Pt. Name : Mr. Suresh Date : 19/09/2020

Age/Sex : 15 Yrs/ Male Bill No : 09/20/0197

Ref by : Dr. A.S. Musthafa M.D, (Chest), Hospital : Image poly clinic

***Report***

Source of specimen : Blood

Sample collection date : 19/09/2020

Reporting date : 19/09/2020

***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.,