LABTRACA

GOMED DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
7f40041f19E444D2B5F	20/05/2026 08:32:48

Doctor SELF REFERRAL

Date Entered	20/05/2026 08:32:48
Date Printed	20/05/2026 08:32:48
Collection Date	20/05/2026 08:32:48

Thank you for your request. We are reporting the following results:

Patient Information

Patient	Gona1
Email	labtracadiagnostics+5@gmail.com
Age	6 years
Gender	MALE
Phone No	08066554433
Address	house 42, 6921 gwarinpa
Specimen Type	blood
Clinical Data	health

Name	Result	References
HIV	**Positive**	**ww**
HBV	**Negave**	**ww**

Thank you for choosing Labtraca. If you have any questions or comments, please email help@labtraca.com or call +234(0)8133896015

+234(0)8133896015

RC Number: 489766