



DID: 332183955

Time: - 7:10 Am

753188

Contact us: +91 9999991555

CIN No.: U72300TN2013PTC092385

GST No.: 29AAHCP3193M1ZR

TRF/Receipt

Pickup Date: 13.07.25

Patient Name: SATYENDRA KR. SINGH

Age: 65

Gender: M/F

Booking ID:.....

Package Detail (s)

Amount

Vitamin B12, Lipid profile, KFT, LFT,

Urine RIC, Vitamin D, FBS, CBC



MB1439816

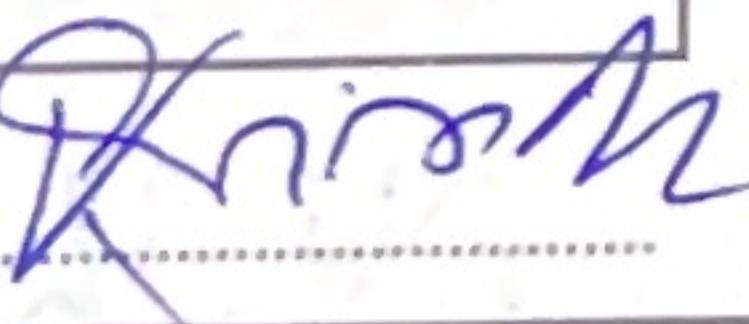
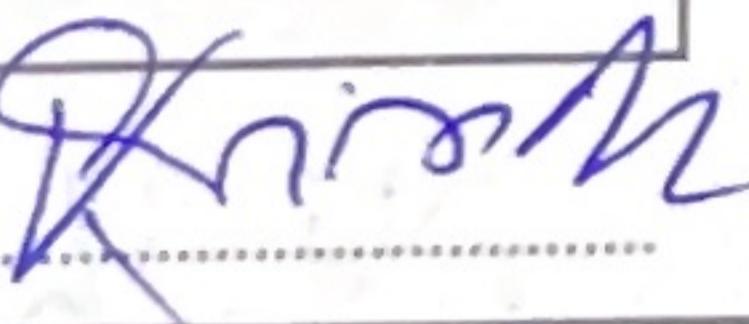
Urine Sample SN6 = Normal

Total:

- Serum in Plain/Gel Tube
- Blood (EDTA/Citrate/Fluoride/Heparin)
- Urine Stool
- Lithium Heparin (IGRA)
- Other (s)

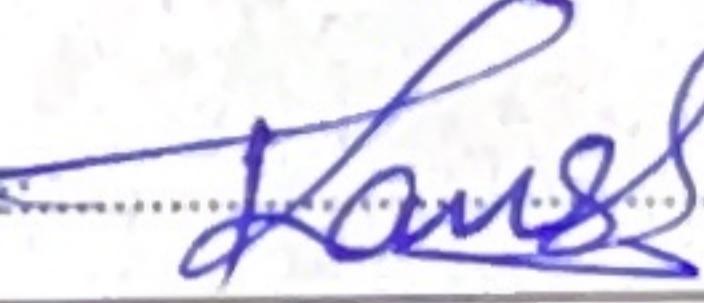
HIV CONSENT

"I have been informed about HIV test, its procedure, limitation and interpretation, along with its transmission and prevention. I, hereby, give my consent for my HIV test(s) to be conducted."

CUSTOMER SIGNATURE: CUSTOMER SIGNATURE: 

Clinical History.....

Medical History (if any).....

PHLEBO SIGNATURE: 

All dispute/claims concerning to reports are subjects to the courts of Karnataka. It is recommended that you consult your Doctor/Physician for interpretation of results.

Maximum liability of service provider would not exceed the amount charged by the service provider for the particular test.

PHASORZ TECHNOLOGIES PRIVATE LIMITED

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