

Reticulocyte Count

Patient information	
Name:	Date of birth:
Age:	Sex:
Contact number:	Email address:
Clinical history	
Test information	
Sample type:	Sample ID:
Collecting date:	Reporting date:
Collecting time:	Reporting time:
Results	
Reticulocyte count:	
Reference range:	
Clinical interpretation	
Additional notes	
Laboratory information	
Laboratory technician:	Approved by:
Laboratory name:	Contact number: