

Room Number: \_\_\_\_\_

Name: \_\_\_\_\_

Acct. Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  M  F

Physician: \_\_\_\_\_

Comment: \_\_\_\_\_

<input type="checkbox"/>	<b>CBC</b>	<b>NORMAL VALUES</b>	<b>HEMOSTASIS</b>
<input type="checkbox"/>	•	<b>WBC x 10<sup>3</sup></b> 4.5-10/mm <sup>3</sup>	<input type="checkbox"/> Protime 100%
<input type="checkbox"/>	•	<b>RBC x 10<sup>3</sup></b> F 4.0-5.5/mm M 4.5-6.0/mm	sec.
<input type="checkbox"/>	•	<b>Hgb gm</b> F 11.5-16/gm M 15.5-17/gm	INR % activity
<input type="checkbox"/>	•	<b>HCT</b> F 37-47% M 40-54%	RATIO
<input type="checkbox"/>	•	<b>WCV μm<sup>3</sup></b> 80-94 μm <sup>3</sup>	INR
<input type="checkbox"/>	•	<b>MCH μ g</b> 27-31 μ g	<input type="checkbox"/> A.P.T.T. < 35 sec
<input type="checkbox"/>	•	<b>MCHC %</b> 33-38%	PATIENT
<input type="checkbox"/>	•	<b>ROW %</b> 11.5-14.5	RATIO
<input type="checkbox"/>	•	<b>PLT 10<sup>3</sup></b> 150-400	<input type="checkbox"/> Thrombin Time < 30 sec
<input type="checkbox"/>	•	<b>MPV</b> 7.4-10.4	sec.
<input type="checkbox"/>	•	<b>LYMPH %</b> 20.5-51.1	<input type="checkbox"/> Fibrinogen 300 - 400
<input type="checkbox"/>	•	<b>MONO %</b> 1.7-9.3	mg/dl
<input type="checkbox"/>	•	<b>GRAN %</b> 42.2-75.2	<input type="checkbox"/> D-Dimer
<input type="checkbox"/>	•	<b>LYMPH X 10<sup>3</sup></b> 1.2-3.4	microgram/ml
<input type="checkbox"/>	•	<b>MONO X 10<sup>3</sup></b> 0.11-0.59	<input type="checkbox"/> Bleeding Time 2.5 - 9.5
<input type="checkbox"/>	•	<b>GRAN X 10<sup>3</sup></b> 1.4-6.5	min.
<b>DIFFERENTIAL</b>		<b>MISC. HEM.</b>	
BANDS	2-6%	<input type="checkbox"/> HH	<input type="checkbox"/> WBC
SEGS	50-70%	<input type="checkbox"/> Platelet Count	
LYMPHS	20-40%	<input type="checkbox"/> Sickle Cell Prep neg	
MONO	4-8%		
BASO	0-2%		
EOS	2-6%		
ALYM			
OTHER			
		mm/hr.	
NRBC/100 WBC		Misc.	
COR. WBC x 10 <sup>3</sup>			
DATE	ORDERED BY	TECH	ID NUMBER

TIME:

RECEIVED BY:

FSP

BT

LT

SPECIMEN:

YOUR HOSPITAL - CITY, STATE  
HEMATOLOGY / HEMOSTASIS  
**STAT I**