Pt. Name : Mr. SK. Moosa Date : 29/02/2020

Age/Sex : 30 Yrs/ Male Bill No : 02/20/0297

Ref by : Self., Hospital :

***Report***

Source of specimen : Blood

Sample collection date : 29/02/2020

Reporting date : 29/02/2020

***Blood Group & Rh type***

**Blood Group**  : “ **A** ”

**Rh Type**  : POSITIVE

Authorized Signatory.

\* Correlate clinically. Srinivasa Reddy. V

If there is a need kindly discuss. M.Sc.,