

Name: _____ MRN: _____ DOB: _____

Location: _____ Provider: _____ Downtime #: _____

Collection Date: _____ Collection Time: _____

Performing Laboratory Location (circle): CRH FOX FOXCARE FTT HLS LFH MIBH OCH

Body Fluid Analysis ****See Page 2 for reference ranges****

Conc. Differential (%)

Source _____

Neutrophil _____%

Tube # _____

Lymph _____%

Volume ____ . ____ mls

Mono _____%

Color _____

Unidentified Mono _____%

Clarity _____

Eosinophil _____%

Xanthochromia – CSF _____

Cell 1 _____%

RBC _____ . ____ cells /uL

Cell 2 _____%

WBC _____ . ____ cells / uL

Date _____ Time _____ Performing Technologist _____

Date _____ Time _____ Performing Technologist _____

Other Tests: *Reference Range*

Crystal Analysis

Crystal ID _____ *None* Date _____ Time _____ Performing Technologist _____

Fetal Fibronectin _____ *Negative* Date _____ Time _____ Performing Technologist _____

Gastro-occult Blood _____ *Negative*

Gastric pH ____ . ____ *1.0-3.0* Date _____ Time _____ Performing Technologist _____

Urine Eosinophils _____ *none* Date _____ Time _____ Performing Technologist _____

Called / Faxed To: _____ **Date** _____ **Time** _____ **by** _____

Performing locations:

CRH Cobleskill Regional Hospital 178 Grandview Drive, Cobleskill, NY 12043
 Fox Latcher Laboratory of AO FOX Hospital One Norton Avenue, Oneonta, NY 13820
 Foxcare Foxcare Outpatient Testing Lab 5432 St Hwy 7E, Oneonta, NY 13820
 FTT AO Fox Tri Town Campus Laboratory 43 Pearl Street West, Sidney, NY 13838
 HLS MIBH Herkimer Laboratory 321 East Albany Street, Herkimer, NY 13350
 LFH Little Falls Hospital Lab 140 Burwell Road, Little Falls, NY 13365
 MIB Mary Imogene Bassett Hospital Lab One Atwell Road, Cooperstown, NY 13326
 OCH O'Connor Hospital Lab 460 Andes Road, Delhi, NY 13753

Dr. John M. Fisk, Director
 Dr. Daniel Schreiber, Director
 Dr. Daniel Schreiber, Director
 Dr. John M. Fisk, Director
 Dr. Timothy Chapman, Director
 Dr. Timothy Chapman, Director
 Dr. Timothy Chapman, Director
 Dr. John M. Fisk, Director Tech Spec Review _____