



Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
EOSINOPHIL COUNT (B)				UL
WHITE BLOOD CELL COUNT	7.0		3.8-10.8 Thousand/uL	
ABSOLUTE EOSINOPHILS	238		15-500 cells/uL	
EOSINOPHILS	3.4		%	UL