

|                   |   |  |                  |   |  |
|-------------------|---|--|------------------|---|--|
| Patient Name      | : |  | Bill Date        | : |  |
| DOB/Age/Gender    | : |  | Sample Collected | : |  |
| Patient ID / UHID | : |  | Sample Received  | : |  |
| Referred By       | : |  | Report Date      | : |  |
| Sample Type       | : |  | Report Status    | : |  |
| Barcode No        | : |  |                  |   |  |

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**CLINICAL PATHOLOGY REPORT**

**Stool Occult Blood**

|                                 |          |   |          |
|---------------------------------|----------|---|----------|
| Stool Examination, Occult Blood | NEGATIVE | - | Negative |
|---------------------------------|----------|---|----------|



Booking Centre :- Life OK Lab (Bikaner), .  
Processing Lab :- Swasthyam, 4C Medical College Circle, Sadulgunj, Bikaner-334001

*Bhawani Singh Tanwar*

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2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.
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