GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
29de318f19E36EB0BC2	17/05/2026 18:10:34

Doctor SELF REFERRAL

Date Entered	17/05/2026 18:10:34
Date Printed	17/05/2026 18:10:34
Collection Date	17/05/2026 18:10:34

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

Patient Information

Patient	Kola1
Email	labtracadiagnostics+5@gmail.com
Age	6 years
Gender	Male
Phone No	08066554433
Address	house 42, 6921 gwarinpa
Specimen Type	blood
Clinical Data	health status

Name	Result	References
HIV	**Positive**	**33**
HBV	**Negave**	**33**

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