DOYEN DIAGNOSTIC AND RESEARCH FOUNDATION

87/G/2, R.N. Tagore Road, Berhampore Murshidabad- 742101 WEST BENGAL,7277370071 / 9832514328

BILL / MONEY RECEIPT

Bill No.: 6 **Date:** 25/10/2025

Name.: ALIFA **Time:** 04:43:47

Add/Ph.: **Age/Gender:** 6 Yr / FEMALE

Referred by.: DR MALAY KR SINHA
Associate: RVH **Sub Associate:**

Test Parameter	Rate
Reticulocyte Count	120.00
Peripheral Smear	80.00
Hepatitis A Virus (HAV) IgG	1150.00
Hepatitis E Virus (HEV) Antibody IgM	1450.00
Complete Haemogram	350.00
LFT (Liver Function Test)	750.00
GGT (Gamma GT)	475.00
Urine RE (Routine Examination)	100.00
LDH (Lactate Dehydrogenase)	500.00
Collection Charge	0.00
Total Value	**4975.00**

Authorised Signatory