUES
HEMATOLOGY			
Hemoglobin	127.0 M: 135 - 180 g/L F: 120 - 160 g/L	Platelet Count	250.0 140 - 440 x 10 ⁹
Hematocrit	0.38 M: 0.40 - 0.54 F: 0.36 - 0.48	Reticulocyte Count	0.005 - 0.015
RBC Count	4.22 M: 4.5 - 6.0 x 10 ¹² F: 4.0 - 5.5 x 10 ¹²	ESR	M: 0 - 15 mm/hr F: 0 - 20 mm/hr
WBC Count	6.5 5 - 10 x 10 ⁹	Bleeding Time	1 - 3 mins
Differential Count:		Clotting Time	3 - 6 mins
Segmenters	0.66 0.55 - 0.65	Blood Type/Rh	
Lymphocyte	0.31 0.25 - 0.40	Malarial Smear	
Monocyte	0.02 0.02 - 0.06		
Eosinophils	0.01 0.01 - 0.05		
Basophils	0.0 0.0 - 0.01	Remarks	

Francine Andrea T. de Guia, RMT
PRC No. 0053720
Medical Technologist

JOHN PATRICK C. PADILLA, MD, DPSP
PRC NO. 0089855
Pathologist

Name: GUTIERREZ, PATRICIA JOY U. Company: SONIC SALES Date: 05/09/2023
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URINALYSIS

Color	: Yellow	Albumin	: Negative
Character	: Clear	Sugar	: Negative
Specific Gravity	: 1.010		
Reaction	: 6.0		
Microscopic Examination		Casts	
Epithelial Cells	: Moderate	a. Hyaline	: /lpf
Renal Cells	:	b. Fine	: /lpf
Mucus Threads	: Few	c. Coarse	: /lpf
Bacteria	: Moderate	d. Waxy	: /lpf
Pus Cells	: 2 - 5	e. WBC	: /lpf
RBC	: 0 - 2	Crystal	
Yeast Cells	:	a. Urates	:
Amorphous Urates	:	b. Unic Acid	:
Amorphous Phosphates	:	c. Calcium Oxalate	:
Others	:	c. Triple Phosphate	:

Remarks:

MAY 09 2023

Jay Vee C. Villar, RMT
PRC No. 0049417
Medical Technologist

JOHN PATRICK C. PADILLA, MD, DPSP
PRC NO. 0089855
Pathologist

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FECALYSIS

Color	: Yellowish Brown	Occult Blood	:
Consistency	: Soft		
Microscopic Examination			
Ascaris lumbricoides	: /hpf	Pus Cells	: /hpf
Trichuris trichiura	: /hpf	Red Blood Cells	: /hpf
Enterobius vermicularis	: /hpf	Fat Globules	:
Hookworm Ova	: /hpf	Yeast Cells	: Rare
Giardia lamblia	: /hpf	Undigested Food	:
Blastocystis hominis	: /hpf	Starch Granules	:
Entamoeba histolytica			
a. Cyst	: /hpf		
b. Trophozoite	: /hpf		

NO OVA OR PARASITE SEEN

Remarks:

Jay Vee C. Villar, RMT
PRC No. 0049417
Medical Technologist

JOHN PATRICK C. PADILLA, MD, DPSP
PRC NO. 0089855
Pathologist

MAY 09 2023



DEPARTMENT OF HEALTH
HEALTHPLUS DIAGNOSTIC SPECIALISTS, INC.
272 BONIFACIO ST., BRGY. 33-D, POBLACION DISTRICT, DAVAO CITY, DAVAO DEL SUR
Phone Number 0823225657

DRUG TEST REPORT

QJ962400
81

CCF No: 202305090004
Name: GUTIERREZ, PATRICIA JOY UMBAC
Birthdate: 07/24/2000 Age: 22 Gender: F

Transaction Date Time: 5/9/2023 10:53:00AM
Report Date Time: 5/9/2023 11:00:47AM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
SONIC SALES AND DISTRIBUTION INC

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

59 FRANCINE ANDREA TAMBOR DE GUIA
Analyst

DR JOHN PATRICK CALANOG PADILLA 25
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

(PRINT) Accessioner's Name (First, M, Last)

Date (mm/dd/yyyy)

(PRINT) Name (First, M, Last)

Date (mm/dd/yyyy)

STEP 4 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information on this form and on the bottle is correct.

Signature of Donor

(PRINT) Donor's Name (First, M, Last)

Date (mm/dd/yyyy)

Contact No.:

Date of Birth: 07/24/2000
(mm/dd/yyyy)

Additional information may be asked from you by the laboratory particularly on drug and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:

☒ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE

☐ DILUTED

☐ SUBSTITUTED

☐ ADULTERATED

☐ Others (specify)

REMARKS:

X FRANCINE ANDREA T. DE GUIA

(PRINT) Signature & Name of Analyst (First, M, Last)

DR. JOHN PATRICK C. PADILLA

(PRINT) Signature & Name of Head of Laboratory (First, M, Last)

Date (mm/dd/yyyy)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

☐ CONFIRMED FOR:

☐ THC

☐ MET

☐ Others (specify)

☐ FAILED TO CONFIRM - REASON:

X (PRINT) Signature & Name of Analyst (First, M, Last)

(PRINT) Signature & Name of Head of Laboratory (First, M, Last)

Date (mm/dd/yyyy)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

☐ RECONFIRMED FOR:

☐ THC

☐ MET

☐ Others (specify)

☐ FAILED TO RECONFIRM - REASON:

X (PRINT) Signature & Name of Analyst (First, M, Last)

(PRINT) Signature & Name of Head of Laboratory (First, M, Last)

Date (mm/dd/yyyy)

- Form DT-002A-Copy for the Donor
- Form DT-002B-Copy for the Collection Site
- Form DT-002C-Copy for the Laboratory
- Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)