Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
TEST NAME VALUE UNIT REFERENCE RANGE
Plasma G6PD
by UV kinetic/semiautomated 9.46 U/g of Hb 4.6-13.5
CLINICAL CHEMISTRY
NOTE : This test was processed at third party lab.
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