GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

Requisition Number	Report Date
4718f24e19E4445C4BE	20/05/2026 08:24:43

Doctor SELF REFERRAL

Date Entered	20/05/2026 08:24:43
Date Printed	20/05/2026 08:24:43
Collection Date	20/05/2026 08:24:43

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

Patient Information

Patient	Gona 3
Email	labtracadiagnostics+5@gmail.com
Age	7 years
Gender	MALE
Phone No	08066554433
Address	house 42, 6921 gwarinpa
Specimen Type	blood
Clinical Data	health

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

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