

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Outsourced


SIN No: B2B4553511

Test Name	Result	Unit	Bio Ref Interval
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Epidermal(pemphigus) IF(L)*, Serum

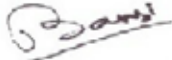
Epidermal Antibody IFA	Negative		
Titer	1:10		

Kindly correlate with clinical findings

*** End Of Report ***



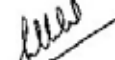
Dr. Poonam S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Bansidhar Tarai, M.D.
Associate Director
Microbiology & Molecular Diagnostics



Dr. Sonu Kumari Agrawal, MD
Associate Consultant
Microbiology



Dr. Nidhi Malik, MD
Consultant Microbiology