**OR. NO.: {{OR\_NO}}**

**NAME: {{NAME}}**

**AGE/SEX: {{AGE\_SEX}}**

**DATE: {{DATE}}**

**MISCELLANEOUS**

|  |  |
| --- | --- |
| TEST | **{{TEST}}** |
| RESULT | **{{RESULT}}** |

*\*\*\*THIS RESULT FORM IS NOT VALID WITHOUT DRY SEAL.*

{{MEDTECH\_NAME}}

**MEDICAL TECHNOLOGIST**

{{PATHOLOGIST}}

**PATHOLOGIST**