



Healthkind Lab



Barama Road, 781335

Near D.C. Office

Contact Us : 6026351898 / healyou400@gmail.com

Serial : 2004674

Name of the patient : **BINA SAHARIA**
Age : **23 Years**, Gender : **Female**
Referred by Dr. : **S.M.K CIVIL HOSPITAL**
Sample Type : **Whole Blood**

Billing Date : **23/11/2022**
Sample (Lab No.) : **252093**
Date of collection : **23/11/2022**
Date of report : **23/11/2022**

Status

| <u>Test</u> | <u>Result</u> | <u>Unit</u> | <u>Ref.Interval</u> |
|-------------|---------------|-------------|---------------------|
| HAEMOGLOBIN | 11.3 | gm/dl | M(13-17), F(12-15) |

****End of Report****

SIGNATURE OF PATHOLOGIST
Dr. R. Kalita

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