

ALLINA HEALTH-MEDICAL LABORATORIES

Patient: Patient One Test
 DOB: X/X/XXXX
 Excellian ID: XXXXXXXXXX

Test, Patient One
 1105 Any Street
 MINNEAPOLIS MN

Authorizing Provider

Doolittle, Stanley, MD

CBC And Differential (Final result)

ID:	21CL-230H0001	Collected:	8/18/2021 0810
Source:	Blood	Verified On:	8/18/2021 0835
Resulting Lab:	ANWLCR	Received:	8/18/2021 0815
Component		Value	Ref. Interval
WHITE BLOOD COUNT		5.9	4.5 - 11.0 thou/cu mm
RED BLOOD COUNT		4.82	4.30 - 5.90 mil/cu mm
HEMOGLOBIN		15.1	13.5 - 17.5 g/dL
HEMATOCRIT		45.4	37.0 - 53.0 %
MCV		94	80 - 100 fL
MCH		30.0	26.0 - 34.0 pg
MCHC		33.2	32.0 - 36.0 g/dL
RDW		13.0	11.5 - 15.5 %
PLATELET COUNT		224	140 - 440 thou/cu mm
MPV		10.8	6.5 - 11.0 fL
NEUTROPHILS		56.7	%
LYMPHOCYTES		34.5	%
MONOCYTES		5.4	%
EOSINOPHILS		2.7	%
BASOPHILS		0.7	%
IMMATURE GRANULOCYTES(METAS,MYELOS,PROS)		0.0	%
ABSOLUTE NEUTROPHILS		3.3	1.7 - 7.0 thou/cu mm
ABSOLUTE LYMPHOCYTES		2.0	0.9 - 2.9 thou/cu mm
ABSOLUTE MONOCYTES		0.3	<0.9 thou/cu mm
ABSOLUTE EOSINOPHILS		0.2	<0.5 thou/cu mm
ABSOLUTE BASOPHILS		0.0	<0.3 thou/cu mm
ABSOLUTE IMMATURE GRANULOCYTES(METAS,MYELOS,PROS)		0.0	<0.3 thou/cu mm

nRBC (Final result)

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Component		Value	Ref. Interval
NRBC		0.0	%
ABS NRBC		0.0	thou /cu mm

Resulting Labs

ANWLCR ALLINA HEALTH LABORATORY-CENTRAL LABORATORY, 2800 10TH AVE S.
 SUITE 2000, MINNEAPOLIS MN 55407

PT: TEST, PATIENT ONE
 DOB: 9/3/1979
 Age: 41 y.o. Sex: male
 Excellian ID: XXXXXXXXXX
 Client ID:
 Print: 8:40 AM - 8/18/2021

Provider Signature: _____

Date/Time: _____