



Labsmart Software

Sample Letterhead

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yourlabname@gmail.com
https://www.yourlabname.in/

Mrs. Kevin Warne

Age / Sex : 29 YRS / F
Referred by : Self
Reg. no. : 1058



Registered on : 03/06/2025 06:08 PM
Collected on : 03/06/2025
Received on : 03/06/2025
Reported on : 03/06/2025 06:08 PM

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
HEMOGLOBIN	14	g/dl	12 - 15
TOTAL LEUKOCYTE COUNT	H 11,000	cumm	4,800 - 10,800
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	45	%	40 - 80
LYMPHOCYTE	H 45	%	20 - 40
EOSINOPHILS	05	%	1 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	< 2
COMMENTS			
PLATELET COUNT	2.9	cumm	1.5 - 4.1
TOTAL RBC COUNT	4.2	million/cumm	3.9 - 4.8
HEMATOCRIT VALUE, HCT	45	%	36 - 46
MEAN CORPUSCULAR VOLUME, MCV	H 107.1	fL	83 - 101
MEAN CELL HAEMOGLOBIN, MCH	H 33.3	Pg	27 - 32
MEAN CELL HAEMOGLOBIN CON, MCHC	L 31.1	%	31.5 - 34.5
MEAN PLATELET VOLUME, MPV	L 6.2	fL	6.5 - 12
R.D.W. - SD	41	fL	39 - 46
R.D.W. - CV	14	%	11.6 - 14
P-LCR	31.6	%	19.7 - 42.4
P.D.W.	11.6	fL	9.6 - 15.2

Clinical Notes:

A complete blood count (CBC) is used to evaluate overall health and detect a wide range of disorders, including anemia, infection, and leukemia. There have been some reports of WBC and platelet counts being lower in venous blood than in capillary blood samples, although still within these reference ranges.

Possible causes of abnormal parameters:

Mr. ashu
DMLT, Lab Incharge

Ms. Lalitha 2
DMLT

Ms. Veena
MD Pathology

NOT VALID FOR MEDICO LEGAL PURPOSE

Work timings: Monday to Sunday, 8 am to 8 pm

Please correlate clinically. Although the test results are checked thoroughly, in case of any unexpected test results which could be due to machine error or typing error or any other reason please contact the lab immediately for a free evaluation.



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	High	Low
RBC, Hb, or HCT	Dehydration, polycythemia, shock, chronic hypoxia	Anemia, thalassemia, and other hemoglobinopathies
MCV	Macrocytic anemia, liver disease	Microcytic anemia
WBC	Acute stress, infection, malignancies	Sepsis, marrow hypoplasia
Platelets	Risk of thrombosis	Risk of bleeding

~~~ End of report ~~~

**Mr. ashu**  
DMLT, Lab Incharge

**Ms. Lalitha 2**  
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