

Name: _____ MRN: _____ DOB: _____

Location: _____ Provider: _____ Downtime #: _____

Collection Date: _____ Collection Time: _____

Performing Laboratory Location (circle): CRH FOX FOXCARE FTT HLS LFH MIBH OCH

Heme Profile (CBC)

Differential Results [circle diff type] **performed: Automated Manual]**

White Blood Cell	____.____	x 10 ³ cells / uL	Seg %	____.____	Bands % ____.
Red Blood Cell	____.____	x 10 ⁶ cells / uL	Lymphs %	____.____	Meta % ____.
Hemoglobin	____.____	g / dL	Mono %	____.____	Myelo % ____.
Hematocrit	____.____	%	Eos %	____.____	Pro % ____.
Platelet	____.	x 10 ³ cells / uL	Baso %	____.____	Other % ____.
IPF%	____.	%	Imm Gran %	____.____	NRBC's % ____.
IPF#	____.	x 10 ³ cells / uL	Reticulocytes	____.____	%
RET-He	____.	pg	IRF	____.____	%

****See page 2 for reference ranges for all heme profile tests**** RBC morphology _____

Date _____ Time _____ Performing Technologist _____

Coagulation

Reference Range

Protime	____.____	seconds	General pop: 10.1-13.2 sec
INR	____.____		General pop: 0.9 – 1.1, Routine anticoagulation 2.0 – 3.0, Mechanical valves: 2.5 – 3.5
APTT	____.____	seconds	General pop: 27.1 – 39.1 sec, Heparin Therapy 0.3 – 0.7 U/mL: 59.6 – 82.3 secs
Dimer	____.	ng / ml	General pop: 215 – 499 ng/ml FEU, (Cut off for DVT rule out: 500 ng/ml)
FBG	____.	mg / dL	164 – 522 mg/dL

Date _____ Time _____ Performing Technologist _____

Other Tests: ESR ____ mm/hr Automated Manual (circle method) See page 2 for reference ranges

MONO _____ negative

Date _____ Time _____ Performing Technologist _____

Called / Faxed To: _____ **Date** _____ **Time** _____ **by** _____

Performing locations:

CRH Cobleskill Regional Hospital 178 Grandview Drive, Cobleskill, NY 12043
 Fox Latcher Laboratory of AO FOX Hospital One Norton Avenue, Oneonta, NY 13820
 Foxcare Foxcare Outpatient Testing Lab 5432 St Hwy 7E, Oneonta, NY 13820
 FTT AO Fox Tri Town Campus Laboratory 43 Pearl Street West, Sidney, NY 13838

Dr. John M. Fisk, Director
 Dr. Daniel Schreiber, Director
 Dr. Daniel Schreiber, Director
 Dr. John M. Fisk, Director

HLS MIBH Herkimer Laboratory 321 East Albany Street, Herkimer, NY 13350
LFH Little Falls Hospital Lab 140 Burwell Road, Little Falls, NY 13365
MIB Mary Imogene Bassett Hospital Lab One Atwell Road, Cooperstown, NY 13326
OCH OConnor Hospital Lab 460 Andes Road, Delhi, NY 13753

Dr. Timothy Chapman, Director
Dr. Timothy Chapman, Director
Dr. Timothy Chapman Director
Dr. John M. Fisk, Director

Tech Spec Review _____

Automated ESR Reference Ranges:

- Male and Female ≤ 50 years old = ≤ 15 mm/hr
- Male and Female > 50 years old = ≤ 30 mm/hr

Manual ESR Reference Ranges:

- Male ≤ 50 years old = ≤ 15 mm/hr
- Female ≤ 50 years old = ≤ 20 mm/hr
- Male > 50 years old = ≤ 20 mm/hr
- Female > 50 years old = ≤ 30 mm/hr