



**M/V ANASTASIS
HEMATOLOGY REPORT**

- SCREENING
- ADMISSION
- WARD
- O.R.
- CREW CLINIC

Name: _____ **ID Number:** _____

Age: _____ **Doctor:** _____ **Collection Date:** _____ **Time:** _____

TEST	RESULT	REFERENCE	DIFFERENTIAL	%	REFERENCE
Leukocytes		4.0-11.0 X 10 ³	Granulocytes		51-67
Erythrocytes		4.0-6.0 X 10 ⁶	Bands		3-5
Hemoglobin		12.0-16.0 g/dl	Lymphocytes		20-45
Hematocrit		35-50%	Monocytes		2-10
MCV		76-96 fL	Eosinophils		1-6
Platelets		150-400 X 10 ³	Basophils		0-1
			RBC Morphology:		
PT		10.0-13.8 sec			
PTT		21.0-41.0 sec			
Bleeding Time		3-8 min	Malaria		
Blood Type			RPR (Syphilis)		
Sickle Cell			HIV		
HBsAg			HCV		



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