

## Neutrophilic Segmentation

<b>Doctor ID</b> 380		<b>Patient Name</b>		
<b>Age</b> 69	<b>Sex</b> M	<b>Date of Birth</b> 2/8/1950	<b>Accession #</b>	<b>Test Code</b> 5010
<b>Date Collected</b> 2/15/2019	<b>Date Received</b> 2/15/2019	<b>Date Reported</b> 2/18/2019	<b>Tech</b> ZT	
<b>Comments</b>				

*Doctor Name and Address:*

Fax:

Phone:

Test	Result	Abnormal Result	Normal Range
<b>Neutrophilic Segmentaton</b>			
Hypersegmentation	18.6 %	Yes - High	0 - 10 %