Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
BETA HCG (QUANTITATIVE)\*
Test Name Value Unit Ref.Interval
Serum Beta HCG (CLIA/Beckman DXI 800) 0.20 mIU/ml <5
NOTE : This test was processed at third party lab.
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