

## Laboratory Form A-1 (Cell D)

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.

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

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\* Required

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

Maquiling, Prestige Gail G.

Date of birth \*

Date

10/10/2002

Age \*

10



Sex \*

Female

Male

Name of test \*

Hematocrit

Result \*

Conventional Unit: 35%

SI Unit: 0.35 L/L

Reference range \*

For Adult Females:

Conventional Unit: 35%-49%

SI Unit: 0.35-0.49 L/L



Interpretation \*

The patient's hematocrit level is normal.

Name of Medical Technologist \*

Burgos, Zoie Gwyneth D.

Date performed \*

Date

05/15/2022

Time performed \*

Time

09 : 00 AM ▼

Submit

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