

**Patient Name :** Demo Patient Name  
**Age / Sex :** 36 Y / F  
**Referred By :** DEMO HOSPITAL  
**Centre :** HOD Head Office

**Lab No :** Demo Visit No  
**Registration On :** 20-Dec-25 10:52  
**Patient ID :** UHID.DEMO.001

## Aldosterone

Serum Sample

**Accession No:** DEMO\_BARCODE **Collected On:** 20-Dec-25 10:52 **Received On:** 20-Dec-25 18:35 **Approved On:** 20-Dec-25 20:56

| Observation | Result | Unit  | Biological Ref. Interval                     | Method |
|-------------|--------|-------|----------------------------------------------|--------|
| Aldosterone | 27.1   | ng/dL | Upright:2.21 - 35.30<br>Supine: 1.17 - 23.60 | CLIA   |



This is a Demo Signature  
and the doctor's signature should appear here

*In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.*

Sample Report



Scan to Validate