



# ML Diagnostic Center

Governor Yulo Drive Brgy. Quezon Arevalo, Iloilo City  
Telephone No.: (033)3215439, 09392828878 and 09667562388  
DOH License No.: 06-0279-21-CL-2

Name: **ASD, ASD**  
Age: **0**  
Birthdate: **June 24, 2025**  
Address: **MANILA**

Patient ID: **ML-000001**  
Gender: **MALE**  
Physician:  
Date: **October 22, 2025**

## HEMATOLOGY

ABO Blood Type

**"O"**

RH Typing

*\*\*Laboratory results must be clinically correlated by your attending physician.*

October 22, 2025

  
JUAN DELA CRUZ  
Lic. No. 0000001

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