Gilead Diagnostics, Abuja

LABORATORY REPORT FORM - TEST RESULT TEMPLATE

780d747a19F7A266709
Requisition Number

DOCTOR / CLINICIAN	REPORT DATE
SELF REFERRAL	19/07/2026 12:32:44

PATIENT INFORMATION

Patient Name
Ife Guns

Email Address

Age / Gender
25 years / MALE

Phone No.

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

CLINICAL DATA

Date Entered:	**19/07/2026 12:32:44**
Date Printed:	**19/07/2026 12:32:44**
Collection Date:	**19/07/2026 12:32:44**
Specimen Type:	**Blood**
Clinical Data:	**Good**

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

TEST NAME	RESULT	REFERENCE RANGES
Name	Result	References
HIV	Positive	TRUE
HBV	Positive	TRUE

OFFICIAL LABORATORY STAMP

Ameenu
+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.