GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
c44c530f19E3182B312	16/05/2026 16:58:29

Doctor SELF REFERRAL

Date Entered	16/05/2026 16:58:29
Date Printed	16/05/2026 16:58:29
Collection Date	16/05/2026 16:58:29

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

Patient Information

Patient	Bola1
Email	
Age	5 years
Gender	Female
Phone No	
Address	F5 69 Rd, Gwarinpa Estate, Abuja 900108, Federal Capital Territory, Nigeria
Specimen Type	33
Clinical Data	333

Name	Result	References
HIV	**Positive**	**44**
HBV	**Positive**	**44**

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

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RC Number: 489766