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ID Nat: 441/1402/DPE/KAT/2014
No. Impôt: AI/5019584P
GOODLUCK SARL
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Patient Name	:
Age	:
Sex	:
Consultant	: Dr. Leonard Tshizubu
Number Of Tests	:

Sample No. :
Patient No. :
Sample Date :
Sample Time :

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Printed at : 27-12-2025

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