**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| PATIENT NAME | [NAME] | IDNO/PASSPORT | [IDNO] |
| SEX | [GENDER] | D.O.B | [DOB] |
| LAB NUMBER | [LABNO] | DATE RECEIVED | [DATE] |
| DOCTOR/REF | [DOC] | HOSPITAL/CLINIC | [HOSP] |

**SYPHYLIS LABORATORY REPORT**

|  |  |  |
| --- | --- | --- |
| **PARAMETER** |  | **RESULT** |
| TPHA |  | [TPHA] |
| RPR |  | [RPR**]** |
|  |  |  |
|  |  |  |

QRCODE

COMMENT: [COMM]

|  |  |  |  |
| --- | --- | --- | --- |
| **Entered By:** | [USER] | **At:** | [TIME] |
| **Authorized By:** | [USER] | **At:** | [TIME] |