

# MCH Blood Test Report

## Patient information

Name:

Gender:

Date of birth:

Date of test:

Medical record number:

## Clinical history

## Test results

Item	Result	Reference range (as indicated by laboratory)
Hemoglobin (Hb)		
Red blood cell count (RBC)		
Mean corpuscular hemoglobin (MCH)		

## Interpretations

**Recommendations****Additional notes****Provider's information**

Ordering physician:

Provider's NPI:

Provider's contact information:

Name:

Signature:

Date: