CBC Blood Test

Patient information

Name:	**Date of birth:**
Medical ID:	**Gender:**
Attending physician:	**Physician ID:**

Relevant medical history

Blood draw details

Number:	**Draw date:**	**Draw time:**

Reason for CBC blood test:

Lab name:

Symptoms

☐ Bruising	☐ Bleeding	☐ Weakness
☐ Fatigue	☐ Fever	☐ Headaches
☐ Dizziness	☐ Nausea	☐ Vomiting
☐ Joint pain	☐ Inflammation	☐ Abnormal heart rate
☐ High blood pressure	☐ Low blood pressure	☐ None

Other symptoms:

Please include the normal ranges for the lab, specific to the patient's demographic.

Results

Component	Results (include units)	Normal ranges	Interpretation
Red blood cell count (Erythrocytes)			
Hemoglobin			
Hematocrit			
Erythrocyte sedimentation rate			
Red cell distribution width			
White blood cell count (Leukocytes)			
Monocyte count			
Lymphocyte count			
Neutrophil count			
Basophil count			
Eosinophil count			
Platelet count (Thrombocytes)			
Mean corpuscular volume (MCV)			
Mean corpuscular hemoglobin (MCH)			
Mean corpuscular hemoglobin concentration (MCHC)			

Additional comments & recommendations

Signed by (lab technician):

Signature:	**Date:**

Signed by (physician):

Signature:	**Date:**