# 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** | **2025-10-15 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** |