Laboratory Form A-1 (Cell F)

This laboratory form is linked to a QR code with pre-filled fields for accurate patient identification. Please double check the data inputted, make necessary corrections if applicable and fill-out the missing fields.



hyacinthdacibes@su.edu.ph (not shared) Switch account



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* Required

Name of Patient: (Lastname, Firstname M.I.) *

Am-is Ariel Lester, Jr C.

Date of birth *

Date

23/01/2003

Age *

19



Sex *

) Female
	Male
N	ame of test *
H	ematocrit
Re	esult *
	onventional Unit: 35% Unit: 0.35 L/L
Re	eference range *
Co	nce the patient is male the reference values would be as follows: onventional Unit: 40% -54 % Unit: 0.40 - 0.54 L/L
ln	terpretation *
de bl	ne result of the patient's 1 hematocrit level is below the normal range, which shows a ecrease in hematocrit. This condition can be caused by a number of factors, including eeding, destruction of RBCs, decreased production of RBCs, nutritional problems, and verhydration.

Name of Medical Technologist *

!

Acibes, Hyacinth Claire D.

Date performed *

Date

21/05/2022

Time performed *

Time

10:21 PM •

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