



GILEAD DIAGNOSTICS, ABUJA

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

| Requisition Number | Report Date |
|---------------------|---------------------|
| 75b655f419DAC9CCB8E | 20/04/2026 21:37:30 |

Doctor SELF REFERRAL

Date Entered 20/04/2026 21:37:30
Date Printed 20/04/2026 21:37:30
Collection Date 20/04/2026 21:37:30

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

Patient Information

Patient John
Email labtracadiagnostics+5@gmail.com
Age 2 years
Gender Male
Phone No 08066554433
Address house 42, 6921 gwarinpa
Specimen Type nasbnas
Clinical Data asbnasbnas

| Name | Result | References |
|------|----------|----------------|
| HIV | Positive | jsjnededjhdjsd |
| HBV | Negative | jksdjhsdfjhdsd |

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