

Logo change MPA



An ISO 9001-2015 Port
ISPS CODE COMPLIANT

मुर्गांव पत्तन न्यास अस्पताल
MORMUGAO PORT TRUST HOSPITAL

एफआर-सीएम ओ FR-CMO-08

रोगविज्ञानी प्रयोगशाला रिपोर्ट Authority

PATHOLOGY LABORATORY REPORTS

चिकित्सा फाईल सं Medical File No: _____

दिनांक Date : _____

रोगी का नाम Name of the Patient: _____ आयु Age: _____ लिंग Sex: M / F _____

जांचकर्ता डॉक्टर Ref. by Dr.: _____ वार्ड नं Ward No: _____ शय्या सं Bed No: _____

HEMATOLOGICAL/SEROLOGICAL TESTS	
HAEMOGLOBIN	Gms/dl [12-16]
RBC 's (Total Count)	millions/cmm* → E 4 - 6 mm
WBC 's (Total Count)	Cells./cmm* → [4,000 - 11,000]
WBC's Different	
NEUTROPHILS	% [60 - 70]
LYMPHOCYTES	% [20 - 45]
EOSINOPHIL	% [1-5]
MONOCYTES	% [4-8]
BASOPHILS	% [0-1]
E. S. R. (Westgren)	mm/hrs [0-20]
PLATELETES	lack/cmm [1.5-4.5]
BLEEDING TIME	Minutes [1-3]
CLOTTING TIME	Minutes [5-15]
PROTHROMBIN TIME	
CONTROL TEST	(secs)
INR	(secs) [2.0 - 3.5]
BLOOD GROUP	
RHO-FACTOR	
AUSTRALIA ANTIGEN	(CARD TEST)
HIV I & II	(CARD TEST)
VDRL Test	
Malarial PARASITES	
IC T Test (Pv & Pf)	
R. A. Test	(< 5mg/L)
C.R. PROTEIN	(< 5mg/dl)
A. S.O.T	
OTHER	
OTHER	

BIO-CHEMICAL BLOOD TESTS	
SUGAR (FASTING)	mg% [80 - 120]
SUGAR (P.P)	mg% [upto 160]
GLYCOSULATED Hb	% [below 6%]
CHOLESTEROL (T)	mg% [<200]
TRIGLYCERIDES	mg% [<150]
HDL - CHOLESTEROL	mg% [35-135]
LDL - CHOLESTEROL	mg% [upto 150]
VLDL - CHOLESTEROL	mg% [upto 40]
CALCIUM	mg% [9-11]
URIC ACID	mg% [2.5-7]
UREA	mg% [10-50]
CREATININE	mg% [0.4-1.4]
BILIRUBIN (T)	mg% [0-1]
S. G. O. T	IU/L [10-40]
S. G. P. T	IU/L [upto 45]
ALK PHOSPHATASE	IU/L [upto 290 U/L]
T. PROTEIN	GM/dl [6.6 - 8.4]
ALBUMIN	GM/dl [3.8 - 5.3]
GLOBULIN	GM%
A.G. Ratio	
SODIUM	mEQ/L [138 - 148]
POTASSIUM	mEQ/L [3.9 - 5.0]
CHLORIDES	mmOL/L [96-106]
LITHIUM	mEO/L [upto 1]
AMYLASE	IU/L [upto 90]
ACID PHOSP (T)	IU/L [upto 4.6]
C.P.K	IU/L [upto 190]
C.K-MB	IU/L [upto 24]

STOOL TESTS
CONSISTENCY
COLOUR
MUCOUS
BLOOD
OCCULT BLOOD
REACTION
MICROSCOPIC
OVA
CYSTS
OTHERS

URINE TESTS
APPEARANCE
COLOUR
OCCULT BLOOD
REACTION
S P GRAVITY*
GLUCOSE
ALBUMIN
BILE SALTS
BILE PIG
ACETONE
MICROSCOPIC / HPF
PUS CELLS
EPI CELLS
RBCS
CRYSTALS
CASTS
PREGNANCY TEST :

OTHER TESTS: _____

MORMUGAO PORT TRUST HOSPITAL
Authority
PATHOLOGY LABORATORY REPORT

NAME: _____ **Age:** _____ **SEX:** _____ **DATE** ____/____/____

REF: _____ **WARD/BED/MED FILE NO:** _____

REPORT ON: _____ **SPECIMEN:** _____

PATHOLOGIST/LAB.IN-CHARGE