

FAX

Recipient name :
White Label Testing Org

Sender name :
WCR Advantage

Subject :

Patient Information

Patient Name

Madison Coagusense

Date of Birth

1997-04-23

Metric

Date & Time

2025-07-23 16:20:10

Test Type

INR

Result

0.9 INR

Metric

Date & Time

2025-07-23 16:20:10

Test Type

Prothrombin Time

Result

11.3 s