

International Modern Laboratory

2050, Bâtiment Nazem, Avenue
Lumumba coins Kimbangu,
Lubumbashi, Haut-Katanga, RDC.
+243 850 188 888 +243 815 366 666

2260, Bâtiment Palm Center
(JOVENA), Avenue LDK, Manika,
Kolwezi-Lualaba, RDC.
+243 849 912 222 +243 977 915 555

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GOODLUCK SARL
www.jmlabdr.com



Patient Name	:		Sample No.	:
Age	:		Patient No.	:
Sex	:		Sample Date	:
Consultant	:	Dr. Mbey	Sample Time	:
Number Of Tests	:			