GOMED DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
337b12b619E54EEC66C	23/05/2026 14:03:15

Doctor SELF REFERRAL

Date Entered	23/05/2026 14:03:15
Date Printed	23/05/2026 14:03:15
Collection Date	23/05/2026 14:03:15

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

Patient Information

Patient	Peter 2
Email	labtracadiagnostics+5@gmail.com
Age	7 years
Gender	MALE
Phone No	08066554433
Address	house 42, 6921 gwarinpa
Specimen Type	ww
Clinical Data	ww

Name	Result	References
HIV	**Positive**	**22**
HBV	**Negave**	**22**

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