Government of

, ,

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

Test Name	Result	Unit	Ref. Range

(Lab Technician) **(Lab Head)**

, ,

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

IMPORTANT INSTRUCTIONS

Test results released pertain to the specimen submitted. All test results are dependent on the quality of the sample received by the Laboratory. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.