Jogna Medical, Abuja

LABORATORY REPORT FORM - FOOD HANDLERS TEST REPORT SHEET

14da53d71A001EBD75C
Requisition Number

DOCTOR / CLINICIAN	REPORT DATE
SELF REFERRAL	14/08/2026 21:17:08

PATIENT INFORMATION

Patient Name
Mike

Email Address
labtracadiagnostics@gmail.com

Age / Gender
50 years / MALE

Phone No.
08062895692

Home Address
F5 69 Rd, Gwarinpa Estate, Abuja 900108, Federal Capital Territory, Nigeria

CLINICAL DATA

Date Entered:	**14/08/2026 21:17:08**
Date Printed:	**14/08/2026 21:17:08**
Collection Date:	**14/08/2026 21:17:08**
Specimen Type:	**blood**
Clinical Data:	**Lab test**

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

TEST NAME	RESULT	REFERENCE RANGES
TEST NAME	RESULTS	REFERENCE
HEPATITS A VIRUS (HAV)	Reactive	Reactive, Non-Reactive

OFFICIAL LABORATORY STAMP

Mike John
+234(0)8133896015

Thank you for choosing Jogna Medical, Abuja. If you have any questions or comments, please contact us at labtracadiagnostics+5@gmail.com or call +234(0)8133896015.