MRC Unit The Gambia | LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE | KENAS

HAEMATOLOGY LABORATORY
PERIPHERAL BLOOD FILM REPORT
MRCG, Atlantic Boulevard, Fajara, The Gambia
ISO15189:2012 accredited

Section 1. PATIENT INFORMATION

NAME or (PARTICIPANT ID)

SUSPECTED DIAGNOSIS	*last*		*first*	
	BIRTH DATE / /	**AGE**	**SEX**	
	dd mm yr			
STUDY/LABORATORY NUMBER	**MRC NUMBER**	**SOURCE**	**CHARGE CODE**	

Section 2. ORDERING PHYSICIAN INFORMATION

NAME	**Signature**	**ext**	**REQUEST DATE**

RED BLOOD CELLS

Variations in size, shape and haemoglobin content:

Inclusions:

WHITE BLOOD CELLS

Nuclear alterations:

Inclusion bodies:

Cytoplasmic alterations:

PLATELETS

Number and size:

FURTHER COMMENTS (If relevant):

This procedure was performed in compliance with ASSAY-CLA-105

LAB STAFF SIGN & DATE	**SUPERVISOR SIGN & DATE**	