Pt. Name : Mr. SK. Riyaz Date : 03/06/2020

Age/Sex : 26 Yrs/ Male Bill No : 06/20/0024

Ref by : Self., Hospital : Image ploy clinic

***Report***

Source of specimen : Blood

Sample collection date : 03/06/2020

Reporting date : 03/06/2020

***Blood Group & Rh type***

**Blood Group**  : “ **O** ”

**Rh Type**  : POSITIVE

Authorized Signatory.

\* Correlate clinically. Srinivasa Reddy. V

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