



CHUGHTAI LAB
ONE NATION - ONE LAB

CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Patient Detail:

Junaid Noor

Age/Sex :

23 Y(s) / M

Registration Location:

Home Sampling Lahore 1

Registration Date:

17-Jun-2025 22:31

Reference:

CureMD

Consultant:

.

Patient Number:

1001-25-16744948

Case Number:

680293-17-06



Note : , , ,

Patient Bill

Collection Date & Time:

17-Jun-2025 22:31

Sr.	Test Name	Reporting Date & Time	Rate
1	Blood C/E (Complete, CBC) Hb, WBC Count (TLC), DLC , Total RBC, Platelet Count, HCT, MCV, MCH, MCHC, Type, RDW CV %, MPV fl	Jun 18, 2025 - 14:31	800.00

Total :	800.00
Redeem Points :	
Discount :	200.00
To Be Paid :	600.00
Paid :	Rs: 600.00
Registered By :	Qasim10612

This bill is system-generated and does not require a signature or stamp

Collection Center

Center Name : Lahore: Home Sampling Service 10-Jail Road

Phone Number : 03408883236:03467174177

Contact Person :

Email :

Address :

Scan for Whatsapp
Invoice/Reports



I HAVE READ AND UNDERSTAND THIS CORRESPONDING TEXT AND HAVE ASSUMED ALL RISK(S) INVOLVED IN PARTICIPATING IN THIS TESTING. I RELEASE AND HOLD HARMLESS CHUGHTAI LAB AND ANY AUTHORIZING PHYSICIAN, INCLUDING THEIR EMPLOYEES, AGENTS AND CONTRACTORS, FROM ANY LIABILITY, CLAIM, INJURY, DAMAGES, ATTORNEYS' FEES OR HARM OF ANY NATURE THAT MIGHT RESULT FROM THE TESTING, MONETARY OR OTHERWISE, INCLUDING THOSE INVOLVING MY PHYSICAL OR MENTAL HEALTH, MEDICAL TESTING PROCEDURES, ERRORS IN TEST RESULTS. IN ADDITION, I HEREBY CERTIFY THAT ALL INFORMATION LISTED ON THIS FORM IS TRUE. I UNDERSTAND THAT ANY OBJECTIONS/EXPLANATIONS IN THIS REGARD CAN ONLY BE MADE/ASSERTED THROUGH ELECTRONIC MAIL ADDRESSED TO CHUGHTAI LAB AT "info@chughtailab.com" WITH SUBJECT LINE TITLED AS "OBJECTION TO WAIVER OF TEST", AND THAT ABSENT SUCH AUTHORED DIGITAL MAIL WITHIN THREE DAYS OF RECEIPT OF SAME, ALL OBJECTIONS ARE/SHALL FOREVER WAIVED.