FAX

Recipient name :

White Label Testing Org

Sender name :

WCR Advantage

Subject :

Patient Information

Patient Name	**Coag 1217ios**
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**