

Document No: WAML/ALS/F5.8-001 Ser. No: Ver. No:1.0 Page 1 of 1 Effective date: June 01,2023



## Laboratory Report Form

**Demography Information** 

Patient Name: TALFUWORK ADEMASSE AWOKE

Age: 30 years

Sex: F

Accession No: 1103250181 Telephone: 0999999999

Routing Information

Referring Physician:

Referring Institution:

MRN: 3001267692

Collection Time: 11/03/2025 01:11 PM

Report Time: 11/03/2025 01:18 PM

Collected by:

Collection site:

Name

Result

Unit

Reference Range

ABN

**BASIC MICROSCOPY** 

HCG Serum

**NEGATIVE** 

Verified by: SOLOMON TUMEY, Verified DateT ime: Mar 11, 25 01:18 PM, Analyzer: , Specimen type: Serum

Comments:

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