



PATIENT: XXXXXXXXXXXXXXXX

TEST REF: GNL-NL-XXXXX

TEST NUMBER: G-NL-XXXXX

COLLECTED: 00-XXX-2023

PRACTITIONER:

GENDER: XXXXXX

RECEIVED: 00-XXX-2023

XXXXXXXXXXXXXXXXXX

AGE: XX

TESTED: 00-XXX-2023

XXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME: ION-Sample-Report

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