## SAI PATHOLOGY CENTRE

Mosaboni No. 3 email: xyz@gmail.com Phone No. : 1234567890 / 2345678901

## **LAB REPORT**

Name of the patier Date of Receipt: Reffered by Dr:		/			Age: Date of Report:	2023/7/26	
1. Haemoglobin(Sa	hi):		(gms%	<b>(</b> )			
2. Total count of:							
Erythrocytes (RB	C):	Leucoo	cytes (\	WBC):	Plateletes:		
/Cumm		/(	Cumm		/Cumm		
3. Differential count	of leucoc	ytes:					
Neutrophils	nils L		Lymphocytes		Monocytes	Eosinophils	Basophils
(40%-70%)		(40%-7	0%)		(40%-70%)	(40%-70%)	(40%-70%)
%		9	6		%	%	%
4. Parasites (MP/MI	=):						
Slide:							
Cassatte:							
5. Erythocytes sedi	mentation	rate:					
Westergen Metho	od: 1st Ho	our	_ mm				
6. B.T. Min Se	c m	m					
C.T. Min Se	c m	m					
7. Blood Grouping:							
(a) ABO Blood G	roup:	_					
(b) Rh (Anti-D): _							
8. Widal Test:	10 4/00	4/400	4/000	1			
1/20 1/4	1/80	1/160	1/320	-			
ТО							
TH							
AH							
BH							
9. V.D.R.L. test:	_						
10. R.A. test:							
11. HCV (Anti):	_						

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12. HIV-I & II test:		
13. HBs Ag test:		
14. Blood Sugar/Glucos	se:	
Fasting (A/P)	Post Prandial	Random (R)
(60-110mg%)	(Up to-150mg%)	(60-150mg%)
mg%	mg%	mg%
15. Blood Urea: m	ng% (15-40mg%)	
16. Serum Creatinine: _	mg% (0.5-1.5mg%)	
17. Serum Cholestrol: _	mg% (100-200mg%)	
18. Serum Uric Acid:	mg% (2-7mg%)	
19. Serum Calcium:	mg% (8-10mg%)	
20. Serum Bilirubin:		
(a) Total Bilirubin	mg% (0.1-1.0mg%)	
(b) Direct Bilirubin	mg% (0.1-0.2mg%)	
(c) Indirect Bilirubin _	mg%)	
21. S.G.O.T (8-40	01U/L)	
22. S.G.P.T (Upto	-401U/L)	
23. Alkaline Phosphate	s (Upto-280U/L)	
24. (a) Sodium (1	35-155)(mol/l)	
(b) Potassium (	(3.5-5.0)(mol/l)	
25. Sputum for AFB		
26. Mauntox Test		

Sign of the Tech.