

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

2025-10-24 18:52:27

Test Type

INR

Result

0.8 INR

Metric

Date & Time

2025-10-24 18:52:27

Test Type

Prothrombin Time

Result

10.6 s