

BIOSCOPIC DIAGNOSTIC LABORATORY DOH ACCREDITED

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| Name: | Date: | |
|----------|------------|--|
| Age/Sex: | Physician: | |
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SEROLOGY EXAMINATION REPORT

HbsAg

Urine Pregnancy Test

RPR/VDRL

Dengue NS1

Serum Pregnancy Test

Dengue Duo

END OF REPORT

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