

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

2025-12-03 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