



# **BIOSCOPIC DIAGNOSTIC LABORATORY** *DOH ACCREDITED*

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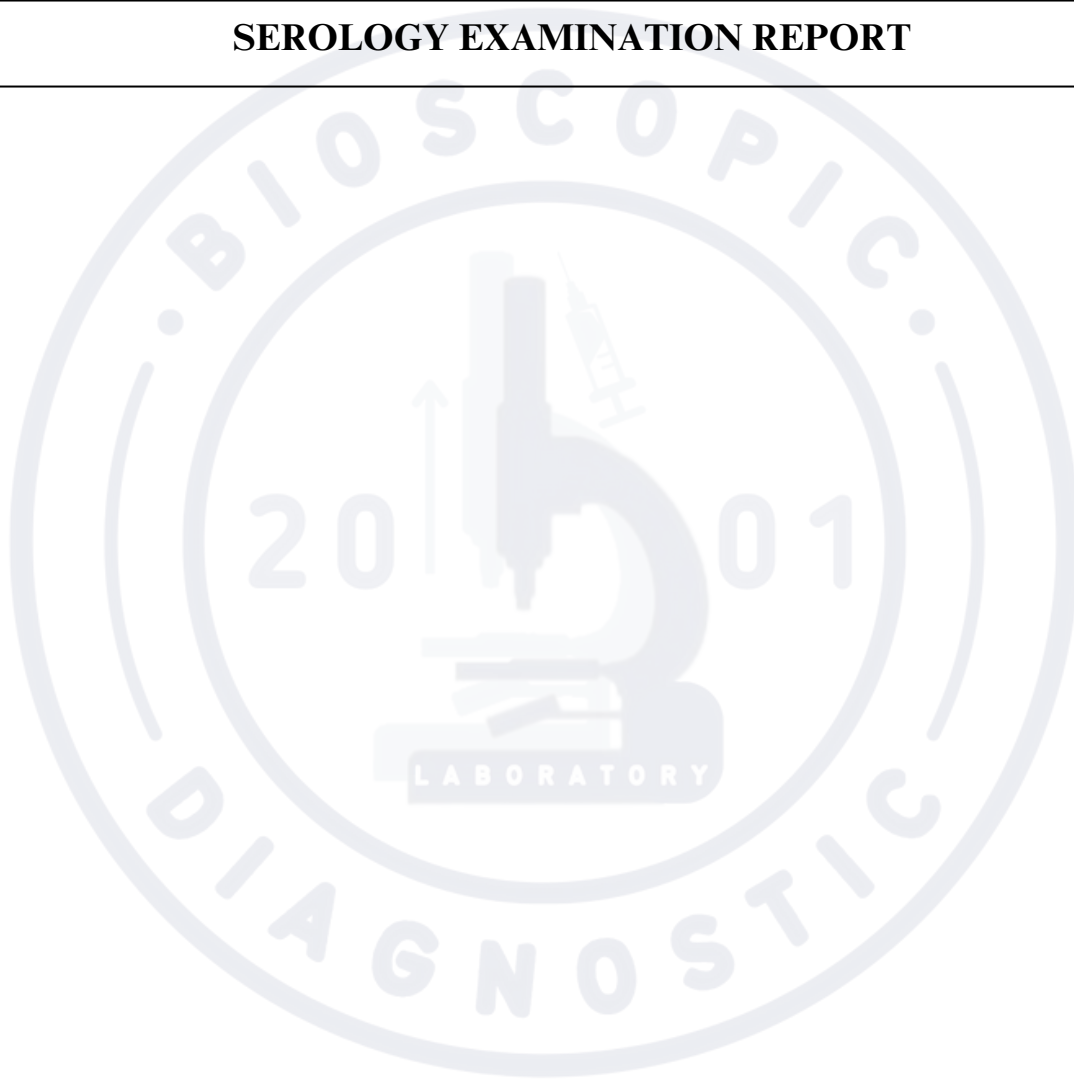
Name:

Date:

Age/Sex:

Physician:

## **SEROLOGY EXAMINATION REPORT**



\*\*\*END OF REPORT\*\*\*

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