

HIV Test Patient Post - counselling

(To be taken on the letter head of the referring doctor)



To

Prabhat Diagnostic Centre
Shop No.- 4, Opp, Dargah Sharif, Jharia Market,
Sarai Khawaja, Faridabad 121003
Ph.: 0129-4133550, 9810305563

Dear Sir,

I am in receipt of your report of patient (Mr / Mrs / Ms) _____
Age _____ , (M / F) _____ , whose sample has been processed at your laboratory for HIV Antigen /
Antibody combo screening on _____

I hereby confirm that the patient has been given the required post test counseling for HIV, based on the report
received from your laboratory.

Please do the needful.

Thanking you .

Yours sincerely,

Name of the counsellor : _____

Place : _____

Date : _____

Sample Details

(To be filled in by the requester)

Barcode : _____

Labcode : _____