FAX

Recipient name :

White Label Testing Org

Sender name :

WCR Advantage

Subject :

Patient Information

Patient Name	**1212(33) 1212(33)**
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**