

Blood Differential Test Documentation

Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

Date of Test:

Clinical Indication

Describe the reason for ordering the Blood Differential Test, including relevant symptoms or medical history.

Ordering Physician:

Specialty:

Laboratory Information

- **Laboratory Name:**
- **Sample Collection Date and Time:**
- **Sample Source (e.g., venous blood):**
- **Specimen ID/Barcode:**

Blood Differential Results:

Note the absolute counts and percentages of white blood cell types, including neutrophils, lymphocytes, monocytes, eosinophils, and basophils.

- **Neutrophils:**
 - Absolute Count: _____ cells/ μ L
 - Percentage: _____%
- **Lymphocytes:**
 - Absolute Count: _____ cells/ μ L
 - Percentage: _____%
- **Monocytes:**
 - Absolute Count: _____ cells/ μ L
 - Percentage: _____%

- **Eosinophils:**

- Absolute Count: _____ cells/ μ L
- Percentage: _____%

- **Basophils:**

- Absolute Count: _____ cells/ μ L
- Percentage: _____%

Interpretation

Interpret the Blood Differential Test results, considering the patient's clinical context and any relevant medical history.

Clinical Recommendations

Outline any recommended follow-up actions, treatments, or additional tests based on the Blood Differential Test results.

Physician's Signature: Dr. Emily Smith

Date: 09/28/2023