



CBC Test

Patient's Name: _____

Date: _____

WBC Count _____

RBC Count _____

Hemoglobin _____

Homatocrit _____

MCV _____

MCH _____

WCHC _____

Granulocytes _____

Lymphocytes _____

Monocytes _____

Neutrophils _____

Eosinophils _____

Basophils _____

Platelet Count _____

Other: _____

Report Provided by: _____

Address _____

Signature of Lab Staff _____

Phone Number _____

Fax Number _____
