



Ref: RVW-1D859A32F4EC

Review date: 3 May 2026

PATIENT DETAILS

Full name **Mike Labtraca1**

Gender **—**

Age **65** 69 Rd, Gwarinpa Estate, Gwagwada, Abuja, Federal Capital Territory, Nigeria

labtracadiagnostics+5@gmail.com

REVIEWER DETAILS

Full name **mike labtraca doc**

Designation **Consultant Oncology**

Contact **08077226655**

LAB / FACILITY

Lab name **Gilead Diagnostics**

Lab type **laboratory**

Phone **+23408066554433**

REVIEW REQUEST DETAILS

Review ID **RVW-1D859A32F4EC**

Request date **14 February 2026**

Review date **03 May 2026**

Review type **Doctor**

Review specialty **Oncology**

Review fee **₦1,700.00**

SUBMITTED LAB RESULTS

Test name	Lab facility	Result	Reference range Flag
Liver Function Test	Gilead Diagnostics	Attached result document	REVIEWED

REVIEWER'S CLINICAL OPINION

Medical Examination
Dx