

Contact us: +91 9999991555

CIN No.: U72300TN2013PTC092385

GST No.: 29AAHCP3193M1ZR

TRF/Receipt

Pickup Date: 28/01/25

Patient Name: NEGRAS KUMAR

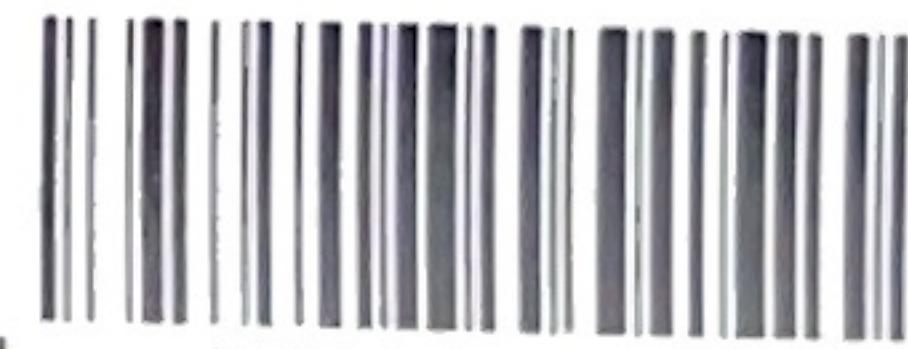
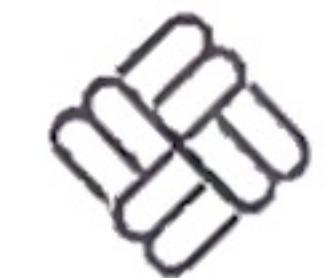
 Sample Description:  Fasting  PP  Random

Age: 37

Gender: M / F

Booking ID: .....

Package Detail (s)	Amount
MediBuddy ProHealth Package ₹ 664 UNIRIE SN R <u>Neegras Kumar</u> <u>28/01/25</u>	



MediBuddy MB1439315

Total: .....

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

 CUSTOMER SIGNATURE: Neegras Kumar
**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: .....

Clinical History: .....

Medical History (if any): .....

 PHLEBO SIGNATURE: Mrs. LOK

- 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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