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Neutrophilic Segmentation

Doctor ID 6206		Patient Name DOE, JOHN			
Age 0	Sex M	Test ID 14511	Accession # 500012	Test Code 5010	
Date Collected 1/1/2000		Date Received 1/1/2000		Date Reported 1/2/2000	
Tech mm					
Comments					

Doctor Name and Address:

SAMPLE REPORT

ANY STREET
 ANY TOWN, US 10000
 Fax:

Test	Result	Abnormal Result	Normal Range
<u>Neutrophilic Segmentaton</u>			
Hypersegmentation	99 %	Yes - High	0 - 10 %