



AMINU KANO TEACHING HOSPITAL

ZARIA ROAD PMB 345,2 KANO.

HAEMATOLOG LABORATORY FORM

SURNAME:	FIRST NAME:	AGE:	SEX: <input type="checkbox"/> F <input type="checkbox"/> M	LAB NO:	UNIT NO
CONSULTANT:	NAME & SIGNATURE OF REQ. DR:	SPECIMEN:	WARD/CLINIC	DATE OF REQ:	
CLINICAL DETAILS:					

- Full Blood Count
 - Hbg/dl
 - PCV%
 - RBC.....X10¹²/L
 - MCVfi
 - MCHCg/dl
 - MCHpg
 - WBC10/L
 - Neutropils%
 - Lymphoytes%
 - Ecsinophils%
 - Basophils%
 - Moncoytse%
 - Others%
 -%
 -%
 -%
 -%
- Platelet Count.....10/L
- Promtrombir time
 - Control.....Secs
 - Sample.....Secs
- INR.....
- PTTK/APTT
 - Control.....Secs
 - Sample.....Secs
 - ratio.....
- Thrombintime..... Secs
- Fibrinogen Deg. Products (FDP).....
- Factor assay (specify)
 -
 -

- ESR.....mm/hr
- hb Genotype.....
- G6PD assay.....
- Foetal haemoglobin.....
- Blood group.....
- LE cells.....
- MP.....
- Direct Coomb's Test.....
- Indirect Coomb's Test.....
- Reticulocyte.....

Blood Film Comment:

LAB NO:

DATE:

NAME & SIGN OF DOCTOR/SCIENTIST