GOMED DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
432cc90019E78128943	30/05/2026 09:49:01

Doctor SELF REFERRAL

Date Entered	30/05/2026 09:49:01
Date Printed	30/05/2026 09:49:01
Collection Date	30/05/2026 09:49:01

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

Patient Information

Patient	Jos 4
Email	
Age	6 years
Gender	MALE
Phone No	
Address	F5 69 Rd, Gwarinpa Estate, Abuja 900108, Federal Capital Territory, Nigeria
Specimen Type	44
Clinical Data	22

Name	Result	References
HIV	**Positive**	**ww**
HBV	**Negave**	**55**

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