

## BILL / MONEY RECEIPT

**Bill No.:** 1 **Date:** 08/04/2022  
**Name.:** AROTI BISHAYEE **Time:** 12:19:20  
**Add/Ph.:** **Age/Gender:** 69 Yr / FEMALE  
**Referred by.:** S. BHATTACHARJEE  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
HbA1c (Glycosylated Haemoglobin) [HPLC system]	500.00
eGFR (Est. Glomerular Filtration Rate)	600.00
Creatinine (Serum)	100.00
Glucose Fasting	70.00
SHBG (Sex Hormone Binding Globulin)	1000.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>2270.00</b>

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Authorized Signatory