GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
0bc14e6719E6E941F54	28/05/2026 13:34:21

Doctor SELF REFERRAL

Date Entered	28/05/2026 13:34:21
Date Printed	28/05/2026 13:34:21
Collection Date	28/05/2026 13:34:21

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

Patient Information

Patient	Jos 2
Email	labtracadiagnostics+5@gmail.com
Age	3 years
Gender	MALE
Phone No	08066554433
Address	house 42, 6921 gwarinpa
Specimen Type	ee
Clinical Data	ww

Name	Result	References
HIV	**Positive**	**ww**
HBV	**Negave**	**rr**

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