



**CHUGHTAI LAB**  
ONE NATION - ONE LAB

**CAP**  
**ACCREDITED**  
COLLEGE of AMERICAN PATHOLOGISTS

Patient Detail:

**Zia Ur Rehman .**

Age/Sex :

**27 Y(s) / M**

Registration Location:

**Near THQ Hospital, Chishtian**

Registration Date:

**12-Jan-2025 13:55**

Reference:

**Blue Card - Counter**

Consultant:

**DR ALI MUQADDAS SYED**

Patient Number:

**86601-25-15603273**

Case Number:

**86611-12-01**



Note : , , ,

## Patient Bill

**Collection Date & Time:**

**12-Jan-2025 13:55**

**Sr. Test Name**

1 ESR  
2 Serum HBsAg  
3 Serum Anti-HCV  
4 Blue Card Counter (Out Of Lahore)

**Reporting Date & Time**

Jan 13, 2025 - 05:55  
Jan 13, 2025 - 05:55  
Jan 13, 2025 - 05:56  
Jan 13, 2025 - 05:56

**Rate**

500.00  
1900.00  
2650.00  
500.00

**Total :** 5550.00

**Redeem Points :**

**Discount :** 1010.00

**To Be Paid :** 4540.00

**Paid :** Rs: 4540.00

**Remarks : 1 Case Registration using Loyalty Card 2557000155257793**

**Registered By :** Imran596

This bill is system-generated and does not require a signature or stamp

### Collection Center

Center Name : Bahawalnagar-3: Chishtian  
Phone Number : 03444476348:0632604254- 03454004669  
Contact Person : Syed Danish Bukhari  
Email : chishtian.86601@cll.edu.pk  
Address : Bahawalnagar Road Opp: THQ Hospital Chishtian

**Scan here to book home sampling**



I HAVE READ AND UNDERSTAND THIS CORRESPONDING TEXT AND HAVE ASSUMED ALL RISK(S) INVOLVED IN PARTICIPATING IN THIS TESTING. I RELEASE AND HOLD HARMLESS CHUGHTAI LAB AND ANY AUTHORIZING PHYSICIAN, INCLUDING THEIR EMPLOYEES, AGENTS AND CONTRACTORS, FROM ANY LIABILITY, CLAIM, INJURY, DAMAGES, ATTORNEYS' FEES OR HARM OF ANY NATURE THAT MIGHT RESULT FROM THE TESTING, MONETARY OR OTHERWISE, INCLUDING THOSE INVOLVING MY PHYSICAL OR MENTAL HEALTH, MEDICAL TESTING PROCEDURES, ERRORS IN TEST RESULTS. IN ADDITION, I HEREBY CERTIFY THAT ALL INFORMATION LISTED ON THIS FORM IS TRUE. I UNDERSTAND THAT ANY OBJECTIONS/EXPLANATIONS IN THIS REGARD CAN ONLY BE MADE/ASSERTED THROUGH ELECTRONIC MAIL ADDRESSED TO CHUGHTAI LAB AT "info@chughtailab.com" WITH SUBJECT LINE TITLED AS "OBJECTION TO WAIVER OF TEST", AND THAT ABSENT SUCH AUTHORED DIGITAL MAIL WITHIN THREE DAYS OF RECEIPT OF SAME, ALL OBJECTIONS ARE/SHALL FOREVER WAIVED.