


Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

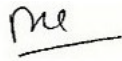
		Outsourced		
Test Name	Result	Unit	Bio Ref Interval	SIN No:DF1221892
5-HIAA,24Hrs Urine (L)*				
5-HIAA HPLC	8.41	mg/24 hrs	2-8	
Total Volume	2900			

Kindly correlate with clinical findings

*** End Of Report ***



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