FAX

Recipient name :

White Label Testing Org

Sender name :

WCR Advantage

Subject :

Patient Information

Patient Name	**zewa Prodios**
Date of Birth	**2000-01-01**

Metric

Date & Time	**2025-12-03 13:34:59**
Test Type	**INR**
Result	**0.2 INR**

Metric

Date & Time	**2025-12-03 13:34:59**
Test Type	**Prothrombin Time**
Result	**3.2 s**