

The Catholic Hospital (Incorporated)

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St. Joseph's Mercy Hospital,

130-132 Parade Street, Kingston

Georgetown, Guyana

Lab Phone : 223-5448, Ext 107/148



Medical Laboratory Report

| | | | | |
|-----------------|-------------------------------------|--------------------|-----------------------|--------|
| Patient ID | : 11427 | Med. Lab. ID : | 110 | OPD |
| Patient Name | : MISS. KAREN SAGAR | Age / Sex : | 1 Years / Female | D.O.B: |
| Patient Address | : Lot A Brickery East Bank Demerara | Contact No. : | 2665381 | |
| Requested By | : | Billed Date & Time | : 16/12/2022 04:13 AM | |
| Specimen Type | : WHOLE BLOOD EDTA | Sample Collected | : 16/12/2022 04:13 AM | |
| Specimen Remark | : Accepted | Report Completed | : 16/12/2022 04:13 AM | |

HEMATOLOGY

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>REF. RANGES</u> |
|---------------------------|---------------|---------------------|--------------------|
| <u>CBC</u> | | | |
| Haemoglobin | : 2 | Gms/dl | 10.5-14.0 |
| RBC Count | : 2 | 10 ¹² /L | 3.8-5.4 |
| Packed Cell Volume (PCV) | : 2 | % | 32-42 |
| Mean Corpuscular Volume | : 2 | fl | 72-88 |
| DIFFERENTIAL COUNT | | | |
| Monocytes | : 00 | % | 1-8 |
| Basophils | : 00 | % | 00-01 |

RED CELL MORPHOLOGY

INSTRUMENT :- FULLY AUTOMATED HEMATOLOGY ANALYSER
MEDONIC GERMANY

--- End Of Report ---

Signature

Report Approved by

Date DD/MM/YYYY