

Patient Name: _____

Patient Age: |__| |__| . |__|

Years

Months

Patient Sex: Male Female

FORM HIFH1 - COMPLETE BLOOD COUNT (CBC)/ ERYTHROCYTE SEDIMENTATION RATE (ESR) RESULTS

Date of Test: |__| |__| / |__| |__| / |__| |__| |__| |__| or Not Done _____
Day Month Year

CHECK "N/A" FOR ANY RESULT THAT IS NOT AVAILABLE

	Complete Blood Count	N/A	Results	Units
a)	White Blood Cell (WBCs)	<input type="checkbox"/> 1	__ __ . __	(10 ⁹)/L
b)	Red Blood Cells (RBCs)	<input type="checkbox"/> 1	__ __ . __ __	(10 ¹²)/L
c)	Hemoglobin (Hgb)	<input type="checkbox"/> 1	__ __ . __	g/dL
d)	Hematocrit (Hct)	<input type="checkbox"/> 1	__ __ . __	%
e)	Mean Corp. Volume (MCV)	<input type="checkbox"/> 1	__ __ __	fL
f)	Mean Corp. Hemoglobin (MCH)	<input type="checkbox"/> 1	__ __ . __	pg
g)	Mean Corp. Hemoglobin Concentration (MCHC)	<input type="checkbox"/> 1	__ __ . __	g/dL
h)	Relative Distribution Width (RDW)	<input type="checkbox"/> 1	__ __ . __	%
i)	Platelets (PLT)	<input type="checkbox"/> 1	__ __ __	(10 ⁹)/L
j)	Mean Platelet Volume (MPV)	<input type="checkbox"/> 1	__ __ . __	fL
k)	Neutrophils (Polymorphs)	<input type="checkbox"/> 1	__ __ . __	%
l)	Lymphocytes (Lymphs)	<input type="checkbox"/> 1	__ __ . __	%
m)	Monocytes (Monos)	<input type="checkbox"/> 1	__ __ . __	%
n)	Eosinophils (Eos)	<input type="checkbox"/> 1	__ __ . __	%
o)	Basophils (Basos)	<input type="checkbox"/> 1	__ __ . __	%

Date of ESR: |__| |__| / |__| |__| / |__| |__| |__| |__| **or** Not Done 1
Day Month Year

Start Time: |__| |__| : |__| |__| (24 hr clock time) start time unknown 1

Stop Time: |__| |__| : |__| |__| (24 hr clock time) stop time unknown 1

Height of Plasma Column (in Millimeters): |__| |__| |__| mm

Hospital ID
(stick label here)

Initials/Date

Transcribed by: _____
 Checked by: _____

Subject ID
(stick label here)