GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
75c0e8c119E370CB0E6	17/05/2026 18:47:19

Doctor SELF REFERRAL

Date Entered	17/05/2026 18:47:19
Date Printed	17/05/2026 18:47:19
Collection Date	17/05/2026 18:47:19

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

Patient Information

Patient	Kola 4
Email	labtracadiagnostics+5@gmail.com
Age	5 years
Gender	Male
Phone No	08066554433
Address	house 42, 6921 gwarinpa
Specimen Type	dd
Clinical Data	dd

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

+234(0)8133896015

RC Number: 489766