

FAX

Recipient name :
White Label Testing Org

Sender name :
WCR Advantage

Subject :

Patient Information

Patient Name

Feb3 INRPT

Date of Birth

2000-01-01

Metric

Date & Time

2025-10-15 19:17:58

Test Type

INR

Result

0.9 INR

Metric

Date & Time

2025-10-15 19:17:58

Test Type

Prothrombin Time

Result

10.9 s