



Note: Please don't leave any blank, unanswered question, date and/or signature, wherever applicable.

**Section I. Policy holder's information**

Name of Policy Holder <b>Tahir Hussain</b>		
Takaful Policy No.	Takaful Policy Commencement Date	
Designation <b>TPO</b>	Phone No / Mobile No <b>0311-3648319</b>	E-mail address <b>tahirhussainmemon@gmail.com</b>
Employee's Name <b>Tahir Hussain</b>	CNIC <b>45502-4353387-3</b>	
Employee's Address <b>village: Dadanleo Po: Kaudhia Taluk, Rahim Yasin Distt, Sublcw.</b>		
Employee's Date of Birth <b>9-7-1987</b> Age	S.No. on list	

**Section II (to be completed in Full by the Employer)**

Employee's Date of Appointment <b>01/04/2021</b>	Employee's Effective Date of Takaful	Last Day Worked <b>01-12-23</b>	Resumed to Worked <b>29-12-23</b>
Reason for Stopping Work			
Gross Earning from Salary/Wages Rs. _____	Amount of Takaful cover Rs. _____	What is the present employment status of the employee <input checked="" type="checkbox"/> In Duty <input type="checkbox"/> Terminated <input type="checkbox"/> On Sick Leave <input type="checkbox"/> Temporary Laid off	
Amount of Claim		Title of Cheque	
Claimant Name <b>Tahir Hussain</b>		Telephone No <b>0311-3648319</b>	
Date of Statement <b>19/1/24</b>			
Employer Signature _____		Company Stamp _____	

**Section III (to be completed in Full by the Patient/Employee)**

Type of disability claim? <input type="checkbox"/> Natural (Sickness) <input checked="" type="checkbox"/> Accidental	Please describe how and where the disability/accident occurred _____		
Date of Accident or the date I first noticed the symptoms of this was <b>1-12-23</b>	(4) Is your disability or illness covered by your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure. Please explain.		
I (was/have) unable to work because of this disability starting on <b>02-12-23</b>	I (returned/was able to return/will be able to return to work on a full time basis on _____		
On What date did employer discontinue your monthly salary/wages _____	Treated by <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Doctor	Name <b>Dr. Saqib Shah</b> Address <b>T HQ Rahim</b>	
Date I was first treated for this accident or illness <b>1-12-23</b>	Treated by <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Doctor	Name <b>Dr. Saqib Shah</b> Address <b>Red Crescent Hospital Sublcw.</b>	
Have you ever had the same or similar condition in the past? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when _____	I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practitioner, hospital, clinic, other medical or medically related body or institution or company of employer have information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment or me to give PAK-QATAR Family Takaful Limited, or its respective representatives and all work information. I UNDERTAKE that a photographic copy of this authorization will remain valid for the term of coverage of the policy.		
<b>19-1-24</b> Date of Statement	Signature of Employee _____		<b>0311 3648 319</b> Telephone No

**PAK-QATAR FAMILY TAKAFUL LIMITED**

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)  
 Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238). Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk



Please fill in details of the patient's condition

**Patient Information**

Name of Patient	Tahir Hussain	Date of Birth	09-07-1987
Patient's Address	Village, Dodanlee Po: Kordhac Taluk: Rahm Dist: Sukkur		

**Employer Information**

Name of Employer: \_\_\_\_\_

**1. History**

(a) Date doctor first consulted due to disability: 1-12-2023

(b) Date symptoms first appeared or accident happened: 1-12-2023

(c) Date patient ceased work because of disability: \_\_\_\_\_

(d) Has patient ever had same or similar condition?  No  Yes, state when and describe \_\_\_\_\_

(e) Is condition due to injury or sickness arising out of patient's employment?  Yes  No, Yes, state when and describe \_\_\_\_\_

(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?

Name of Doctor	Dr: Saqib Shah	Mobile No	0313-2110348
Address	Red Crescent Hospital Sukkur		

**2. Diagnosis**

(a) Date symptoms first appeared or accident happened: 1-12-23

(a) Diagnosis (including any complications): # Fracture S/C / Lateral condyle (R) Humerus.

(c) Subjective symptoms: \_\_\_\_\_

(d) Objective findings (including current X-rays, ECGs, Laboratory data and clinical findings):

(1) Clinical findings: Swelling + Pain (R) Elbow.

(2) Diagnostic Studies and results: diag showing fracture.

**3. Progress**

(a) Patient is:  Ambulatory  Bed Confined  House Confined  Hospital Confined

(b) Patient has:  Recovered  Improved  Stabilized  Retrogressed

**4. Prognosis**

(a) Is the disability presumed to be reversible?  Yes  No

(a) Is patient now capable of performing duties of \_\_\_\_\_?  Yes  No

(c) What duties of his or her job is patient incapable of performing? \_\_\_\_\_

(f) Do you expect a fundamental or marked change in future?  Yes  No

If yes, patient should recover sufficiently to perform duties on or about \_\_\_\_\_

If No, Please explain: \_\_\_\_\_

(e) Specify the date by which you presume that the patient will be able to resume his duties/work:

Totally  Partially  Temporarily  Permanently

**Remarks**

**Declaration:** I hereby declare that the above statements are true and complete to the best of my knowledge.

Attending Physician's Name	Dr: Saqib Shah	Telephone No.	0313-2110348
Address	Red Crescent Hospital Sukkur	Date	09-2-24
Specialty	ORTHOPAEDIC SURGERY	DR SAQIB - FCPs (ORTHO) CONSULTANT ORTHOPAEDIC TRAUMA SURGEON RED CRESCENT GENERAL HOSPITAL SUKKUR	

**PAK-QATAR FAMILY TAKAFUL LIMITED**  
102-105, Business Arcade, Block-6, PECHS, Shahra-e-Faisal, Karachi 75400, Phone: (92-21) 34386451, Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238). Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk

# CORPORATE AML QUESTIONNAIRE

**PAK-QATAR**  
**FAMILY TAKAFUL**  
Together for the Future



<b>Participant Name :</b>
1. Is your company/establishment/entity aware about and subsequently compliant as per the Anti-Money laundering/CFT laws prevalent in Islamic republic of Pakistan? If No, then why?
2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details.
3. Does your company have any AML/CFT related Policy in the field? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s). <small>For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.</small>
5. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s). <small>foreign PEPs, individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials AND Persons who are or have been entrusted with a prominent function by an international organization, senior members of senior management and members of the board or equivalent functions</small>
6. Has your company/institution/entity been the subject of any money laundering or terrorist financing-related proceedings (please see overleaf) ,investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your company/institution/entity or Directors or member of your senior management by a regulator or law enforcement body during the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your company/institution/entity receives any kind of funding/donations/charities received from any sources which are under investigation locally or from any sources which are based in foreign? If yes, then please share the details.
8. Has your company/institution/entity, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If so, then please share the details.

I/We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned queries during the term of the contract, then the same may be intimated to PQFTL forthwith.

  
Signature & Stamp

19-1-2014  
Date

Use separate sheet where ever needed

Page 1 of 2

# CORPORATE AML QUESTIONNAIRE



## AML-CFT REGULATIONS AND TYPOLOGIES

Typologies work is the study of methods, techniques and trends of money laundering and terrorist financing. The research of the following typologies has been undertaken for better understanding the money laundering and terrorist financing environment in the Asia/Pacific region

The following are a few key money laundering and terrorist financing methods, techniques, schemes and instruments:-

HIGH		
Typologies	Yes	No
Narcotics and Trafficking		
Corruption and Bribery		
Smuggling in relation to Custom and Excise Duty and taxes		
Tax Crime related to direct and indirect taxes		
Illegal MVTs/Hawala/Hundi		
Cash Smuggling		
Terrorism and Terrorism Financing		
Geography (Porous Borders Afghanistan & Iran)		
Delivery Channels (Branchless Banking, Wires Transfers, Microfinance Bank)		

Medium High		
Typologies	Yes	No
Participation in an organized criminal group and racketeering		
Human Trafficking / Migrant Smuggling or Trafficking in Person and Smuggling of Migrants		
Illicit Arm Trafficking		
Fraud/Forgery / Cheating		
Kidnapping for ransom		
Robbery / theft		
Extortion for Business		
Cyber crime		
Insider Trading and market Manipulation		
Delivery Channels (Non-Banking Financial Companies & Modarabas)		

Medium		
Yes	Yes	No
Sexual Exploitation, including Sexual Exploitation of Children		
Illicit Trafficking in stolen and other goods		
Counterfeiting Currency		
Counterfeiting and Piracy of Products		
Murder, Grievous Bodily Harm		
Environmental Crime		
Piracy		

If answered 'YES' to Question no. 06 and accordingly selected any of the options above then please share the below details:-

Dealing Court/ Agency: \_\_\_\_\_ Nature: \_\_\_\_\_ Title: \_\_\_\_\_

Year: \_\_\_\_\_ City: \_\_\_\_\_

Few Details about the case:-  
 \_\_\_\_\_  
 \_\_\_\_\_

**DR. SAQIB SHAH**

F.C.P.S Ortho

**ڈاکٹر ثاقب شاہ**

لیکچرر اور ایس (آرٹھو)

Consultant Orthopaedic & Trauma Surgeon

Red Crescent Hospital Sukkur.

0313-2110348

(Not Valid For Court)

R  
/

~~Tal Sunday 20/07~~

Tal Capend  
15/07/20

Tal



2 | MY LIFE (S) ❤️

Scanned with CamScanner

# RED CRESCENT LABORATORY

The Pathologist Laboratory  
RED CRESCENT GENERAL HOSPITAL  
Sikhar Road Subhar Tel 0 071 5037677

14256

Dr. Aftab Ahmed Soomro  
MBBS, MCPS, M Phil (Haematology)  
(PhD Microbiology)  
Is Professor of Pathology  
GAMMC, Subhar

Date 14-DEC-23

Time 16:49:25

Report Print on 14.12.2023, 16:56:23

80038/69260

34233

patient's Name: **TANIR HUSSAIN**

Age: D M Y 35 Sex: M

Referred By: **DR.SAQIB SHAH**

Address

## BIO CHEMISTRY

Name	Result	Unit	Normal Range
GLUCOSE (SUGAR)			
GLUCOSE R	91	mg/dl	80-160

WPS Office

Lab. Technician

Pathologist

Note: All the tests are performed with our maximum capabilities. All the recommended methods and qualified staff. Some times result can be vary time to time. Lab to lab and within the method variation no legal and financial liabilities are accepted.



# Physio Care

Home service provider

**Dr. Sunmukh Das**

Consultant Physiotherapist  
GMMMC Civil Hospital Sukkur  
Head of physiotherapy Dept  
Hira Hospital Sukkur

**Dr. Tafseer-ul-Hassan**

Consultant Physiotherapist  
Hira Hospital Sukkur

**Farhan Ali**

Physiotherapist  
Hira Hospital Sukkur

**Muzamil Soomro**

Physiotherapist  
Hira Hospital Sukkur

## TO WHOM IT MAY CONCERN

This is inform to you that Mr. Tahir Hussain S/O Ali murad,  
CNIC NO, 45502-4353387-3 He is suffering from ELBOW  
STIFF. He has been under our Physiotherapy treatment from  
29-Dec-2023 to 14-Jan-2024. The patient is taking  
Physiotherapy at home.

This letter has been issued upon request of the patient, no liability  
lies on us. This is your kind of information

Thank You  
DR: SUNMUKH DAS  
PHYSIOTHERAPIST  
HIRA HOSPITAL SUKKUR

Dr. Sunmukh Das

Consultant Physiotherapist

Call for appointment

0331-2996353 - 0300-0337316

**Female Physiotherapist is available for female patients**



**Dr. Saqib Shah**

F.C.P.S Ortho

Fellowship Paeds Ortho

Consultant Orthopaedic & Trauma Surgeon

Health Department Sindh



**ڈاکٹر ثاقب شاہ**

F.C.P.S Ortho

ہڈن، جوڑن جو ماہر سرجن

Name Tahir Hussain Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: 14-12-23

Not Valid for Court

Implant + Medicine charges in RT

(PS-15000 = Rupees fifteen thousand only)

**DR SAQIB FCPS (ORTHO)  
CONSULTANT ORTHOPAEDIC  
TRAUMA SURGEON  
RED CRESCENT GENERAL HOSPITAL,  
BUKKUR**

0333-7180399 5 کان 8 بجے تائین  
0306-6558877 جمعہ و آچر موکل

**ریڈ کریسٹ ہسپتال سکر**

39815

R



18th March

Date: 14.12.23

53 Reg:

Company: T & S

ARTICLES	TIME	Q.R	Q.S	RATES
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54 P/L 100mm

1

55 208mm 29-

1

56 N/S 100mm

1

57 108mm 30-

1

07 water 100mm

2

01 type 100mm

2

816

870

10/11/23

Dr. Saqib Shah

F.C.P.S Ortho

Fellowship Paeds Ortho

Consultant Orthopaedic & Trauma Surgeon

Health Department Sindh



ڈاکٹر ثاقب شاہ

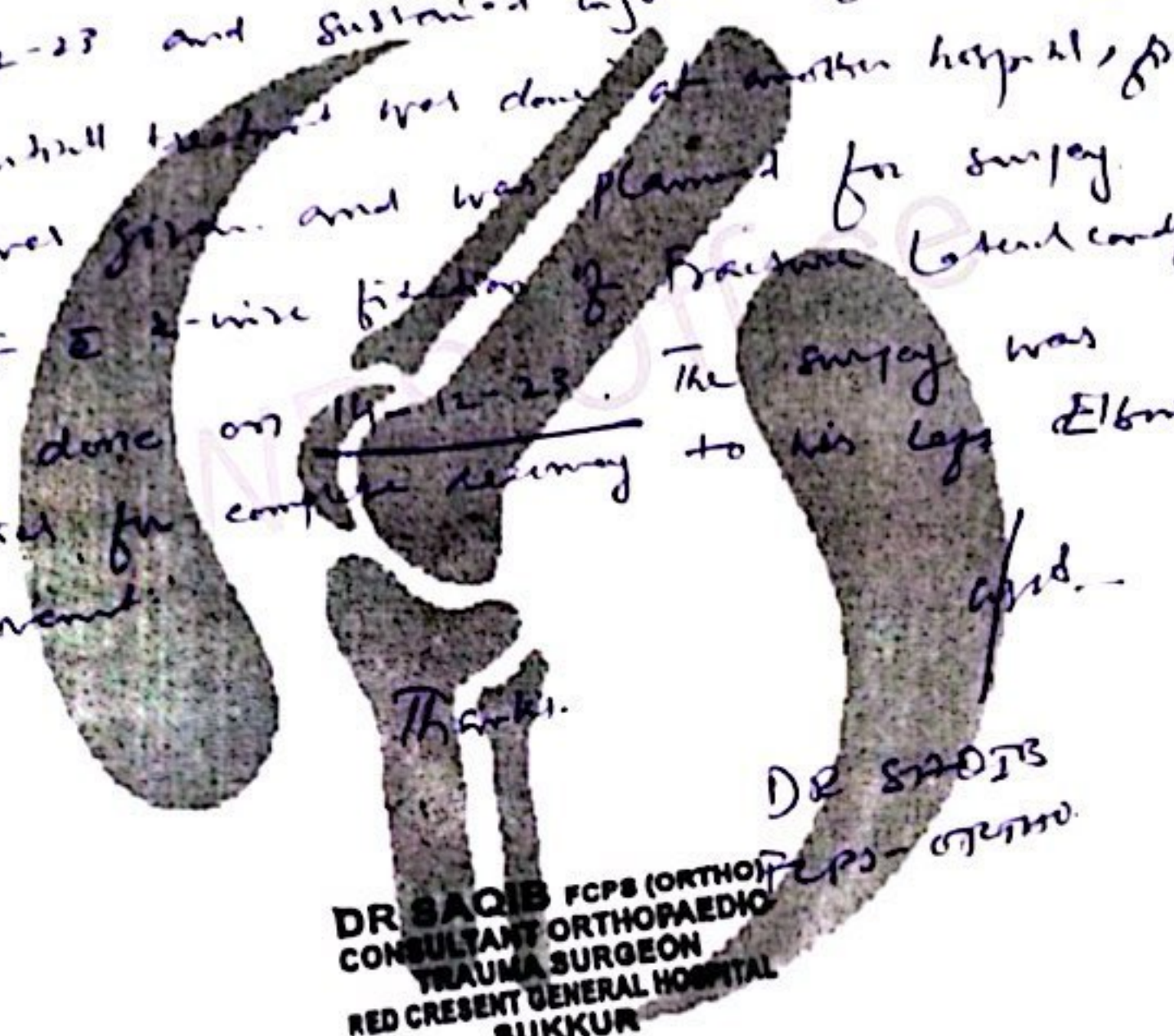
F.C.P.S Ortho

ہڈن، جوڑن جو ماہر سرجن

Name Tahir Hussain Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: 5/11/24

Not Valid for Court

It is to certify that Mr. Tahir Hussain S/O  
 Ali Masud Mirani suffered Road traffic accident  
 on 1-12-23 and sustained injuries to his R Arm.  
 Initial treatment was done at another hospital, post  
 and not fixed and was planned for surgery.  
 ORIF & wire fixation of fracture lateral condyle  
 was done on 14-12-23. The surgery was  
 aimed for complete recovery to his left elbow  
 movement.



Thanks.  
 DR SAQIB  
 FCPS (ORTHO)  
 CONSULTANT ORTHOPAEDIC  
 TRAUMA SURGEON  
 RED CRESENT GENERAL HOSPITAL  
 SUKKUR

0333-7180399 5 کان 8 بج تائین  
 0306-6558877 جمعہ و آچر موکل

ریڈ کریسٹ ہسپتال سکر

LIFE (S) ❤️

## Invoice Of The Physio Care Sukkur

S.NO	Session On Date	Per Session Fees
1	29-Dec-23	1000
2	30-Dec-23	1000
3	31-Dec-23	1000
4	1-Jan-24	1000
5	2-Jan-24	1000
6	3-Jan-24	1000
7	4-Jan-24	1000
8	5-Jan-24	1000
9	6-Jan-24	1000
10	7-Jan-24	1000
11	8-Jan-24	1000
12	9-Jan-24	1000
13	10-Jan-24	1000
14	11-Jan-25	1000
15	12-Jan-24	1000
16	13-Jan-24	1000
17	14-Jan-24	1000
Session Total		17000

  
**DR: SUNMUKH DAS**  
PHYSIOTHERAPIST  
HIRA MEDICAL CENTRE  
SUKKUR  
**Dr. Sunmukh das**  
Consultant Physiotherapist



# PAKISTAN RED CRESCENT GENERAL HOSPITAL SUKKUR

(Constituted under Pakistan Red Crescent Society Act, 1974)

## Patient Final Bill (Private)

Patient Name **TAHIR HUSSAIN**  
 S/o, W/o, D/o **S/O ALI MURAD**  
 Cast **MIRANI**  
 Sex **M**  
 Panel Name  
 Address  
 Admit Date **14.12.23 15:31:33**  
 Discharge Date **15.12.23 16:25:32**

C.V No.  
 MR No. **34233**  
 Final Bill No. **6240**  
 Ward/Bed No **ROOM# 103**  
**MADIHA**

S.#	Service Particulars	Doctor Name	Value	qty/unit /hour	Total
1	ANESTHESIA Charges (MAJOR)	DR.ALI ASGHAR MEHAR (ANST)	3,000	1	3000
2	Admission Fee		200	1	200
3	Doctor Visit Charges	DR.SAQIB SHAH	1,000	2	2000
4	Hospital Service Charges 24 Hours		200	1	200
5	LAB INVESTIGATION (IPD)		1,500	1	1500
6	O.T Charges		4,500	1	4500
7	ROOM Without A/C Or Heater 1st Floor		3,000	1	3000
8	SURGEON	DR.SAQIB SHAH	15,000	1	15000

Remarks

<b>Total</b>	<b>29,400</b>
Discount	
Charity Discount	
Payable Value	<b>29,400</b>
Advance	<b>10,000</b>
<b>Remaining Balance</b>	<b>19,400</b>
Cash Received	<b>19,400</b>
Cash Received Date	<b>15.12.23</b>

Nineteen Thousand Four Hundred Only



Member:  
 International Federation  
 of Red Cross and  
 Red Crescent Movement, Geneva

Cashier Signature  
 15 12 23 04 31 30



**Saving Lives Changing minds & Uniting People**

Minara Road Sukkur. Tel: +92-71-5827677 Email: info@prcsukkur.org.pk



GMMMC - SUKUR  
01.12.2023  
38821 TAHIR HUSSAIN M



Follow up Treatment

3. Zostur 88 } i/v  
+ N/S-mor-L } 60.

Tab: Ecasil-600y  
1x0-11

Cap. Propol 40y  
1x00

Tab. Jencox-600y  
1x0-11

Tab. Adora  
1x00

4. ED<sup>3</sup> Gluc Unit x  
نوٹ: دوبارہ چیک اپ کے وقت یہ قائل اپنے مراعات میں  
① weekly

**RED CRESCENT GENERAL HOSPITAL**  
Minara Road Sukkur Tel:071-5827677



**DISCHARGE CARD**

Handwritten signature and date: 1/5/25

Not Valid For Court

Pt's Name Tahir Lalad Singh  
Address Rohini  
Age 35 Sex M  
Bed/ Room No. 103 Regd. No. 34223  
Date Of Admission 14/12 Date Of Discharge 15/12/23  
Diagnosis R. wrist  
Investigation \_\_\_\_\_

Surgeon Dr. Sagar Singh  
Date Of Operation 14-12-23  
Operation \_\_\_\_\_  
Rx Given \_\_\_\_\_

WPS Office

# RED CRESCENT LABORATORY

The Pathologist Laboratory  
RED CRESCENT GENERAL HOSPITAL  
Minara Road Sukkur Tel 0 671-5827677

14255

Dr. Aftab Ahmed Soomro  
MBBS, MCPS, M.Phil. (Haematology)  
(PhD Microbiology)  
Ex Professor of Pathology  
GMMMC, Sukkur

Date: 14-DEC-23

Time 16:49:17

Report Print on 14.12.2023, 16:56:15

56938/69259

34233

Name: TAHIR HUSSAIN

D M Y 35 Sex: M

By: DR. SAQIB SHAH

## HAEMATOLOGY

	Result	Unit	Normal Range
HAEMOGLOBIN	8.9	G/100ml	M 13.0-18.0 F 11.5-16.5
HAEMATOCRIT	3.30	ml ln/cm mm	M 4.5-6.0 F 4.0-5.5
HAEMATOCENTRIFUGATION INDICES			
Hct (Hct)	25.6	Vol %	M 40-54 F 37-47
Hb	77.0	cuu	76-96
M.C.V	24.1	uug	28-32
M.C.H	31.1	G/100 ml	32-36
M.C.H.C			
LEUCOCYTES	6,400	cumm	4,000 - 11,000
WBC COUNT	2,44,000	cumm	150,000-400,000
Platelet Count			
DIFFERENTIAL COUNT			
Neutrophils	61	%	40-75
Lymphocytes	31	%	20-50
Monocytes	05	%	2-8
Eosinophils	03	%	1-6
BLOOD GROUP	"AB-VE"(NEGATIVE)		

Pathologist

Lab: Technician

Note: All the tests are performed with our maximum capabilities, efforts, recommended methods and qualified staff. Some times result can be vary time to time, lab to lab and method to method therefore no legal and financial liabilities are accepted.

Dr. Junaid

103

10168

Amounts NO 90 (C)

WPS Office (C)  
R/H  
10/set (C)

14/13  
14

# KHAN MEDICAL STORE

RED CRESCENT HOSPITAL MINARA  
ROAD SUKKUR PH: 071-5627767

Thursday December 14 2023 9:5 PM

COUNTER SALE

Inv No CS028851

Inv Date 14-DEC-23

Qty	Product	Rate	Disc	Amount
1	CANOLLA 203 B/B	300.00	5.00	285
1	RINGULACT 1000ML MEDISOL	154.13	5.00	146.42
1	DRIP SET SHIFA Y/POT	75.00	5.00	71.25
<b>Items</b>	<b>3</b>	<b>Gr Amt</b>		<b>529.46</b>
(Rupees Five Hundred Three Only)		<b>Disc</b>		<b>26.46</b>
		<b>Net Amt</b>		<b>503.00</b>

You Saved Amount

26.46

# AN MEDICAL STORE

20 CRESCENT HOSPITAL MINARA  
ROAD SUKKUR PH: 071-5627767

Sunday December 17 2023 2:23 PM

COUNTER SALE

Inv No CS029048

Inv Date 15-DEC-23

Qty	Product	Rate	Disc	Amount
6	ZOSTUM 2 G INJ	442.00	5.00	2519.4
14	SHIFA SYRINGES 10CC	25.00	5.00	332.5
14	NORMAL SALINE 100 ML	95.33	5.00	1267.89
14	DRIP SET SHIFA Y/POT	75.00	5.00	997.5
14	ECASIL 600mg TAB	129.16	5.00	1717.83
7	PURPAL 40mg CAP	34.50	5.00	229.43
14	GENCOX 60	18.73	5.00	249.11
7	ADORA TAB	23.45	5.00	155.94
1	ED 3 inj 2iu/ml	185.65	5.00	185.07

<b>Items</b>	<b>9</b>	<b>Gr Amt</b>	<b>8057.92</b>
(Rupees Seven Thousand Six Hundred Fifty-Five Only)		<b>Disc</b>	<b>402.92</b>
		<b>Net Amt</b>	<b>7655.00</b>



**AN MEDICAL STORE**  
**ED CRESCENT HOSPITAL MINARA**  
**ROAD SUKKUR PH: 071-6627767**

Thursday December 14 2023 9.5 PM

COUNTER SALE

Inv No CS028852

Inv Date 14-DEC-23

Qty	Product	Rate	Disc	Amount
1	RINGULACT 1000ML MEDISOL	154.13	5.00	146.42
1	ZOSTUM 2 G INJ	442.00	5.00	419.9
1	NORMAL SALINE 100 ML	95.33	5.00	90.56
1	TORADOL INJ	155.00	5.00	147.25
2	DISTILLED WATER	10.00	5.00	19
2	SHIFA SYRINGES 10CC	25.00	5.00	47.5

<b>Items</b>	<b>6</b>	<b>Gr Amt</b>	<b>916.82</b>
<b>(Rupees Eight Hundred Seventy-One Only)</b>		<b>Disc</b>	<b>45.82</b>
		<b>Net Amt</b>	<b>871.00</b>

**You Saved Amount 45.82**





# RED CRESCENT LABORATORY

The Pathologist Laboratory  
RED CRESCENT GENERAL HOSPITAL  
Minara Road Sukkur Tel 8 071-5827677

14257

Dr. Aftab Ahmed Soomro  
MBBS, MCPS, M.Phil. (Haematology)  
(PhD Microbiology)  
Ex Professor of Pathology  
GMMMC, Sukkur

Date: 14-DEC-23

Time 16:49:43

Report Print on 14.12.2023, 16:56:41

Lab No. 56938/69261  
IPD R.No. 34233  
Patient's Name: TAHIR HUSSAIN  
Age: D M Y 35 Sex: M  
Referred By: DR.SAQIB SHAH  
Address

## SEROLOGY

Name	Result	Unit	Normal Range
ICT HbsAg Australian Antigen (HbsAg)	NON REACTIVE		
ICT HCV Hcv Antibody (Hcv Ab)	NON REACTIVE		

WPS Office

Lab: Technician

Pathologist

Note: All the tests are performed with our maximum capabilities, efforts, recommended methods and qualified staff. Some times result can be very time to time, lab to lab and method to method therefore no legal and financial liabilities are accepted.