

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Test Name	Serology Result	Unit	Bio Ref Interval
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Phadiatop*

Phadiatop	3.09	KUA/L	< 0.34
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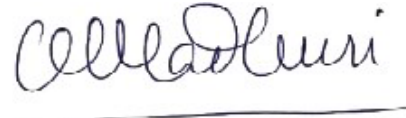
Kindly correlate with clinical findings

***** End Of Report *****


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