(نتائج فحص **Factor VIII & IX)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| الاسم / **NAME** | | | العمر / **Age** | الجنسية / **Nationality** | | رقم المعاملة / **DOC No.** | |
| الزوج |  | |  |  | |  | |
| الزوجة |  | |  |  | |  | |
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| الزوج (HUSBAND) | |  | | |  | |  |
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| الزوجة (WIFE) | |  | | |  | |  |
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| تأثير المرض على الذرية (THE **EFFECT OF DISEASE ON OFFSPRING**) | | | | | | |  |
| ............. ............................................. ............................................. ............................................. ............................................. .................................................................................. ............................................. ............................................. ............................................. .................................................................................. ............................................. ............................................. ............................................. ............................................. ............................................. ............................................. ............................................................................. | | | | | | | |

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| تقييم الحالة: | EVALUATION : |
| 🞏 لا مانع من استكمال الزواج  🞏 يُنصح بعدم استكمال الزواج | 🞏 NO Perfecting To Proceed The Marriage.  🞏 Marriage is not Recommended. |

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| منسق فحص ما قبل الزواج |  | مدير مركز الفحص الشامل بالخبر |
| د. هناء بنت محمد الحداد | الختم  الرسمي | عثمان بن عبدالله الشهري |
| 🖋 |  | 🖋 |