



Government of

**Name** : **Age** : Yrs  
**Lab-No.** : **Gender** :  
**Collected on** : **Reported** :  
**Phone** : **Report Status** : Prepared  
**Investigation**

| Test Name | Parameter Name | Result           | Unit | Ref. Range |
|-----------|----------------|------------------|------|------------|
|           |                | (Lab Technician) |      | (Lab Head) |

-----End Of Record-----

### IMPORTANT INSTRUCTIONS

Test findings made public are specific to the submitted specimen. The calibre of the sample that the laboratory receives determines the outcome of every test. Laboratory tests should be clinically correlated by Referring Physician and should only be used as a tool to aid in diagnosis. Unexpected events may cause a delay in the delivery of the report. We regretted the inconvenience. In order to determine the precise figure, several tests might need to be repeated at an additional expense. Please submit the request no later than 72 hours after the report.