



Laboratory Investigation Report

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

Test Name	Serology		Bio Ref Interval
	Result	Unit	



Syphilis Test*

Syphilis Test Chemiluminescence	322.00
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Comment Ref Range :-

Negative < 0.79
 Borderline 0.80 - 1.19
 Positive > 1.20

Kindly correlate with clinical findings

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


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