



Province of Laguna
 City of Santa Rosa
 City Health Office II



LABORATORY DEPARTMENT

NAME: _____ **AGE:** _____ **SEX:** _____
REQUESTING PHYSICIAN: _____ **DATE REQUESTED:** _____

FECALYSIS

PHYSICAL

Color: _____
 Consistency: _____

Pus Cells: _____
 Red Blood Cells: _____
 Bacteria: _____

MICROSCOPIC

Parasites:

Ascaris lumbricoides ova _____
 Trichuris trichiura ova _____
 Giardia lamblia _____
 Others: _____

Amoeba:

Entamoeba histolytica
 troph. _____
 cyst _____
Entamoeba coli
 troph. _____
 cyst _____

Mary Ann O. Cabrera

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Medical Technologist

Pathologist