



Lab Tests Guide

Understand Your Tests. Empower your Health.

Your Laboratory Address Line 1

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Contact #: +0123987456

Website: www.labtestsguide.com

Patient #: 
101 - 108300039

Case #: 
0163 - 03 - 21

Patient Name: [Patient Name](#)

Age/Sex: 55 Years /Male

Telephone: +123456987

Address: Patient Address

Referred By: Patient Referred from

Receipt Date: 10-Mar-2021

Reporting Date: 12-Mar-2021

Specimen: Brought to the Lab

Lab No: 163

Const-

BLOOD GAS ANALYSIS, ARTERIAL

TEST NAME	Normal Ranges	UNIT	RESULT	RESULT
			11-Mar-2021	12-Mar-2021
Acetyl Choline Receptor Binding Antibody Serum	< 0.25 0.25 - 0.40 > 0.40	Negative Equivocal Positive	nmol/L	7.40
			7.40	7.40

Electronically Verified Report, No Signature(s) Required.

Not valid For any Hon'able Court.

Parhologist 1

Pathologist Designation

Pathologist Qualification

Parhologist 2

Pathologist Designation

Pathologist Qualification

Parhologist 3

Pathologist Designation

Pathologist Qualification

Parhologist 4

Pathologist Designation

Pathologist Qualification