

LABORATORIUM RESULT (検査結果)

Name (氏名) : **Mr. Watori**

Date of birth (生年月日) : **10/10/1984** (/yo)

ID.No (番号) :


Exam Date (検査日) : **10-Nov-2020**

Exam type :

Clinical Pathologist : **dr.Susana Somali SpPK**

Name of examination (検査名)	Result (結果)	Range of normal (正常範囲)	Remarks (備考) Ct/EP
Screening SARS-COV-2 IgG SARS COV2 IgM SARS COV2	Non reactive Non reactive	Non reactive Non reactive	

Jakarta, 10 Nov 2020

dr. Susana Somali, Sp PK
Doctor 
12.01.3173.2131/17042/03.17.1