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Door 1 Sta. Anii Resity Bidg Guerrero St., Davso City

Tel. No. (082) 227-1192 Mobile No. 0922-8951192 healthplusdavan@yahoo.com

/hpf

/hpf

FEB 2 6 2020

Name: ESTALILLA, FROILAN RAY Company: SONIC SALES Date: 02/22/2020

Age: 21 Gender: Male Requesting Physician: J.O. No.: 0166401

FECALYSIS

Color : Yellowish Brown Occult Blood

Consistency : Soft

Microscopic Examination
Ascaris lumbricoides : /hpf
Trichuris trichiura : /hpf

Enterobius vermicularis : /hpf Fat Globules
Hookworm Ova : /hpf Yeast Cells
Giardia lambia : /hpf Undigested Food
Blastocystis hominis : /hpf Starch Granules

Blastocystis hominis
Entamoeba histolytica

a, Cyst : /hpf b. Trophozoite : /hpf

NO OVA OR PARASITE SEEN

Pus Cells

Red Blood Cells

Remarks.

Mark D. Abendiar, RMT PRC No. 0065273 Medical Technologist JOHN PATRICK C. PADILLA, MD, DPSP PRC NO. 0089855 Pathologist

Negative

DIEALTHPLUS

Door 1 Sta. Ans Realty Bldg Guerrero St., Davao City

Tel. No. (082) 227-1192 Mobile No. 0922-8951192 healthplusdavao@yahoo.com

Name: ESTALILLA FROILAN RAY Company: SONIC SALES

Date: 02/22/2020

Age: 21 Gender: Male Requesting Physician: J.O. No.: 0166401

Color : Yellow URINALYSIS

Albumin : Negative

Character : Clear Sugar Specific Gravity : 1.030

Reaction 5.0

Microscopic Examination Casts

Epithelial Cells a Hyaline

Renai Cells a. Hyaline :
Renai Cells b. Fine c. Coarse d. Waxy

Pus Cells 1-3 /hpf e. WBC

RBC /hpf Crystal

Yeast Cells a. Urates

Amorphous Urates Few b. Uric Acid

Amorphous Urates : Few b. Uric Acid
Amorphous Phosphates : c. Calcium Oxalate
Others : c. Triple Phosphate

FEB 2 6

/lpf

/lpf

/lpf

/lpf

/lpf

Mark D. Abenojar, RMT PRC No. 0085273 Medical Technologist

Remarks

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



Door 1 Sta. Area Realty Bldg. Guerroro St., Devao City Tel. No. 1082) 227-1192 Mobile No. 0922-8951192 healthyllundanato@vahoo.com

					nesamplustannanggysmoo.com
Name: ESTA	LILLA, FRO	OILAN RAY Company: 5	SONIC SALES		Date: 02/22/2020
Age: 21	Gender: N	fale Requesting Physician:			J.O. No.: 0166401
	RESULT	NORMAL VALUES		RESULT	NORMAL VALUES
HEMATOLOG Hemoglobin Hematocrit RBC Count WBC Count	157.0 0.47	M: 135 - 180 g/L F: 120 - 160 g/L M: 0.40 - 0.54 F: 0.36 - 0.48 M: 4.5 - 6.0 x 10 ¹² F: 4.0 - 5.5 x 10 ¹² 5 - 10 x 10 ⁹	Platelet Count Reticulocyle Count ESR Bleeding Time	321.0	140 - 440 x 10 ⁹ 0.005 - 0.015 M:0 - 15 mm/hr F:0 - 20 mm/hr 1 -3 mins
Differential Co	ount		Clotting Time Blood Type/Rh		3 - 6 mins
Segmenters	0.61	0.55 - 0.65	Malarial Smear		
Lymphocyte	0.34	0.25 - 0.40			
Monocyte	0.03	0.02 - 0.06			
Eosinophils	0.02	0.01 - 0.05	Remarks		
Basophils	0.00	0.0 - 0.01	130Hidina		

Mark D. Abenolar, RMT PRC No. 0065273 Medical Technologist JOHN PATRICK C. PADILLA, MD, DPSP PRC NO. 0089855 Pathologist



Door 1 Sts. Ana Realty Bldg. Guerrero St., Disviso City Tel. No. (082) 227-1192 Mobile No. 0922-8951192 heel3hplusdavao@yshoo.com

Name	: ESTALILLA, FROILAN RAY	Company : SONIC SALES	Date: 02/22/2020
-		Company , SONIC SALES	Date, UZIZZIZUZU
Age	: 21	Gender : Male	File No.:20-1280
Exam	: Chest PA		Inv. No.: 0166401
N	ote. This report is based entirely on radiograph exa	mination and should be correlated with clinical and laboratory fin	odings
		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

FEB 2 6 2020



TERESA CANLAS-BARRIENTOS, MD, DPBR Radiologist



DEPARTMENT OF HEALTH HEALTHPLUS DIAGNOSTIC SPECIALIST, INC. DOOR I STA, ANA REALTY BLDG., GUERRERO ST., DAVAQ CITY

Phone Number 082-227-1192

DRUG TEST REPORT

Q1092098 80

CCF No:

202002220004

Name:

ESTALILLA, FROILAN RAY SUBANG

Birthdate:

10/20/1998

Age: 21

Gender: M

Transaction Date Time:

2/24/2020 11:10:00AM Report Date Time: 2/24/2020 11:28:48AM

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

69

Maria FRANCINE ANDREA TAMBOR DE GUIA

Analyst

16

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



Done 1 Sta. Amis Resulty Blog-Cuerraro St. Daviso City

Tel No. (082) 227-1192 filotele No. 0022 Sustitue Email: Telestrophysical email: (John Cont.)

CUSTODY AND CONTROL FORM (Form DT-002A - COPY FOR THE DONOR)

	HEN	

LAG ACCESSION NO

TEP 1 COMPLETED BY COLLECTOR OR A Client's/Donor s/Subject's Name:	TOO KOVE IN T	TATIVE B Address Tate Mind	n biards 1	Age LI - to sex M
E Employer Name and Address:	23.60	The state of the s		
F. Type of Specimen	V3	Reason for Test		
ryUnios			ndom	п Reasonepie Sнеріскіл/Сачэе
() Blood		THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE STAT	ndatory	o Post-accident Others (specify)
n Others (specify)			low-up	(specify)
- Drug test to be Performed in TH	C, COC, PCP, OPI, AMP	UTHC & MET Drily	Lumera	(S)MCHY)
EP 2 COMPLETED BY COLLECTOR	Plant Development			Other Observation (E. der Remark)
Reed apecimen temperature within 4 minute			yed	Dear Cassivatori,
s temperature between 32°C and 38°C? Wes II No	Specimen 5at Specimen Vol	mpling urbingle (1 Split turne 60 ml Physical Appearance	Color YELLOW	
REMARKS				
TEP 3 Collector offices bottle seal(s) to b	ottle(s). Collector dates	seal(s). Donor Initial seal(s). Donor co	mpletes STEP 5.	
EP 4 CHAIN OF CUSTODY - INITIATED I	e concridentified in the co	ertification section on Step 5 of this form y	vas collected, sealed and i	eleased to the Delivery Service noted of
accordance with applicable Department of H		-		
			IMEN BOTTLE (5) RELI	EASED TO
X. Signature of Collector	Time	AM/PM >		
Signature of Colector	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
GLADYS GRACE B. YAUN.			Name of delivery Service	be Transferring Specimen to Lett
(PRINT) Optector's Name (First, MI, Las	St) Date	(cnm/dd/yy)	COLUMN SOTTI	E (5) RELEASED 10.
RECEIVED AT LAB.:		STATUS OF THE SPECIMEN (a) Seal intact, (a) Yes (i) No.	SPECIMEN BUTTE	E (S) ATTENDED (S)
x		(b) Transport device.	Signi	state of Recarving Paracet
Signature of Accessioner		IDI ITALISPOT DEVICE.		
		accomposition of the contract		and the second second second second
10.0		(c) Description:	PERSONAL PROPERTY.	at All Legel Date (numbiddlys)
I certify that I provided my urine specim	en to the collector, that	dd(vy)	(PRINT) Name (Fi	
TEP 5 COMPLETED BY THE DOMOR I certify that I provided my urine specim evident seel in one presence: and that the X Significan of Donor	en to the collector, the en to the collector, the en triormation on this fo	dd(vy)	er; wach apperimen bottle	used was series with a temper - 21:07:20 Date formiddive
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^{1.} Form 07-002A-Copy for the Donor
2. Form 07-002B-Copy for the Collection Site
3. Form 07-002C-Copy for the Laboratory
4. Form 07-002D-Copy for the Continuatory Laboratory (For Positive Samble)