Histopathology Lab

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Thyrocare
Tests you can trust

LABORATORY TEST REPORT

Patient Name	: XXXXXXXXXXXXXXXX	Collected On	: Sample collection time
Lab No.	: XXXXXXXXXXXXXXXX	Received On	: Sample receiving time at Lab
Age/Gender	: XXXXXXXXXXXXXXXX	Reported On	: Report release time
Ref. Doctor	: XXXXXXXXXXXXXXXX	Barcode	:
		EXT Barcode	:

RH Antibody Titre

PARAMETERS	VALUE
RH ANTIBODY TITER	XXXXXXXXXXXXXXXX
RHAT METHOD	XXXXXXXXXXXXXXXX

---------- End of Report ----------

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

SERUM

Sample ID

Dummy Report

Doctor 1 Sign