



DOCTOR / CLINICIAN
SELF REFERRAL

REPORT DATE
24/07/2026 14:09:03

PATIENT INFORMATION

Patient Name
Mike Test 2

Email Address

Age / Gender
95 years / MALE

Phone No.

Home Address
2339, Iadi Kwali Street, Abuja, Federal Capital Territory, Nigeria

CLINICAL DATA

Date Entered: **24/07/2026 14:09:03**

Date Printed: **24/07/2026 14:09:03**

Collection Date: **24/07/2026 14:09:03**

Specimen Type: **blood**

Clinical Data: **M/A**

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

TEST NAME	RESULT	REFERENCE RANGES
Name	Result	References
HIV	Positive	Reactive
HBV	Negave	non-reactive



OFFICIAL LABORATORY STAMP
Mike Peters
+234 (0)8133896015

Thank you for choosing Gilead Diagnostics, Abuja. If you have any questions or comments, please contact us at labtracadiagnostics+7@gmail.com or call +234 (0)8133896015.