

# Laboratory Result Report Form

## Laboratory Report

### Demography Information

**Patient Name:** GENET DECHASA MAMO  
**Age:** 24 years  
**Sex:** F  
**Accession No:** 0502250154  
**Telephone:** 0932399049

### Routing Information

**Referring Physician:**  
**Referring Institution:**  
**MRN:** 3001261403  
**Collection Time:** 05/02/2025 01:17 PM  
**Report Time:** 05/02/2025 01:18 PM  
**Collected by:**  
**Collection site:**

Name	Result	Unit	Reference Range	ABN
<b>BASIC MICROSCOPY</b>				
HCG Serum	NEGATIVE			

Verified by: HELINA SISAY, Verified Date Time: Feb 05, 25 01:17 PM, Analyzer : , Specimen type: Serum

Comments: