



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	Clinical Pathology Result	Unit	Bio Ref Interval
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**Urine for Bile Pigment**

Urine for Bile Pigment Fouchets Test	ABSENT		Nil
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Kindly correlate with clinical findings

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

  
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