

GILEAD MEDICAL AND DENTAL CENTRE

LABORATORY REPORT

Patient Name : **ANTHONY AGBEMAVOR**

Gender / Age : **MALE / 21 YEARS**

Consulting Doctor : **DR. AGORTEY**

Result Date : **19-MARCH-2018**

Sample No : **GM18031901373**

Sample Date : **19-MARCH-2018**

Specimen : **STOOL**

DEPARTMENT OF CLINICAL PATHOLOGY

| Investigation | Result | Units | Reference Range |
|---------------------------------------|-------------|-------|-----------------|
| STOOL R/E | | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| Colour | Brown | | - |
| Consistency | Semi-formed | | - |
| Pus | Absent | | - |
| Mucus | Absent | | - |
| Blood | Absent | | - |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Pus cells | 0 | / HPF | 0.00 - 2.00 |
| RBCs | 0 | / HPF | - |
| OVA | Not seen | | |
| Cysts | Not seen | | |
| Others | Not seen | | |
| Method : STANDARD | | | |

*** END OF REPORT ***

Remarks :

SIGNED BY BIOMEDICAL SCIENTIST

Key: BLUE COLOUR-ABNORMAL LOW, RED COLOUR - ABNORMAL HIGH.

All reports need Clinical correlation. Please discuss if needed. Test results relate only to the item tested. No part of the report can be reproduce without permission of the Laboratory.

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