



18249 Gothard Ave. Unit 101, Huntington Beach, CA 92648
 Phone: (562)592-2890 Fax: (714)884-4596
 Director: Rahil Khan, MD CLIA #: 05D2137011

LABORATORY REPORT

PATIENT	SPECIMEN	CLIENT INFORMATION
Name: PATIENT, TEST Address: 18249 GOTHARD ST HUNTINGTON BEACH, CA 92648 Phone: (562) 592-2890 DOB: 01/01/1956 Gender: Female	Specimen Type: Collection Date: 06/23/23 Received Date: 06/23/23 10:25 Reported Date: Accession #: 2317400014	Client: PMH LABORATORY Client ID: 1 Provider: EMANUEL JEAN-PIERRE, PA Address: 18249 GOTHARD AVE HUNTINGTON BEACH, CA 92648- Phone: (562) 592-2890

HEMATOLOGY

COMPLETE BLOOD COUNT

Test Name	Result	Reference Range	
WBC	7.8		K/uL
RBC	4.3	3.80 - 5.22	10 ⁶ /uL
HGB	13.9	12.0 - 16.0	g/dL
HCT	43.77	35.0 - 47.0	%
MCV	84.6	81.6 - 98.3	fL
MCH	27.4	26.0 - 35.0	pg
MCHC	33.1	29.6 - 38.0	g/dL
PLT	254.8	130 - 400	K/uL
RDW	13.4	11.5 - 15.5	%
MPV	11.8	9.4 - 12.3	fL
NEUT %	55.2	40 - 74	%
NEUT ABS	4.1	1.6 - 6.5	10 ³ /uL
LYMPH %	36.8	19 - 48	%
LYMPH ABS	2.7	1.0 - 3.1	10 ³ /uL
MONO %	4.2	0 - 10	%
MONO ABS	.45	0.3 - 0.8	10 ³ /uL
EOSIN %	0.22	0 - 7	%
EOSIN ABS	.5	0.03 - 0.5	10 ³ /uL
BASO %	1.1	0 - 2	%
BASO ABS	.1 H	0.01 - 0.08	10 ³ /uL

RBC MORPHOLOGY

Test Name	Result	Reference Range
ANISOCYTOSIS	74.1	
MACROCYTOSIS	54.9	
MICROCYTOSIS	42.7	
POIKILOCYTOSIS	12.4	
TARGET CELLS	74.1	
SPHEROCYTE	326	
TEAR DROP CELL	154	
HYPOCHROMASIA	78.7	
POLYCHROM	13.5	
SCHISTOCYTE	0.26	
BASOPHILIC STIPPLING	4.9	
SICKLE CELL	12.5	

MANUAL DIFF

Test Name	Result	Reference Range
NEUTROPHILS	6.7	
BANDS	7.4	
LYMPHOCYTES	3.3	
MONOCYTES	10.7	
EOSINOPHILS	4.2	
BASOPHILS	0.9	
METAMYELOCYTE	26.7	
MYELOCYTE	32.4	
PROMYELOCYTE	48.	

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