**LABORATORIO**

***PACIENTE******:*** *${name}*

***INDICACIÓN :*** *${indicacion}*

***FECHA*** ***:*** *${date}*

**HEMATOLOGIA**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | TIEMPO DE PROTROMBINA ……………... : | | 13.50" = | 92% | Concentración |  |  |
|  | TIEMPO DE PROTROMBINA (CONTROL)..: | |  |  |  | V.N. : | 100% |
|  |  |  | 13.10" = | 100% | Concentración |  |  |
|  |  |  |  |  |  |  |  |
|  | I.N.R. ……………………………………….. | | 1.06 |  |  |  |  |
|  | RANGO REFERENCIAL ……………… | | 2 - 4) |  |  |  |  |
|  |  |  |  |  |  |  |  |

TIEMPO DE COAGULACION V.N.: 5-10minutos

TIEMPO DE SANGRIA V.N.: 1-3minutos