

# Laboratory Report Form PDF

Laboratory Name: \_\_\_\_\_

Lab Address: \_\_\_\_\_

Lab Contact Number: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Time of Report: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Lab Technician: \_\_\_\_\_

## Test Conducted:

- Blood Test
- Urine Test
- X-Ray
- MRI
- CT Scan
- Other: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID Number: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

## Test Results:

Test Name	Normal Range	Results	Comments
Hemoglobin	12-16 g/dl		

<b>White Blood Cells</b>	<b>4.5-11 x 10<sup>9</sup>/L</b>		
<b>Blood Sugar</b>	<b>70-140 mg/dl</b>		
<b>Cholesterol</b>	<b>&lt;200 mg/dl</b>		
<b>Other:</b>			

**Doctor's Notes:**

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