

Laboratory Report Form Online

Lab Report ID: _____

Patient Full Name: _____

Patient ID Number: _____

Date of Birth: _____

Contact Number: _____

Type of Test Performed:

- Complete Blood Count (CBC)
- Urinalysis
- Biopsy
- Glucose Test
- DNA Testing
- Other: _____

Date Collected: _____

Time Collected: _____

Sample Type:

- Blood
- Saliva
- Tissue
- Urine
- Other: _____

Results Summary:

Parameter	Standard Value	Measured Value	Remarks

Red Blood Cells (RBC)	4.5-5.9 x 10⁶/μL		
Platelets	150-400 x 10⁹/L		
Glucose Level	70-140 mg/dl		
Protein Levels	6-8 g/dl		
Other:			

Technician's Notes:
