

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

2025-11-20 17:14:47

Test Type

INR

Result

0.6 INR

Metric

Date & Time

2025-11-20 17:14:47

Test Type

Prothrombin Time

Result

7.3 s