Pt. Name : Mrs. S. Nageswaramma Date : 04/12/2020

Age/Sex : 55 Yrs/ Female Bill No : 12/20/0042

Ref by : Dr. Hospital :

***Report***

Source of specimen : Blood

Sample collection date : 04/12/2020

Reporting date : 04/12/2020

***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.,