

**TRUST MEDICAL LABORATORY**

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Tel No. : 04-23988766, Fax : 04-2398299, Email: info@tmluae.comOrganization Accredited
by Joint Commission International**LABORATORY INVESTIGATION REPORT**

Name	: UMAR KHAN	Referral Clinic	: PESHAWAR MEDICAL CENTER (
D.O.B / Sex	: 12-Jun-1994 (28 Years) / MALE	Referral Doctor	: DR. SAJID
PatientID/Nationality	: 158764 / INDIA	LabID / Clinic No.	: 108719 / 37332

Test Name	Result	Unit	Ref. Range	Methodology
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HAEMATOLOGY

Blood Group & RH

B POSITIVE

**** End of Report ****

Dr. Uday Sudhalker
Clinical Pathologist
DHA-P-0123520



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LAB TECHNICIAN
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