

Hosp. No	UNIVERSITY OF LAGOS MEDICAL CENTRE Request for Laboratory Services		HAEMATOLOGY		
NHIS No			Path. No		
Surname	Other Names	Age	Sex	Ethnic Group	
Clinician		Ward/Dept.			
Telephone (GSM)		Telephone (Office)			
Clinical Summary and Diagnosis					
Material					
Test Required (Place an X in the box beside the test)					
Date of Request			Signature of Doctor		

ROUTINE INVESTIGATIONS

☐ Full Blood Count

- Haematocrit (PVC) (F: 38 - 45%)
(M: 40 - 55%)
- Haemoglobin (HB).....(F: 11 - 15g/dl)
(M: 13.5 - 16.5g/dl)
- Red Cell Count (F: $3.8 - 5.8 \times 10^{12}/l$)
(M: $4.5 - 6.5 \times 10^{12}/l$)
- White Cell Count ($2.5 - 10 \times 10^9/l$)
- Platelet Count ($100 - 400 \times 10^9/l$)

WBC Differentials - Polys(45 - 55%)
 Lymph (25 - 40%)
 Monos (1 - 6%)
 Eosin.....(1 - 8%)
 Baso.....(0 - 1%)
 Bands

MCV(76 - 96 fl)

MCH(27 - 32 pg)

MCHC.....(32 - 36g/dl)

☐ ESR.....(F: 0 - 15mm/hr,
 (M: 0 - 7mm/hr)

☐ Reticulocyte Count.....(0 - 2%)

☐ Hb Genotype

☐ Sickling Test

☐ Blood Group

☐ Malaria Parasite

☐ HEPATITIS B

☐ HEPATITIS C

☐ HIV Screening

☐ VDRL

☐ H. Pylori

WIDAL AGG TEST REPORT

S. typhi	O	-	H	-	vi
S. paratyphi A	O	-	H	-	-
S. paratyphi B	O	-	H	-	-
S. paratyphi C	O	-	H	-	-

Sample Collected by _____	Received by _____	Logged by _____
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____

Medical Laboratory Scientist