GOMED DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
4350fb4b19E7813DB3C	30/05/2026 09:50:27

Doctor SELF REFERRAL

Date Entered	30/05/2026 09:50:27
Date Printed	30/05/2026 09:50:27
Collection Date	30/05/2026 09:50:27

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

Patient Information

Patient	Jos1
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	77

Name	Result	References
HIV	-	**33**
HBV	**Negave**	**66**

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