



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 : **21Year**, Gender : **Male**

Referred by Dr. : **Self**

Sample Type : .

Billing Date : **26/10/2022**

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

Date of collection : **26/10/2022**

Date of report : **26/10/2022**

ABO & Rh GROUPING

Status

<u>Test</u>	<u>Patient's Value</u>	<u>Ref. Interval</u>	<u>Method</u>
A.B.O. GROUP	Negative		
RH 'D'	Negative		

****End of Report****

SIGNATURE OF PATHOLOGIST

Dr. R. Kalita

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