



Province of Laguna
 City of Santa Rosa
 City Health Office II



LABORATORY DEPARTMENT

Patient's Name: _____ Age: _____ Date: _____

Requesting Physician: _____ Sex: _____

COMPLETE BLOOD COUNT

TEST NAME	RESULT	NORMAL VALUES
Hemoglobin		Male: 13.5 – 17.5 gm/dL Female: 12.0 – 15.5 gm/dL
Hematocrit		Male: 0.40 - 0.54 Female: 0.36 - 0.48
Red Blood Cells Count		Male: 4.7 - 6.1 x 10 ⁶ /uL Female: 4.2 - 5.4 x 10 ⁶ /uL
White Blood Cells Count		Male and Female: 4.5 - 11.0 x 10 ³ /uL
Differential Count		
Basophils		0.0 - 0.02
Eosinophils		0.0 - 0.06
Stabs		0.0 - 0.04
Segmenters		0.45 - 0.70
Lymphocytes		0.20 - 0.40
Monocytes		0.02 - 0.10
Platelet Count		150 - 450 x 10 ³ /uL
Others:		

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 Pathologist

Medical Technologist

