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Addis Ababa City Administration Health Bureau Yaka Sub city Chefe Woreda Health Center Laboratory

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Hematology Test Requested and report Form

Equipment SN

Urgent ☐

Testing will not be performed unless a request form is completely filled out. Please fill clearly for accuracy

Patient name	Aynalem Samuel	Date & Time	29-8-17
Card no.		Sex	F
Address		Age	23
Phy.Name		OPD No	
Clinical Information			

Anastomotic Site

Specimen Type

OTP ☐ ITP ☐

Lab.Test	Result SI unit	Flag	Reference rang		TTA		Remark
			Male	Female	IN	OUT	
CBC & Differential							
WBC	10^6/L		4.0-10.0	4.0-10.0			
RBC	10^9/L		3.5-5.5	3.5-5.5			
Hemoglobin	Gm/dl		13-18	12-16			
Hematocnt	%		40-54	36-46			
GRA%	%		40-75	40-75			
LYM%	%		45-70	45-70			
MON%	%		2-10	2-10			
GRA#	%		1-6	1-6			
BASO%	%		0-1	0-1			
PLT	10^6/L		150.0-400.0	150.0-400.0			
MCV	FL		80-98	80-98			
MC H	Pg		27-32	27-32			
MCHC	g/dl		23.2-38.7	23.2-38.7			
ESR	Mm/hr		0-10	0-15			
Cell Morphology							

Comment HCG => Negative

Performed by : Geremew A Sign Date 29/8/17

Reviewed by : Sign Date

Contact Address TEL: +251 -118696152 P.O.Box