



GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
bf83e7ce19C5DA56A5A	14/02/2026 20:34:07

Doctor SELF REFERRAL

Date Entered 14/02/2026 20:34:07
Date Printed 14/02/2026 20:34:07
Collection Date 14/02/2026 20:34:07

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

Patient Information

Patient Peter
Email labtracadiagnostics+5@gmail.com
Age 65 years
Gender Male
Phone No 08066554433
Address house 42, 6921 gwarinpa
Specimen Type Blood
Clinical Data Blood

Name	Result	References
HIV	Positive	Positive
HBV	Negative	Negative

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