

PATIENT'S NAME(Last, First Middle Name) DATE/TIME OF COLLECTION: 10/14/2024 09H13M **RIVERA** Roel PAGDINGALAN DATE/TIME OF EXAM: 10/14/2024 11H02M PIN BIRTHDATE AGE/GENDER ROOM/BED **VISIT NUMBER** 1310163268 12/02/1986 37Y / M PATHO / 1001773265

## **CLINICAL SEROLOGY AND IMMUNOLOGY**

Specimen: SERUM

	CONVENTIONAL UNITS			S.I. UNITS		
TEST	RESULT	UNIT	REFERENCE RANGE	RESULT	UNIT	REFERENCE RANGE
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Serum Total Prostate	0.50	ng/mL	0.00 - 4.00	0.50	ug/L	0.00 - 4.00
Specific Antigen				ĺ	_	



MANUELITO A. MADRID, M.D., FPSP PRC#87687 **PATHOLOGIST** 

This result is best interpreted by your attending physician in correlation with your clinical data, imaging and other laboratory results. This report has been electronically validated. No signature is required.

PRINT DATE/TIME: 10/14/2024 14H25M

SPECIMEN # 4004690323

ORIGINAL RELEASE DATE/TIME: