

  <p><b>HAEMATOLOGY LABORATORY</b> MRCG, Atlantic Boulevard, Fajara, The Gambia ISO15189:2012 accredited</p>		<b>Section 1. PATIENT INFORMATION</b>			
		NAME or (PARTICIPANT ID)			
SUSPECTED DIAGNOSIS		BIRTH DATE		AGE	SEX
		<i>last</i> / /		<i>first</i>	
		<i>dd mm yr</i>			
STUDY NUMBER		MRC NUMBER		SOURCE	CHARGE CODE
<b>Section 2. ORDERING PHYSICIAN INFORMATION</b>					
NAME		Signature		ext	REQUEST DATE
<b>Section 3. SPECIMEN INFORMATION (please mark appropriate box with "X")</b>					
<input type="checkbox"/> EDTA Blood <input type="checkbox"/> Clotted Blood <input type="checkbox"/> Citrated Blood <input type="checkbox"/> Finger Prick <input type="checkbox"/> Heparinized Blood					
SPECIMEN COLLECTED BY		DATE		TIME	
		/ /		/	
		<i>dd mm yr</i>		<i>hr : mm</i>	
SPECIMEN PRIORITY: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Direct Coomb's Test <input type="checkbox"/> Malaria Microscopy					
REQUEST: <input type="checkbox"/> Haemoglobin <input type="checkbox"/> Full Blood Count & DIFF <input type="checkbox"/> Blood Film Comment <input type="checkbox"/> Blood group <input type="checkbox"/> Retics					
<input type="checkbox"/> ESR <input type="checkbox"/> Sickle test <input type="checkbox"/> Hb genotype <input type="checkbox"/> PT <input type="checkbox"/> aPTT <input type="checkbox"/> INR					
<b>Section 4. FOR LABORATORY USE ONLY</b>					
SPECIMEN RECEIVED BY		DATE		TIME	
		/ /		/	
		<i>dd mm yr</i>		<i>hr : mm</i>	
		SAMPLE ACCEPTED YES/NO			
<b>EXAMINATION</b>	<b>RESULT</b>	<b>REF RANGE</b>	<b>EXAMINATION</b>	<b>RESULT</b>	<b>REF RANGE</b>
Haemoglobin	gm/dl	Men 13 – 18 Women 12.5– 16.5 Birth 13.5 – 19.5	Thick Blood Film		N/A
			Blood Group		N/A
			Retics		2 – 3.5%
			*ESR		1-7mm/hr
WBC Total	X 10 <sup>9</sup> /L	4 – 11 x 10 <sup>9</sup> /L	*Sickle Test		N/A
DIFF COUNT:			*HB Genotype		N/A
<i>Neutrophils</i>		37 – 85%	*PT		secs
<i>Lymphocytes</i>		10 – 50%	*INR		ratio
<i>Monocytes</i>		0 – 12%	*aPTT		secs
<i>Eosinophils</i>		0 – 7%			
<i>Basophils</i>		0 – 2.5%			
Normoblasts	/100WBCs	Nil			
RBC		4 – 6.5 x 10 <sup>12</sup> /L	This report is in compliance with ASSAYS-CLA-103, 104, 105, 106, 107, 108, 110, 111, 112, 113 & 115.		
PCV / HCT		36 – 54%			
MCV		76 – 97fl	Comment (not blood film)		
MCHC		31.8 – 36%			

<b>Platelets</b>		<b>142 – 424 x 10<sup>9</sup>/L</b>	
<b>LAB TECH SIGN &amp; DATE</b>	<b>SUPERVISOR SIGN &amp; DATE</b>		

*\* The test is not covered by our current KENAS accreditation.*