

LABORATORY HAND - MANUAL DIFFERENTIAL

FORM L3A

ID LABEL
HERE --->

□□ - □□□ - □□□□□□ - □□

VISIT #:

FORM COMPLETED BY:

____ _

VERSION DATE 08/15/94

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

HAND/MANUAL COUNT REQUIRED ONLY IF AUTOMATED DIFFERENTIAL COUNT WAS NOT DONE OR REJECTED/FLAGGED BY THE MACHINE.

A1. DONE 1 (A2)
NOT DONE 2

(END)

(SPECIFY REASON)

A2. DATE SAMPLE DRAWN:

___ M ___ / ___ D ___ / ___ Y ___

A3. **HAND /MANUAL DIFFERENTIAL COUNT**

a. Polymorphs/Granulocytes/Neuts/Segs:

Item not listed on lab report.....1 (A3b)
Item listed with no value.....2 (A3b)
Item listed with value.....3 (SPECIFY BELOW)

□□□ (%)

b. Bands/Stabs:

Item not listed on lab report.....1 (A3c)
Item listed with no value.....2 (A3c)
Item listed with value.....3 (SPECIFY BELOW)

□□□ (%)

c. Lymphocytes:

Item not listed on lab report.....1 (A3d)
Item listed with no value.....2 (A3d)
Item listed with value.....3 (SPECIFY BELOW)

□□□ (%)

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d. Monocytes:

Item not listed on lab report.....1 (A3e)
 Item listed with no value.....2 (A3e)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)

e. Eosinophils:

Item not listed on lab report.....1 (A3f)
 Item listed with no value.....2 (A3f)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)

f. Basophils:

Item not listed on lab report.....1 (A3g)
 Item listed with no value.....2 (A3g)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)

g. Atypical Lymphocytes:

Item not listed on lab report.....1 (A3h)
 Item listed with no value.....2 (A3h)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)

h. Metamyelocytes:

Item not listed on lab report.....1 (A3i)
 Item listed with no value.....2 (A3i)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)

i. Myelocytes:

Item not listed on lab report.....1 (A3j)
 Item listed with no value.....2 (A3j)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)

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j. Promyelocytes:

Item not listed on lab report.....1 (A3k)
 Item listed with no value.....2 (A3k)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)

k. Blasts:

Item not listed on lab report.....1 (END)
 Item listed with no value.....2 (END)
 Item listed with value.....3 (SPECIFY BELOW)

____ (%)