

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.AHMAD BILAL

Age/Gender : 27 Y/M

Lab No : 10135154

Referred By : Dr.ATUL CHAND RASTOGI

Refer Lab/Hosp : CHARAK NA
Doctor Advice : WIDAL

Visit No : CHA250037859

Registration ON : 02/Mar/2025 10:46PM

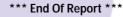
Sample Collected ON : 02/Mar/2025 10:48PM

Sample Received ON : 02/Mar/2025 11:50PM

Report Generated ON : 03/Mar/2025 09:26AM



Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				
SALMONELLA TYPHI O	1/40			
SALMONELLA TYPHI H	1/40			
NOTE:	Negative			







3y]

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST