

**CHANAKYA DIAGNOSTIC LABORATORY**

**BHOJO ROAD, SONARI- 785690, ASSAM, PH. 739919968**

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Patient ID ---------------------Name of patient----------------------------------------------------------- ----------------

Age------------------ Gender--------------------- Contact No.--------------------------------------------------------------

Ref. by -------------------------------------------------------------------------------------- Date -----------------------------

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| --- | --- | --- | --- |
| Investigation | | Result | Bio. Ref. count |
| **Differential count** | Neutrophils  Lymphocytes  Monocytes | 40-75%  20-45%  2-8% |  |

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| **HAEMATOLOGY** |

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| --- |
| **UROLOGY** |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigation | | Result | Bio. Ref. count |
| **Physical examination** | Quantity sent  Colour  Appearance  Deposit |  |  |
| **Chemical examination** | Reaction  Albumin  Sugar  Acetone |  |  |

Signature