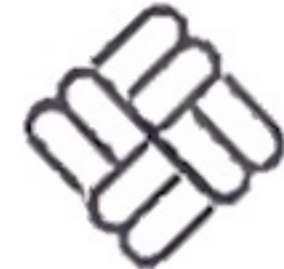



Contact us: +91 9999991555    CIN No.: U72300TN2013PTC092385    GST No.: 29AAHCP3193M1ZR    TRF/Receipt

Pickup Date: 21/01/25    Sample Description:  Fasting    PP    Random

Patient Name: NEERAJ KUMAR    Age: 37    Gender: M / F    Booking ID: .....

Package Detail (s)	Amount
MediBuddy ProHealth Package EELG UNIRIE SNR Neeraj Kumar 21/01/25	  MediBuddy MB1439315
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: *Neeraj Kumar*

Clinical History.....  
 Medical History (if any).....

CUSTOMER SIGNATURE: *Neeraj Kumar*    PHLEBO SIGNATURE: *[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.