



Laboratory Form A-1 (Cell E)

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.

 **ebenezerbinhog@su.edu.ph** (not shared) [Switch account](#)

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* Required

Name of Patient *

Himpayan Francios Nace E.

Date of Birth: *

Date

22/04/2002



Age *

20

Sex *

☐ Female

☒ Male

Name of test: *

RBC Morphology

Result: *

3+

Reference range *

1+ = 2 – 10 poikilocytes/OIF (1-5%)
2+ = 11-20 poikilocytes/ OIF (6 to 10%)
3+ = 21 to 50 poikilocytes/ OIF (11 to 25%)
4+ = 51 and above poikilocytes/ OIF

Interpretation *

The scale reveals that an RBS Morphology grade of 3+ indicates 11% to 25% are impacted.

Name of Medical Technologist *

Ebenezer B. Inhog II

Date performed *

Date

03/06/2022 

Time performed *

Time

10 : 22 PM ▼

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