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

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

**DATE: {{DATE}}**

**SEROLOGY**

|  |  |
| --- | --- |
|  | **RESULT** |
| **BLOOD TYPE** | **{{BLOODTYPE}}** |
| **HEPATITIS B SCREENING (HBsAg)** | **{{HEPA\_B\_SCREEN}}** |
| **ANTI-HAV SCREENING (HAV IgG/IgM)** | **{{ANTI\_HAV\_SCREEN}}** |
| **SYPHILIS SCREENING** | **{{SYPHILIS\_SCREEN}}** |
| **DENGUE NS1 ANTIGEN TEST** | **{{DENGUE\_ANTIGEN\_TEST}}** |

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

{{MEDTECH\_NAME}}

**MEDICAL TECHNOLOGIST**

{{PATHOLOGIST}}

**PATHOLOGIST**