

# 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/ $\mu$ L
  - Percentage: \_\_\_\_\_%
- **Lymphocytes:**
  - Absolute Count: \_\_\_\_\_ cells/ $\mu$ L
  - Percentage: \_\_\_\_\_%
- **Monocytes:**
  - Absolute Count: \_\_\_\_\_ cells/ $\mu$ L
  - Percentage: \_\_\_\_\_%

- **Eosinophils:**

- Absolute Count: \_\_\_\_\_ cells/ $\mu$ L
- Percentage: \_\_\_\_\_%

- **Basophils:**

- Absolute Count: \_\_\_\_\_ cells/ $\mu$ 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:**

**Date:**