**LABORATORIO**

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

***INDICACIÓN :*** *${indicacion}*

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

**HEMATOLOGIA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | VOLUMEN MEDIO CORPUSCULAR ………….… : | **92 mu3** |  | V.N. : | 80 - 96 mu3 |
|  | HEMOGLOBINA MEDIA CORPUSCULAR ……... : | **30 pgr** |  | V.N. : | 27 - 31 pgr |
|  | CONCENTRACIÓN HB.MED. CORPUSCULAR ….. : | **33.00%** |  | V.N. | 32 - 36 % |