



Stanford Medical and Diagnostic Clinic, Inc.

Ground Floor, Avon Plaza Bldg., Osmeña Blvd.

Capitol Site, Cebu City, Philippines 6000

Telephone No. (032) 253-2029/254-7851 TeleFax: (032) 255-7353

Ground Floor, AVON Plaza Bldg., Osmeña Blvd., Capitol Site, Cebu City 6000

Tele: (032) 254-7851, 253-2029 Telefax: 255-7353

E-Mail Address: marketing@stanford.com.ph , billing@stanford.com.ph

Certificate No. **CEB2300000649**

August 15, 2023

Medical Certificate

TO WHOM IT MAY CONCERN:

This is to certify that **FELISA C. RAMADA**, 56 years of age, **FEMALE, WIDOW**, was treated in this clinic on **August 14, 2023**

DIAGNOSIS:

**ESSENTIAL HYPERTENSION
DYSLIPIDEMIA**

RECOMMENDATION :

T: 36.3 ; BP: 140/88 ; HR: 64 BPM ; RR: 20 CPM


- CBC, URINALYSIS, DRUG TEST ARE ALL NEGATIVE. CHEST X-RAY SHOWED ATHEROSCLEROSIS OF AORTA ; LIPID PANEL IS UNREMARKABLE

- ADVISED COMPLIANCE WITH MAINTENANCE MEDICATIONS FOR HYPERTENSION. FOR ANNUAL FBS, HBA1C AND LIPID SCREENING.

- BP MONITORING 3X/WEEK

- PATIENT IS FIT TO WORK AT THE TIME OF EXAMINATION (CLASS B)

This certificate is being issued this **15th** day of **August, 2023** at **Stanford Medical and Diagnostic Clinic, Inc.** upon the request of the interested party.


DR. MARY ALEXA TIBON
ATTENDING PHYSICIAN

CEB2308001809

Lic No. : 0161379

PTR No. :



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Name : **RAMADA, FELISA CABAÑAS**

Patient No. : **CEB230000839**

Charged : **08/15/2023 07:25 AM**

Physician : **N/A**

Examination No. : **CEBLAB23055434**

Received : **08/15/2023 10:26 AM**

Age : **56** DOB : **11/26/1966** Sex : **FEMALE** HMO/Company : **PRIVATE**

Released : **08/15/2023 10:26 AM**

CLINICAL CHEMISTRY

PARAMETERS	RESULT	UNITS	REFERENCE
Total Cholesterol	172.09	mg/dL	[<= 200.00]
-Triglycerides	91.84	mg/dL	[<= 200.00]
<u>HDL</u> Cholesterol	43.98	mg/dL	[45.00 - 65.00]
LDL Cholesterol	109.742	mg/dL	[0.00 - 150.00]
VLDL	18.368	mg/dL	[0.00 - 40.00]

Ethyl Mae T. Gordoncillo

ETHYL MAE T. GORDONCILLO

PRC ID No. - 0105218

Medical Technologist

Marvi G. Dulnuan

MARVI G. DULNUAN MD FPSP

PRC ID No. - 0089687

Pathologist



STANFORD LABORATORY

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CUSTODY AND CONTROL FORM (Form DT-002A - COPY FOR THE DONOR)

SPECIMEN ID NO.:

LAB ACCESSION NO.:

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Name: RAMA, FELISA Address: MOLAVE ST C. Age: 32 D. Sex: F
E. Employer Name and Address: UV
F. Type of Specimen
☒ Urine ☐ Blood ☐ Other (specify) _____
G. Reason for Test:
☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause
☐ Return-to-Duty ☐ Mandatory ☐ Post-accident
☐ Follow-up ☐ Others (specify) _____
H. Drug test to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & MET Only ☐ Others (specify) _____

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.
Is temperature between 32°C and 38°C?
☐ Yes ☐ No
Specimen Collection: ☐ Observed ☐ Unobserved
Specimen Sampling: ☐ Single ☐ Split
Specimen Volume: _____ ml Physical Appearance Color: _____
Other Observation (Enter Remark)

REMARKS

STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor Initial seal (s). Donor completes STEP 5.

STEP 4 CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected sealed and released to the Delivery Service note in accordance with applicable Department of Health requirements.

Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)		Time of Collection _____ Date (mm/dd/yy)	SPECIMEN BOTTLE (S) RELEASED TO: _____ Name of delivery Service Transferring Specimen to Lab.
RECEIVED AT LAB.: Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)		STATUS OF THE SPECIMEN (a) Seal Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Transport device: (c) Description: _____ Date (mm/dd/yy)	SPECIMEN BOTTLE (S) RELEASED TO: Signature of Receiving Person _____ (PRINT) Name (First, MI, Last) Date (mm/dd/yy)

STEP 5 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information on this form and on the bottle is correct.

Signature of Donor: [Signature] (PRINT) Donor's Name (First, MI, Last): RAMA, FELISA C.
Contact No.: 09057744980 Date (mm/dd/yy): 11/23
Date of Birth: 11/26/1966
(mm/dd/yy)

Additional information may be asked from you by the laboratory particularly on drug and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:
☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE
☐ DILUTED ☐ SUBSTITUTED
☐ ADULTERATED ☐ Others(specify) _____
REMARKS: _____
(PRINT) Signature & Name of Analyst (First, MI, Last) (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:
☐ CONFIRMED FOR ☐ THC ☐ MET ☐ Others (specify) _____ ☐ FAILED TO CONFIRM-REASON: _____
(PRINT) Signature & Name of Analyst (First, MI, Last) (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:
☐ CONFIRMED FOR ☐ THC ☐ MET ☐ Others (specify) _____ ☐ FAILED TO RECONFIRM-REASON: _____
(PRINT) Signature & Name of Analyst (First, MI, Last) (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site
3. Form DT-002C-Copy for the Laboratory
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)



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Name : **RAMADA, FELISA CABAÑAS** Patient No. : **CEB230000839** Charged : **08/12/2023 10:30 AM**
Physician : **N/A** Examination No. : **CEBLAB23054950** Received : **08/12/2023 11:04 AM**
Age : **56** DOB : **11/26/1966** Sex : **FEMALE** HMO/Company : **PRIVATE** Released : **08/12/2023 11:38 AM**

HEMATOLOGY

PARAMETERS	RESULT	UNITS	REFERENCE
Complete Blood Count			
Hematocrit	44.8	%	[36.0 - 47.0]
Hemoglobin	14.3	g/dL	[12.0 - 16.0]
RBC Count	5.36	10 ¹² /L	[4.0 - 5.50]
WBC Count	7.63	10 ⁹ /L	[5.0 - 10.0]
Platelet Count	273	10 ³ /uL	[150 - 450]
P-LCR	30	%	
PCT	0.29	%	
Red Blood Indices			
MCV	83.6	fL	[80.0 - 96.0]
MCH	26.7	pg	[27.0 - 33.0]
MCHC	31.9	g/dL	[31.0 - 36.0]
RDW-CV	11.9	%	[10.0 - 15.0]
PDW	12.2	fL	[10.0 - 18.0]
MPV	10.7	fL	[6.5 - 11.0]
RDW-SD	37.2	fL	
Differential Count			
Neutrophils (%)	49.6	%	[50.0 - 70.0]
Lymphocytes (%)	35.9	%	[20.0 - 40.0]
Eosinophils (%)	4.5	%	[0.0 - 6.0]
Monocytes (%)	9	%	
Basophils (%)	1	%	[0.0 - 1.0]
Neutrophils	3.78	10 ³ /uL	[1.56 - 6.13]
Lymphocytes	2.74	10 ³ /uL	[1.18 - 3.74]
Monocytes	0.69	10 ³ /uL	
Eosinophils	0.34	10 ³ /uL	[0.04 - 0.36]
Basophils	0.08	10 ³ /uL	[0.01 - 0.08]

OTHERS

Prothrombin Time

STELLA ROSE C. QUERUBIN

PRC ID No. - 0112333

Medical Technologist

MARVI G. DULNUAN MD FPSP

PRC ID No. - 0089687

Pathologist



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Name : **RAMADA, FELISA CABAÑAS** Patient No. : **CEB230000839** Charged : **08/12/2023 10:30 AM**
Physician : **N/A** Examination No. : **CEBLAB23054983** Received : **08/12/2023 12:51 PM**
Age : **56** DOB : **11/26/1966** Sex : **FEMALE** HMO/Company : **PRIVATE** Released : **08/12/2023 12:56 PM**

URINALYSIS

PARAMETERS	RESULT	UNITS	REFERENCE
Macroscopic			
Color	YELLOW		
Transparency	CLEAR		
Reaction pH	5		[5.0 - 6.5]
Specific Gravity	1.01		[1.000 - 1.030]
Chemical			
Albumin	NEGATIVE	mg/dL	[Negative]
Sugar	NORMAL	mg/dL	[Negative]
Ketone	NEGATIVE	mg/dL	[Negative]
Nitrite	NEGATIVE	mg/dL	[Negative]
Bilirubin	NEGATIVE	mg/dL	[Negative]
Urobilinogen	NORMAL	mg/dL	[<=2]
Blood	NEGATIVE		[Negative]
Leukocytes	NEGATIVE		[Negative]
Microscopic			
RBC	0-2	/hpf	[0<=3]
WBC	0-2	/hpf	[0<=3]
Epithelial Cells	FEW		
Amorphous Urates	RARE		
Bacteria	FEW	/hp	
Mucus Threads	RARE	/hp	

Others


CHRISTIAN ARUEL D. SINTOS

PRC ID No. - 0112080

Medical Technologist


MARVI G. DULNUAN MD FPSP

PRC ID No. - 0089687

Pathologist



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RADIOLOGY SECTION

Case No. : CEB2308001688	Examination No. : CEBXRA23017581	Date : 08/14/2023
Name : RAMADA, FELISA CABAÑAS	Age : 56	Sex : FEMALE
Examination : CHEST X RAY PA VIEW	Birthdate : November 26, 1966	
Physician : N/A	Company :	

X-RAY REPORT

Findings

A single PA view of the chest shows the lung fields are clear. The heart is normal in size, shape and position. The thoracic aorta is tortuous. The trachea is at the midline. The diaphragm is sharp and distinct. The osseous thoracic cage showed no significant abnormality.

Impression

ATHEROSCLEROSIS OF THE THORACIC AORTA


DAN EPHRAIM B. LISACA

Rad. Tech.


HAROLD JAMES M. ESTRADA, MD, FPCR

Radiologist