COMPANY LOGO

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COMPANY FULL NAME

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Address Iine 1>

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contact phone> <contact email

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Company ID

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| Name :  Phone : email :  Referred By : <Doctor Name>  Institution : <Hospital Name> | | | |  | Age :  Gender :  Sample time :  Report time : | | | |  | Receipt No :    Receipt Date :  Print Date : | | |
| **Test Description** |  | | **Value Observed** | | |  | | **Biological Reference** | | | |
|  | | | **<CATEGORY NAME >** | | | | |  | | | |
| BUN | | | 5.9 mg/dL | | | | | Adults: | | | |
|  | | |  | | | | | <60 yrs: 6.0—20.0 mg/dL | | | |
| **LIVER FUNCTION TEST WITH GGT** | | |  | | | | | >60 yrs: 8.0—23.0 mg/dL | | | |
| BILRUBIN (T) | | | 0.3 mg/dL | | | | | <1.0 mg/dL | | | |
| BILRUBIN DIRECT | | | 0.2 mg/Dl | | | | | 0-0.2 mg/dL | | | |
| BILRUBIN INDIRECT | | | 0.42 mg/Dl | | | | | < 0.8 mg/dL | | | |
| AST / SGOT | | | 31 U/L | | | | | 10 – 15 yrs: 10-40 U/L | | | |
|  | | |  | | | | | 16 – 19 (Male): 15-45 U/L | | | |
|  | | |  | | | | | Adults: <38 U/L | | | |
| ALT / SGPT | | | 44 U/L | | | | | 1 – 19 yrs: 5—45 U/L | | | |
|  | | |  | | | | | Adults: <45 U/L | | | |

Notes:

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