

# Clinical Laboratory Report

Patient Name		Date Drawn	Date Received	Date of Report	
DOE, JOHN		12/20/99	12/20/99	12/22/99	
Sex	Age	Client Name / Address		I.D. Number	Account Number
M	31	MEDICAL CENTER YOUR DOCTOR, M.D. 123 MAIN STREET ANYTOWN US 10023		78987654	12343
Ordering Physician				Specimen	Time
SMITH				Number	Drawn
123094567				918273	11:00
Patient I.D./Soc. Sec Number					

TEST NAME	RESULT	UNITS	REFERENCE RANGE *
COMPLETE BLOOD COUNT W/ DIFF			
WBC	5.2	Thous/cu.mm	3.9 - 11.1
RBC	3.51 L	Mil/cu.mm	4.20 - 5.70
HGB (HEMOGLOBIN)	14.5	g/dL	13.2 - 16.9
HCT (HEMATOCRIT)	41.2	Percent	38.5 - 49.0
MCV	117	H fl	80 - 97
MCH	41.4	H pg	27.5 - 33.5
MCHC	35.3	Percent	32.0 - 36.0
RDW	11.8	Percent	11.0 - 15.0
PLATELET COUNT	172	Thous/cu.mm	140 - 390
MPV	7.6	fl	7.5 - 11.5
DIFFERENTIAL			
TOTAL NEUTROPHILS, %	40.1	Percent	38.0 - 80.0
TOTAL LYMPHOCYTES, %	46.1	Percent	15.0 - 49.0
MONOCYTES, %	12.9	Percent	0.0 - 13.0
EOSINOPHILS, %	0.6	Percent	0.0 - 8.0
BASOPHILS, %	0.3	Percent	0.0 - 2.0
TOTAL NEUTROPHILS, ABSOLUTE	2085	Cells/cu.mm	1650 - 8000
TOTAL LYMPHOCYTES, ABSOLUTE	2397	Cells/cu.mm	1000 - 3500
MONOCYTES, ABSOLUTE	671	Cells/cu.mm	40 - 900
EOSINOPHILS, ABSOLUTE	31	Cells/cu.mm	30 - 600
BASOPHILS, ABSOLUTE	16	Cells/cu.mm	0 - 125