



# GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
f1cbef7419D526C893E	03/04/2026 09:18:57

Doctor SELF REFERRAL

Date Entered 03/04/2026 09:18:57  
Date Printed 03/04/2026 09:18:57  
Collection Date 03/04/2026 09:18:57

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

### Patient Information

Patient Peter  
Email labtracadiagnostics+5@gmail.com  
Age 5 years  
Gender Male  
Phone No 08066554433  
Address house 42, 6921 gwarinpa  
Specimen Type Blood  
Clinical Data N/A

Name	Result	References
HIV	Positive	True
HBV	Negative	False

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