

 <p>HAEMATOLOGY LABORATORY MRCG, Atlantic Boulevard, Fajara, The Gambia ISO15189:2012 accredited</p> <p>PERIPHERAL BLOOD FILM REPORT</p>	Section 1. PATIENT INFORMATION		
	NAME or (PARTICIPANT ID)		
	SUSPECTED DIAGNOSIS	BIRTH DATE <i>last</i> / /	AGE <i>first</i>
	<i>dd</i> <i>mm</i> <i>yr</i>		
STUDY/LABORATORY NUMBER	MRC NUMBER	SOURCE	CHARGE CODE
Section 2. ORDERING PHYSICIAN INFORMATION			
NAME	Signature	ext	REQUEST DATE
<p>RED BLOOD CELLS</p> <p>Variations in size, shape and haemoglobin content:</p> <p>Inclusions:</p> <p>WHITE BLOOD CELLS</p> <p>Nuclear alterations:</p> <p>Inclusion bodies:</p> <p>Cytoplasmic alterations:</p> <p>PLATELETS</p> <p>Number and size:</p> <p>FURTHER COMMENTS (If relevant):</p>			
This procedure was performed in compliance with ASSAY-CLA-105			
LAB TECH SIGN & DATE	SUPERVISOR SIGN & DATE		