

Clab

1. Date of Laboratory Test:

_____ (mm-dd-yyyy)

2. Red Blood Cell (RBC)

_____ (M/cumm)

3. Hemoglobin (Hgb)

_____ (g/dl)

4. MCV

_____ (fL)

5. RDW

_____ (%)

6. Hgb A

_____ (%)

7. Hgb A2

_____ (%)

8. Hgb F

_____ (%)

9. Sickling Hgb Screen

pos
 neg

10. IGE

_____ (lu/ml)