

272 Bonifacio Street. Poblacion District, Davao City.

Tel. No. (082) 322-5657 Mobile No. 0922-8951192 health-pluedeveo@yahou.com

Name: ALBET, ANABELLA S. Company: SONIC SALES Date: 10/20/2022 23 Age: Gender: Female Requesting Physician: J.O. No.: 0016476 URINALYSIS Color Yellow Albumin Negative Character Clear Sugar Negative Specific Gravity 1.010 Reaction 8.0 Microscopic Examination Casts **Epithelial Cells** Moderate a. Hyaline /ipf Renal Cells b. Fine /lpf Mucus Threads c. Coarse /lpf Bacteria Moderate d. Waxy /lpf Pus Cells 0-2 /hpf e. WBC /lpf RBC 2-5 /hpf Crystal Yeast Cells a. Urates Amorphous Urates b. Uric Acid 2 0 OCT 202 Amorphous Phosphates Few c. Calcium Oxalate Others c. Triple Phosphate

Jay Vee C Villar, RMT PRC Nd 0949417 Medical Technologist

Remarks:

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

DIEALTHPAUS
DIAGNOSTIC SPECIALISTS. INC.

272 Sonifacio Street Poblacion District, Davao City

Tel. No. (082) 322-5857 Mobile No. 0822-6851192 healthplusdavao@yahoo.com

Name: ALBET, ANABELLA S. Company: SONIC SALES Date: 10/20/2022

Age: 23 Gender: Female Requesting Physician: J.O. No.: 0016476

Color : Green Oc Consistency : Formed

Occult Blood

/hpf /hpf

Pus Cells Red Blood Cells /hpf

Trichuris trichiura :
Enterobius vermicularis :
Hookworm Ova :
Giardia lambia :
Blastocystis hominis :

Microscopic Examination Ascaris lumbricoides

> /hpf /hpf /hpf

> > /hpf

Fat Globules Yeast Cells Undigested Food

Starch Granules

Entamoeba histolytica a. Cyst

b. Trophozoite

/hpf

NO OVA OR PARASITE SEEN

Remarks:

Jay Vee C. Villar, RMT PRC No.8049417 Medical Technologist JOHN PATRICK C. PADILLA, MD, DPSP PRC NO. 0089855 Pathologist



272 Bonifacio Street Poblacion District, Davac City Tel. No. (082) 322-5657 Mobile No. 0822-8951192 healthplusdavao@yahoo.com

Name : ALBET, ANABELLA S.	Date : 10/20/2022	
Age : 23 Gender : Female	File No. : 22-5028	
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

Can-

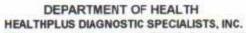
TERESA CANLAS-BARRIENTOS, MD, DPBR Radiologist

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272 Bonifacio Street Poblacion District, Daviso City Tel. No. (082) 322-5657 Mobile No. 0922-8051 (02) healthoutdayan@yahou com

DIAGNO	STIC SI	PECIALISTS. INC.			healthplusdavao@yahoo.som	
Name: ALBE	T, ANABEL	LAS. Company:	SONIC SALES		Date: 10/20/2022	
Age: 23 Gender: Female Req		emale Requesting Physician:	esting Physician:		J.O. No.: 0016476	
	RESULT	NORMAL VALUES		RESULT	NORMAL VALUES	
HEMATOLO Hemoglobin	THE RESIDENCE OF THE PARTY OF T	M: 135 - 180 g/L F:120 - 160 g/L	Platelet Count	156.0	140 - 440 x 10 °	
Hematocrit	0.44	M: 0.40 - 0.54 F: 0.36 - 0.48	Reticulocyte Count		0.005 - 0.015	
RBC Count	4.98	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/h	
WBC Count	4.7	5-10 x 10 9	Bleeding Time		1 -3 mins	
Differential C	ount:		Clotting Time Blood Type/Rh		3 - 6 mins	
Segmenters	0.59	0.55 - 0.65	Malarial Smear			
Lymphocyte	0.37	0.25 - 0.40				
Monocyte	0.03	0.02 - 0.06				
Eosinophils	0.01	0.01 - 0.05	Remarks			
Basophils	0.00	0.0 - 0.01	Remarks			

Francis Gilbert App U. Bartolome, RMT PRC 100-0195881 Medica Technologist JOHN PATRICK C. PADILLA, MD, DPSP PRC NO. 0089855 Pathologist



272 BONIFACIO ST., BRGY. 33-D, POBLACION DISTRICT, DAVAO CITY, DAVAO DEL SUR

Phone Number 0823225657

DRUG TEST REPORT

QK962099

CCF No: Name:

Birthdate:

202210200001

ALBET, ANABELLA SALPID

07/20/1999

Age 23

Gender: F

Transaction Date Time: 10/20/2022 11:57:00AM

Report Date Time:

10/20/2022 12:00:25PM

Test Method

Private Employment

TEST KIT

Purpose

Requesting Parties

SONIC SALES

Result

Drug/Metabolite	Result	Remarks	
METHAMPHETAMINE	NEGATIVE		
TETRAHYDROCANNABINOL	NEGATIVE		

Test Conducted By

Approved By

FRANCINE ANDREA TAMBOR DE GUIA

Analyst

CALANOG PADILLA 86 DR JOHN

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



272 Bontfado Street Poblacion District, Davao City

Tel. # : 322-5657 / 0922-895-1192 Emeil add: healthplusdavae@yohoo.com

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

SPECIMEN ID NO .:

LAB ACCESSION NO.

A Client al Denor al Subject a Name ANA 96 U		NE A A	Fig. 1. 1. State Philips at the same	40 4 An Inc. E
Employer Name and Address:	LA C. ALMET	JB. Address. F-M	PIOCON CHEMOSTERS 700	JC Apr. 29 JD. Sex F
	40 Pm	son for Test		
F _a Type of Specimen			n Randon	Reasonable Suspicion/Cause
arUnne in Blood		Fre-employment Return-to-Duty	is Mandalory	n Post-accident
		remains-artifully	The state of the s	Cithors (specify)
# Only test to be Performed: c THC CO	of the one was	7	ri Follow-up	hers (specify)
	OC, PCP, OPL AMP	WTHC 8 M	Er oray	rer p (spocry)
STEP 2 COMPLETED BY COLLECTOR				
Read specimen temperature within 4 minutes.	Specimen Collectio	m er Observed	Unobserved	Other Observation (Enter Remark)
Is temperature between 32°C and 38°C7	Specimen Samping	g s/Single	n Spirt	
wYes 1. No	Specmen Valume:	_60_mi Physical Ap	pegrance Color YELLOW	A STATE OF THE STA
DEMARKS	The state of the s			
BTEP 3 Collector affixes bottle seal(s) to bottle(s	a) Collector dates and	(a) Cleans laited english	Donor completes STED 5	
STEP 4 CHAIN OF CUSTODY - INITIATED BY CO				
Loertify that the specimen given to me by the done	or identified in the certific	ation section on Step 6 of	this form was collected, snaled a	and released to the Delivery Service noted in
accordance with applicable Decentment of Health I		HEADEND STORY		
			SPECIMEN BOTTLE (S) R	ELEASEDTO
X	TOWN BATTERS	AMPN		
Signature of Collector	Time of Col	lection >		
(PRINT) Collector's Name (First, Mt. Last)	Date (mm)	100	Name of delivery S	envice Transferring Specimen to Lab.
CONTRACTOR	LANGE STREET	THE RESIDENCE OF THE PARTY OF T		
RECEIVED AT LAB.:		STATUS OF THE SPE		TTLE (8) RELEASED TO:
Y		(a) Seal intact. (r Ye	6 010	
Signature of Accessioner		(b) Transport device		Ignature of Receiving Person
			A THAN STREET, STREET	
		(c) Description;	1	- de des
(PRINT) Accessioner's Name (First, MI, Last)		The second second	(PRINT) Name	(First, Mi, Last) Date (mm/dd/yy)
	Date (remy/dd/yx)			
STEP 5 COMPLETED BY THE DONOR t certify that I provided my urine specimen to t evident seal in my my specimen and that the lufur				ttle used was sealed with a tampor-
A RL	ABADINA AN ADIA PROPERA	THE RESERVED FOR THE PARTY OF T	DET	V10 1 20 1707
4 78		11171 Tarrett	Action	Date (mm/dd/vv)
Mineral States of Charges	- 1	PROFT) Banar's Name	Chiran, Mil. Lauri	Date (mm/dd/vv)
Signature of Donor		PRINT) Donor's Name	(First, 86), Laet)	The state of the s
A AMAGASAN A	_ "	PRINTI Bonor's Name	(First, M), Laet)	Date of Birth: #7 24 194
Contact No.1 090995219VD				The state of the s
Contact No.: 640444714 D	by the laboratory parti			Date of Birth: #7 24 194
Additional information may be asked from your	by the laboratory parti	scularly on drug and med	Bootiens.	Date of Birth: #7 24 194
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 Form 57-002B-Copy for the Collection Site
 Form 57-002C-Copy for the Leberatory