

**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** 

Porphobilinogen (PBG) Quantitative, 24-Hour Urine(L)\*

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Porphobilinogen 2.80 mg/day < 3.40

Column Chromatography

**Total Vol Urine** 1800.00 mL/day 600 - 1600

Kindly correlate with clinical findings \*\*\* End Of Report \*\*\*

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