GOMED DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
5757c9c519E36EE3534	17/05/2026 18:14:01

Doctor SELF REFERRAL

Date Entered	17/05/2026 18:14:01
Date Printed	17/05/2026 18:14:01
Collection Date	17/05/2026 18:14:01

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

Patient Information

Patient	Kola 2
Email	labtracadiagnostics+5@gmail.com
Age	6 years
Gender	Female
Phone No	08066554433
Address	house 42, 6921 gwarinpa
Specimen Type	blood
Clinical Data	Health status

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

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