

TAX INVOICES
GST ID NO: 000799281152

DEBTOR: PMC-SEB
NAME: SAPURA ENERGY BERHAD
C/O PMCARE SDN. BHD.
NO.1, JALAN USJ 21/10, UEP SUBANG JAYA
47630 SELANGOR
ATTN : ENCIK NORIZA / PN ROZITA

CONTACT:

MRN: 1023207
NAME
IC
ID.
DOCTOR: DATO' DR MOHAMED IBRAHIM

PAGE: 1
BILL NO: 10195218
USER-ID: SASITHAR
BILL DATE: 04/01/2018 22:52
FIN. CLASS: IS

GL NO: 18010216221949

CREDIT TERM: 0 DAYS
EPISODE NO: 0021
REGISTER DATE: 04/01/2018 09:18

	AMOUNT (RM)	GST AMT (RM)	TOTAL INCLUDE GST (RM)	TAX CODE
HOSPITAL CHARGES EXEMPT SUPPLIES				
ACCOMODATION	165.00	0.00	165.00	ES
CDR PROCEDURE	220.00	0.00	220.00	ES
LABORATORY	195.00	0.00	195.00	ES
MEDICAL SUPPLIES	217.80	0.00	217.80	ES
MEDICATION	11,482.00	0.00	11,482.00	ES
NURSING PROCEDURE	5.00	0.00	5.00	ES
NURSING PROCEDURE	25.00	0.00	25.00	ES
Sub-Total			12,309.80	
HOSPITAL CHARGES STANDARD RATED @ 6%				
MEDICAL RECORD	5.00	0.30	5.30	SR
Sub-Total			5.30	
CONSULTANT/PROCEDURE FEE (COLLECTION ON BEHALF - FOR GST PURPOSE ONLY)				
DATO' DR MOHAMED IBRAHIM-P			350.00	ES
GST ID:				
Sub-Total			350.00	
TOTAL BILL AMOUNT			12,665.10	
TOTAL AMOUNT TO BE PAID/(REFUND)			12,665.10	

GST SUMMARY	AMOUNT	GST
EXEMPT SUPPLIES	12,659.80	0.00
STANDARD RATED @ 6%	5.00	0.30

Print Date/Time/User: 04/01/2018 22:52 by SASITHAR
Note:

Interest of 12% per annum will be levied on any of the sum that is overdue in is account.
Payment by cheques only acceptable for corporate accounts. Cheque should be crossed
"Account Payee Only" and made payable to BEACON INTERNATIONAL SPECIALIST CENTRE SDN BHD

ORIGINAL DETAIL BILL

DEBTOR: PMC-SEB
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HOSPITAL CHARGES

Price Code	Description	Trans Date	Qty	Amount (RM)	GST (RM)	Total Include GST (RM)	Tax Code
210709012	CHEMO DAYCARE STANDARD	04/01/2018	1.00	165.00	0.00	165.00	ES
	ACCOMODATION					165.00	
120000004	CHEMOTHERAPY DRUG RECONSTITUTION PROCEDURE (CDR) 3	04/01/2018	1.00	220.00	0.00	220.00	ES
	CDR PROCEDURE					220.00	
ONP2	ONCOLOGY PROFILE 2	04/01/2018	1.00	195.00	0.00	195.00	ES
	LABORATORY					195.00	
910700426	PHASEAL CYTO 4 INLINE C110	04/01/2018	1.00	29.60	0.00	29.60	ES
910700411	TERUMO SOLUTION SET (TI*PU300LY)	04/01/2018	1.00	26.20	0.00	26.20	ES
910700304	SPIROS CLOSED MALE CONNECTOR CH	04/01/2018	1.00	20.00	0.00	20.00	ES
910700301	HUBER PLUS SAFETY NEEDLES 19X1.0 W	04/01/2018	1.00	46.00	0.00	46.00	ES
910700230	TEGADERM I.V DRESSING 1655 8.9 X	04/01/2018	1.00	12.90	0.00	12.90	ES
910700044	DRESSING SET	04/01/2018	1.00	5.40	0.00	5.40	ES
910700003	GAMMEX SURGICAL GLOVE (ANSELL) 6.5	04/01/2018	1.00	6.40	0.00	6.40	ES
510070022	SODIUM CHLORIDE 0.9% IV 250ML	04/01/2018	1.00	8.60	0.00	8.60	ES
980600067	DISCOFIX 3 WAY STOPCOCK BLUE	04/01/2018	1.00	8.00	0.00	8.00	ES
510070013	SOD CHLORIDE 0.9% 500ML (3615482	04/01/2018	2.00	8.20	0.00	8.20	ES
910700427	PHASEAL SECONDARY SET C61	04/01/2018	3.00	33.60	0.00	33.60	ES
510070012	SOD CHLORIDE 0.9% 100ML (3633820)	04/01/2018	3.00	12.90	0.00	12.90	ES
	MEDICAL SUPPLIES					217.80	
102000573	BINOCRIT INJ 40000IU OR 1ML	04/01/2018	1.00	718.50	0.00	718.50	ES
102000119	DEXAMETHASONE INJ 8MG OR 2ML	04/01/2018	2.00	34.40	0.00	34.40	ES
102000212	PIRIMAT INJ 10MG OR ML (PIRITON)	04/01/2018	1.00	11.50	0.00	11.50	ES

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Price Code	Description	Trans Date	Qty	Amount (RM)	GST (RM)	Total Include GST (RM)	Tax Code
102000216	HERCEPTIN INJ 440MG OR 20ML	04/01/2018	1.00	8,341.00	0.00	8,341.00	ES
102000227	KEMOCARB INJ 450MG OR 45ML	04/01/2018	1.00	243.50	0.00	243.50	ES
102000393	VESYCA INJ 50ML OR 2ML	04/01/2018	1.00	11.90	0.00	11.90	ES
102000375	NIVESTIM INJ 30MU PFS	04/01/2018	2.00	293.00	0.00	293.00	ES
102000352	GRANISETRON INJ 3MG (FK)	04/01/2018	1.00	59.50	0.00	59.50	ES
102000257	PAXUS PM INJ 30MG OR 5ML	04/01/2018	1.00	498.50	0.00	498.50	ES
102000256	PAXUS PM INJ 100MG OR 16.5ML	04/01/2018	1.00	1,263.50	0.00	1,263.50	ES
102000251	HEPARIN SALINE INJ 10ML	04/01/2018	1.00	6.70	0.00	6.70	ES
MEDICATION						11,482.00	
210700101	CHEMOPORT NEEDLE INSERTION BY NURSE	04/01/2018	1.00	5.00	0.00	5.00	ES
NURSING PROCEDURE						5.00	
210700072	CHEMO MEDICAL CONSUMABLES (PER DAY)	04/01/2018	1.00	25.00	0.00	25.00	ES
NURSING PROCEDURE						25.00	
201200002	MEDICAL RECORD SUBSEQUENT VISIT DATO' DR MOHAMED IBRAHIM	04/01/2018	1.00	5.00	0.30	5.30	SR
MEDICAL RECORD						5.30	
Sub-Total					12,315.10		
CONSULTANT/PROCEDURE FEE							
250010012	ORAL CHEMO COMPLEX	04/01/2018	1.00			350.00	ES
GST ID: DATO' DR MOHAMED IBRAHIM							

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TOTAL BILL AMOUNT	Sub-Total	350.00
TOTAL AMOUNT TO BE PAID/(REFUND)		12,665.10
Print Date/Time/User: 04/01/20 22:52 by SASITHAR		12,665.10

Note:

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**FORM MM201 (Part I)****TRANSMISSION**

CRD	:		Sp/Hosp. Fax No.	:	0377872922
GL Serial No.	:	18010216221949	Other Fax No.	:	0376207979
Previous GL Serial No.	:	18010216221949	By Hand/Courier/Mail	:	
Date/Time of Issuance	:	02/01/2018 16:22:19.801	Visit Type	:	NOT APPLICABLE
Attention	:	DATO DR MOHAMED IBRAHIM	Service Type	:	ADMISSION
To	:	BEACON INTERNATIONAL SPECIALIST CENTRE	Appointment Date	:	03/01/2018

GUARANTEE LETTER ("GL")**GL Validity Period:**

- i) To be utilized until 15/01/2018
 ii) For one (1) Outpatient visit or one (1) Inpatient admission not exceeding ten (10) days.
 iii) For extension of admission, a new GL must be obtained upon expiry of ten (10) days validity

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for Outpatient visit/Admission expenses incurred for abovenamed patient NOT EXCEEDING the following limits stated in Item No. 2.
 2. The abovenamed patient is entitled to:

A total limit of not more than	RM 4,000.00 INITIAL LIMIT
A daily Room & Board charges <u>inclusive of Meals & Tax</u> of not more than	450.00
Intensive Care Unit	0.00
Surgical fees of not more than	0.00
Anesthetic fees of not more than	0.00
Hospital Ancillary Services of not more than	0.00
A daily In-Hospital Physician Visit of not more than	0.00
Delivery Limit of not more than	N/A

IMPORTANT NOTES FOR ITEM NO.2

- a. Patients are not allowed to upgrade their Room & Board entitlement (Inclusive of meals & tax).
 b. However if member opts to or is requested to upgrade his/her Room & Board entitlement, he/she shall be responsible to **bear 20% of the total hospital bill.**

3. Diagnosis (Provisional or Primary)

OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF BREAST / FOR CHEMOTHERAPY

4. Kindly note that:

- a. Expense entitlement is only for or directly related to medical/surgical condition referred to the Diagnosis as per above Item No. 3.
 b. Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
 c. PMCare will not pay or be responsible for any expenses in excess of the above entitlement or incurred for non-entitlement as indicated above. The excess amount **must be recovered by the hospital** from the patient upon their discharge, to be advised in our Discharge Advice.
 d. Payment of claims is subject to timely submission of complete documents, i.e. within thirty (30) days from date of service or discharge.
 e. For extension of admission, the hospital must contact PMCare.
 5. Kindly fax to our Careline Centre your final itemized bill with diagnosis and surgical procedures done, so that we can advise you better on the actual coverage, bills and payment.
 6. Please attach the completed form **MM201 (Part I & II)** together with your invoice for payment.
 7. Please note that the following non-medical items are not covered:
 Congenital Anomalies; Birth Control & Infertility investigation or treatment; Sexually Transmitted Disease; A.I.D.S; Cosmetic Surgery; Psychiatric Disorder and Dental Care. For complete listing, please refer to the Working Guidelines.

Yours faithfully,

For and on behalf of
PMCare Sdn Bhd

Authorised Signatory

I, the abovenamed and/or on behalf of my dependent hereby consent to the release of the medical report to PMCare Sdn Bhd/payer for claims processing.

Name :
 NRIC No. :

PM CARE SDN BHD (458443-P)

No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888
 Careline: 03-8026 7799 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my



FORM MM201 (Part II)

GL Serial No. : 18010216221949

GL Issued To : BEACON INTERNATIONAL SPECIALIST CENTRE SDN BHD

Visit Type

: NOT APPLICABLE

Service Type

: ADMISSION

Appointment Date

: 11/01/2018

THE FOLLOWING ITEMS ARE NOT COVERED UNDER THE PROGRAM

Treatment by acupuncturist, homeopath and traditional medicine practitioner	Expenses incurred during hospitalization which are of a personal nature, e.g food, telephone, extra bed.
Contraceptive treatment such as taking family planning pills, IUD, sterilization	Treatment of cosmetic nature
Infertility treatment	Abortion and venereal disease treatment
Aids for correction of eyesight and hearing	Treatment arising from intentional or self-inflicted injuries

REASON FOR REFERRAL (Based on Referral/Previous Notes)

MALIGNANT NEOPLASM OF BREAST OF UNSPECIFIED SITE

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Ca breast

Final Diagnosis

ca breast

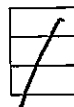
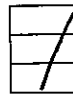
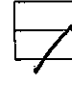
ICD10 coding, if available

Since when condition deemed to have started

2014.

Major Procedure(s) - if any

IV Chemotherapy

Please indicate ✓
if this illness
or treatment is/arePregnancy-related
Infertility-related
CongenitalChronic
Cosmetic
Work-relatedPsychological
MVA-related

Follow-up necessary?

Please indicate ✓ if patient needs to be/was crossed referred?

No
NoYes
Yes

If Yes, to which specialist? (Please state reasons)

☐ N/A = Applicable

FU = Follow Up



FV = First Visit

Signature of Attending Specialist

DATO DR. MOHAMED IBRAHIM A WAHID
 NO. MMC : 30314
 DPMP. MB BCh(Wales), DART(UK), AM(MAL)
 Consultant Clinical Oncologist / Medical Director
 BEACON INTERNATIONAL SPECIALIST CENTRE SDN BHD
 (Formerly known as Wajaya International Medical Centre)

Note: Once stable, please refer the patient back to the referring doctor or his/her regular GP with appropriate advice.

PM CARE SDN BHD (458443-P)

No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888
 Careline: 03-8026 7799 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my

PMCare Pre-Admission Form



Important Note : To request a Guarantee Letter, please complete this form prior to admission and email/fax to
ol@pmcare.com.my/03 8023 9999.

Hospital Name	Beacon International Specialist Centre.		
Contact Person	Sarah	Contact No.	03-77872892 Fax 03-77872922
Admission Date	14 day 01 month 2018 year	Admission Time	am/pm

Presenting symptoms at time of admission and physical finding	CA Breast		Blood Pressure	
			Pulse	
			Respiratory rate	
			Temperature	
Is this the FIRST TIME patient has this/these or similar symptom(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2014 year(s) _____ month(s) _____ week(s) _____ day(s) If no, how long has the condition existed? _____ day _____ month 2014 year When did patient first consult you for this complaint/condition?			
Provisional Diagnosis	CA breast			
Etiology of the above diagnosis	malignancy of breast			
Please indicate (✓) if the illness/injury or treatment is/are	Motor vehicle accident related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Date of accident	day month year
	Slips, Trips or Fall	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Time of accident	am/pm
	Accident at Work	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Cosmetic/Dental Care/Refractive error	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Chronic Illnesses	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Influence of Drugs/Alcohol	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Psychological Disorder/Psychiatric/Sleeping Disorder	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Pregnancy Related /infertility	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Self-Inflicted injuries/Violation of laws/Strike/Riots	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Congenital	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
STD/HIV/AIDS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Has patient suffered from/Is patient suffering any illnesses stated as follows:	Hypertension, Diabetes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day month year
	Cardiovascular Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day month year
	Malignancy of any kind	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Since?	day month year
	Stones of the Urinary system	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day month year
	ENT conditions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day month year
	Hernias, haemorrhoids	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day month year
	Endometriosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day month year
	Others	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	(If yes, please specify) day month year
Can this condition be managed under outpatient basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, please state reason)	Reason	IV Chemotherapy, blood test	
Admission requires	<input type="checkbox"/> Hospitalisation <input checked="" type="checkbox"/> Day Care <input type="checkbox"/> On patient's request	Estimated length of stay	day	
Please state TREATMENT PLAN . e.g. lab test, imaging, and etc	<input checked="" type="checkbox"/> Medication <input type="checkbox"/> Procedure <input type="checkbox"/> Surgery <input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Diagnostic Imaging <input type="checkbox"/> Laboratory Test <input type="checkbox"/> Others, Please specify :	Estimated total cost RM 4000	
Signature and stamp of Admitting Physician/Surgeon	 Dato' Dr. Mohamed Ibrahim A Wa No MMC: 30314			

DPMP, MB BCH(Wales), DMRT (UK), FAM (Mal)
 No.1, Jalan USJ 21/10, USJ 21, 47630 Subang Jaya, Selangor, Malaysia
 Careline: 03-8023 9999 Fax: 03-8023 9999 Email: ol@pmcare.com.my
 BEACON INTERNATIONAL SPECIALIST CENTRE SDN BHD (621976-D)

PATHOLOGY REPORT

Courier Run: P13

Patient Details ID: 1022207

Doctor Details
DATO DR MOHD IBRAHIM
BEACON INTERNATIONAL SPEC
NO 1 JLN 215 SEC 51
OFF JLN TEMPLER
PETALING JAYA 46050

Collected: 04/01/18 10:00 Ward:
Referred : 04/01/18 Yr Ref.:

Lab No.:18-1067677-I

HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

**	Haemoglobin		<u>88</u> g/L	(115-165)
**	RBC		<u>2.89</u> x 10 ¹² /L	(3.80-5.50)
*	PCV		<u>0.28</u> L/L	(0.35-0.47)
	MCV		98 fL	(78-99)
	MCH		30 pg	(27-32)
	MCHC		311 g/L	(300-360)
*	RDW		<u>21.3</u> %	(11.0-15.0)
**	White Cell Count		<u>2.8</u> x 10 ⁹ /L	(4.0-11.0)
*	Neutrophils	41 %	<u>1.1</u> x 10 ⁹ /L	(2.0-8.0)
*	Lymphocytes	32 %	0.9 x 10 ⁹ /L	(1.0-4.0)
	Monocytes	11 %	0.3 x 10 ⁹ /L	(< 1.2)
	Eosinophils	16 %	0.4 x 10 ⁹ /L	(< 0.8)
	Platelets		252 x 10 ⁹ /L	(150-400)

Validated by Smitha a/p Mariappan (Dip MLT,AMU)

CC Drs: MOHD IBRAHIM A WAHID.

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Printed On: 17/01/18 At: 15:35 Run#: 3924 Page#: 1



Gribbles medical laboratories in Malaysia are set up to meet international quality standards. With major laboratories operating in Australia, Malaysia, New Zealand and Singapore, Gribbles laboratories provide a standard of care to meet the needs of the most discerning patients and doctors. When your health matters.

Choose Gribbles. Available from your doctor.

December 15

PATHOLOGY REPORT

Courier Run: P13

Patient Details UR: 1023207

Doctor Details
DATO DR MOHD IBRAHIM
BEACON INTERNATIONAL SPEC
NO 1 JLN 215 SEC 51
OFF JLN TEMPLER
PETALING JAYA 46050

Collected: 04/01/18 10:00 Ward:
Referred : 04/01/18 Yr Ref.:

Lab No.:18-1067677-I

GENERAL CHEMISTRY

SPECIMEN: SERUM

Cholesterol	4.6	mmol/L	(< 5.2)
Electrolytes			
Sodium	140	mmol/L	(135-145)
Potassium	3.8	mmol/L	(3.5-5.1)
Chloride	106	mmol/L	(95-110)
Renal Function			
Urea	6.5	mmol/L	(2.5-8.0)
* Creatinine	<u>102</u>	umol/L	(40-80)
* eGFR	<u>58</u>	mL/min/1.73m ²	
Uric Acid	0.38	mmol/L	(0.15-0.45)
Calcium	2.35	mmol/L	(2.10-2.55)
Corrected Calcium	2.39	mmol/L	(2.10-2.55)
Phosphate	1.32	mmol/L	(0.65-1.45)
Liver Function			
Total Protein	73	g/L	(60-82)
Albumin	36	g/L	(35-50)
Globulin	37	g/L	(20-39)
* Albumin/Globulin Ratio	<u>0.97</u>		(1.0-2.5)
Alkaline Phosphatase	61	U/L	(30-120)
Total Bilirubin	7	umol/L	(< 21)
GGT	21	U/L	(< 51)
AST	23	U/L	(< 41)
ALT	12	U/L	(< 51)

SERUM/PLASMA GLUCOSE

* Glucose	3.8	mmol/L	(3.9 - 7.7)
Specimen collected	09:40 h		
Specimen type	Random		

CC Drs: MOHD IBRAHIM A WAHID.

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Patient Details ID: 1023207

Doctor Details
DATO DR MOHD IBRAHIM
BEACON INTERNATIONAL SPEC
NO 1 JLN 215 SEC 51
OFF JLN TEMPLER
PETALING JAYA 46050

Referred : 04/01/18 Yr Ref.:

Lab No.:18-1067677-I

**ENDOCRINOLOGY
TUMOUR MARKERS**

SPECIMEN: SERUM

Serum CA125

6 U/ml (< 36)

**ENDOCRINOLOGY
TUMOUR MARKERS**

SPECIMEN: SERUM

Serum CA 15.3

12.0 U/ml (< 39.1)

**ENDOCRINOLOGY
TUMOUR MARKERS**

SPECIMEN : SERUM

C.E.A

1.9 ug/L (< 5.1)

REPORT COMPLETED

PLEASE FILE

Tests Requested:

HAEMATOLOGY GENERAL, MULTIPLE BIOCHEM ANALYSIS, GLUCOSE, SERUM/PLASMA,
GLUCOSE, SERUM/PLASMA, CA 125, CA 15.3, CEA, SERUM

CC Drs: MOHD IBRAHIM A WAHID.

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At: 15:35

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