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**Blood Test Report**

**Patient Information**

Name

Gender DOB

Date of Test Contact No

**Test Results**

|  |  |  |
| --- | --- | --- |
| Items | Result | Reference Range |
| Hemoglobin(Hb) |  |  |
| Red blood cell count(RBC) |  |  |
| (MCH) |  |  |

**Additional Notes**