

GILEAD MEDICAL AND DENTAL CENTRE

LABORATORY REPORT

Patient Name : **AMESIMEKU SEFAKOR YAO**

Gender / Age : **MALE / 24 YEARS**

Consulting Doctor : **DR. HAMMOND**

Result Date : **05-APRIL-2018**

Sample No : **GM18040501561**

Sample Date : **05-APRIL-2018**

Specimen : **STOOL**

DEPARTMENT OF CLINICAL PATHOLOGY

Investigation	Result	Units	Reference Range
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

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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