CORELAB SOFTWARE
Street Address Here
Singapore, 2222
urwebsitename.com
urname@email.com
+000 12345 6789
+000 12345 6789

Mr. John Doe
Age / Sex : 44 Years / Male
Reg. No : 93

Registered on : 23/05/2026 4:18 PM
Referred By : Dr. Jack

FEVER PACKAGE

CBC with ESR

HAEMATOLOGY

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	15.5	g/dL	13.5 - 17.5
Total Leukocyte Count	7500	/µL	4000 - 11000
Differential Leucocyte Count			
Neutrophils	57.5	%	40 - 75
Neutrophil (Abs)	*4.31*	*×10³/µL*	*1.8 - 7.7*
Lymphocyte	32.5	%	20 - 45
Lymphocyte (Abs)	*2.44*	*×10³/µL*	*1.0 - 4.8*
Eosinophils	3.5	%	1 - 6
Absolute Eosinophil Count	*262.5*	*cells/µL*	*100 - 500*
Monocytes	6	%	2 - 10
Monocyte (Abs)	*0.45*	*×10³/µL*	*0.2 - 1.0*
Basophils	1	%	0 - 2
Basophil (Abs)	*0.07*	*×10³/µL*	*0 - 0.1*
Neutrophil Lymphocyte Ratio	*1.77*		*1 - 3*
ESR (Wintrobe)	10	mm for 1st hour	0 - 20
Platelet Count	2.8	lakhs/µL	1.5 - 4.0
Total RBC Count	5.2	million/µL	4.5 - 5.9
Hematocrit (HCT)	47	%	41 - 53
MCV	90	fL	80 - 100
MCH	*29.81*	*pg*	*27 - 33*
Mean Platelet Volume (MPV)	10	fL	7.5 - 12.5
RDW-SD	45.5	fL	37 - 54
PDW	12.4	fL	9.6 - 15.2

CLINICAL PATHOLOGY

TEST	VALUE	UNIT	REFERENCE
Urine Routine Examination			
Chemical Examination			
Protein / Albumin	Absent		
Sugar / Glucose	Absent		
Ketone Bodies	Absent		
Bilirubin	Negative		
Nitrite	Negative		
Leukocytes	Negative		
Blood	Negative		
Microscopic Examination			
R.B.C.	5.2	/HPF	4.5 - 5.9
Pus Cells	1-2	/HPF	
Epithelial Cells	Few	/HPF	
Casts	Nil		
Crystals	Nil		

CORELAB SOFTWARE

Street Address Here
Singapore, 2222

urwebsitename.com
urname@email.com

+000 12345 6789
+000 12345 6789

Mr. John Doe
Age / Sex : 44 Years / Male
Reg. No : 93

Registered on : 23/05/2026 4:18 PM
Referred By : Dr. Jack

TEST		VALUE	UNIT	REFERENCE
Bacteria		Nil		
Others		None		
Physical Examination				
Quantity		Random	ml	
Colour		Pale Yellow		
Transparency		Clear		
Specific Gravity	L	1		1.005 - 1.03
pH		6		5 - 7
Dengue (Card Method)				
NS1 Antigen		Negative		
IgM		Negative		
IgG		Negative		
Malaria Antigen				
IgG		Negative		
IgM		Negative		
Typhidot Antibodies				
IgG		Negative		
IgM		Negative		

~~~ End of report ~~~

Upload Signature

Upload Signature

Mr. xxxx
DMLT, Lab Incharge

Dr. yyyyy
MBBS, MD Pathologist
~~~