



Healthkind Lab

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Serial : 2004607

Barama Road, 781335

Near D.C. Office

Contact Us : 6026351898 / healyou400@gmail.com

Name of the patient : **Nishal Barman**

Age : **19** Years, Gender : **Male**

Referred by Dr. : **Self**

Sample Type : **Serum**

Billing Date : **28/10/2022**

Sample (Lab No.) : **123456**

Date of collection : **28/10/2022**

Date of report : **28/10/2022**

Status

<u>Test</u>	<u>Result</u>	<u>Biological Ref. Interval</u>	<u>Method</u>
SGOT	U/L	(8-40) U/L	
SGPT	U/L	(5-35) U/L	

****End of Report****

SIGNATURE OF PATHOLOGIST

Dr. R. Kalita

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