**REPORT ID: 1QSJBCHD9LI2R37XI** 

## **Covid 19 Report**

Personal Information —————		
Name of Patient	Date of Birth	Gender
fadi	01 / 01 / 1980	Male
Email		Blood Group
alturjman@outlook.com		A-
Test Information		
Reason for Testing	Date of Test	Type of Test
Travelling To Europe	25 / 05 / 2023	PCR
Symptoms		
None		
Result Information ————————————————————————————————————		
Doctor Remarks and Comments		
None		
Doctor Name	Doctor Email	
Ibrahim Ame	ame.ibrahim@yahoo.c	com

**GENERATED DATE: 25/05/2023**