



# ML Diagnostic Center

Governor Yulo Drive Brgy. Quezon Arevalo, Iloilo City  
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DOH License No.: 06-0279-21-CL-2

Name: **PAMUGAS, MARK ALFRED**  
Age: **27**  
Birthdate: **July 3, 1997**  
Address: **MANILA**

Patient ID: **ML-000001**  
Gender: **MALE**  
Physician:  
Date: **February 25, 2025**

## HEMATOLOGY

TEST	RESULT	REFERENCE VALUE
Hemoglobin	_____	Female: 120 - 160 g/L Male: 130 - 180 g/L
Hematocrit	_____	Female: 0.37 - 0.43 Vol. Fr. Male: 0.40 - 0.50 Vol. Fr.
Red Blood Cell Count	_____	Female: $4.0-5.4 \times 10^{12} / L$ Male: $4.5-6.2 \times 10^{12} / L$
White Blood Cell Count	_____	$4.5 - 11.0 \times 10^9 / L$
DIFFERENTIAL COUNT:		
Neutrophil	_____	55 - 65
Lymphocyte	_____	25 - 35
Monocyte	_____	3 - 6
Eosinophil	_____	2 - 6
Platelet Count	_____	$150 - 450 \times 10^9 / L$

*\*\*Laboratory results must be clinically correlated by your attending physician.*

February 25, 2025

MAISIE LOU P. LONADO  
Lic. No. 0069667

February 25, 2025

MA. BEMERLY J. SIRA, MD, FPSP  
Lic. No. 0080910