

GILEAD MEDICAL AND DENTAL CENTRE

LABORATORY REPORT

Patient Name : **BELINDA MANTEAW**

Gender / Age : **FEMALE / 21YEARS**

Consulting Doctor : **DR. AGORTEY**

Result Date : **01/03/2018**

Sample No : **GM18022601100**

Sample Date : **01/03/2018**

Specimen : **STOOL**

DEPARTMENT OF CLINICAL PATHOLOGY

Investigation	Result	Units	Reference Range
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STOOL R/E

PHYSICAL EXAMINATION

Colour	Brown	-
Consistency	Semi-Formed	-
Pus	Absent	-
Mucus	Absent	-
Blood	Absent	-

MICROSCOPIC EXAMINATION

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

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Remarks :