



# MKK DIAGNOSTICS, ABUJA

## LABORATORY REPORT FORM - FOOD HANDLERS TEST REPORT SHEET

Requisition Number	Report Date
714be21419B31D0DBB8	18/12/2025 15:16:02

**Doctor** Public Health

**Patient Information**

Date Entered 18/12/2025 15:16:02  
Date Printed 18/12/2025 15:16:02  
Collection Date 18/12/2025 15:16:02

**Patient** Esther Daniel  
**Email** okonfrancis58@gmail.com  
**Age** 24 years  
**Gender** Female  
**Phone No** 07032310130  
**Address** zone 4, 13 Lumumbashi St, Wuse, Abuja  
900201, Federal Capital Territory, Nigeria  
**Specimen Type** BLOOD AND STOOL  
**Clinical Data** -

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

TEST NAME	RESULTS	REFERENCE
HEPATITS A VIRUS (HAV)	Non-Reactive	Reactive, Non-Reactive

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