Gilead Diagnostics, Abuja

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

ee2e9f2519F943FEE1F
Requisition Number

DOCTOR / CLINICIAN	REPORT DATE
SELF REFERRAL	24/07/2026 14:10:45

PATIENT INFORMATION

Patient Name
Mike Test1

Email Address

Age / Gender
90 years / MALE

Phone No.

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

CLINICAL DATA

Date Entered:	**24/07/2026 14:10:45**
Date Printed:	**24/07/2026 14:10:45**
Collection Date:	**24/07/2026 14:10:45**
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	none-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.