



**Lilongwe Institute of Orthopaedics and Neurosurgery
Haematology request form**

Name of patient:		Age:	Sex:
Ward/Cost centre:	Date of collection:	Time of collection:	
Sample Collected by:		Signature:	
Requesting Clinician:		Signature:	
Clinical information/History			

Please tick (√) for wanted tests

√	Test	Result	Normal values	√	Test	Result	Normal values
	Full blood count & Differential		Check on print out		ESR		<25mm/ 1 hr
	Full blood count		Check on print out		Sickle test		Negative
	Manual differential & cell morphology				Reticulocyte count		Infants: 2- 5% Children and adults: 0.5- 2.5%
				Bleeding time		3 – 9.5 min	
				Clotting time		6 – 17 min	

Remarks:	Analyzed by:
Reviewed by:	Signature: Lab number:

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