**OR. NO.: 69693291 NAME:**

**AGE/SEX: /Select Gender**

**DATE: 2023-01-16**

**SEROLOGY**

|  |  |
| --- | --- |
|  | **RESULT** |
| **BLOOD TYPE** |  |
| **HEPATITIS B SCREENING (HBsAg)** |  |
| **ANTI-HAV SCREENING (HAV IgG/IgM)** |  |
| **SYPHILIS SCREENING** |  |
| **DENGUE NS1 ANTIGEN TEST** |  |

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

Jovel Christer

**MEDICAL TECHNOLOGIST**

JERRY C. ABROGUEÑA, MD, FPSP

**PATHOLOGIST**