

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	2025-04-16 11:05:37
Test Type	INR
Result	0.7 INR

Metric

Date & Time	2025-04-16 11:05:37
Test Type	Prothrombin Time
Result	9.5 s