



HAQUE & SONS LTD.



Accredited By: BMDC
Accreditation No: A 55144

PATIENT CONTROL NUMBER
H1857

Brahmanpara Haque Tower, 1267/A, Goshaldanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880 31 716214-6, Fax: +880 31 710530

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN		FIRST NAME MD		MIDDLE NAME MASHIUR	
PLACE AND DATE OF BIRTH COMILLA 26-Feb-1997		PASSPORT NUMBER A03095767		SEAMAN'S BOOK NUMBER CO9777	
NATIONALITY: BANGLADESHI		SEX: ☒ Male ☐ Female		VESSEL TYPE: CHEM. TANKER TRADING AREA: WORLD WIDE	
PERMANENT HOME ADDRESS: VILL. BERA KHOLA, P.O. BERA KHOLA, P.S. BRAHMAN PARA, DIST. COMILLA, BANGLADESH.				CONTACT NUMBER: 01775-420419 (SELF)/017	
				RANK: APP OFFICER SCHOLAR	

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

[Signature]

Signature of Seafarer

MEDICAL EXAMINATION

Weight: 72kg	Height (cm): 164	BMI: 26.7	Blood Pressure: Systolic: 110/110 Diastolic: 75/75	PULSE: 78																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate	
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Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☐ NO ☐																																				

Visual acuity				Visual fields	
Unaided		Aided		Normal	
Right eye	Left eye	Right eye	Left eye	Normal	Defective
Distant	6/6	6/6		/	
Near				/	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 05 OCT 2023

	Normal	Abnormal		Normal	Abnormal
Head	/	/	Varicose veins	/	/
Sinuses, nose, throat	/	/	Vascular (inc. pedal pulses)	/	/
Mouth/teeth	/	/	Abdomen and viscera	/	/
Ears (general)	/	/	Hernia	/	/
Tympanic membrane	/	/	Anus (not rectal exam)	/	/
Eyes	/	/	G-U system	/	/
Ophthalmoscopy	/	/	Upper and lower extremities	/	/
Pupils	/	/	Spine (C/S, T/S and L/S)	/	/
Eye movement	/	/	Neurologic (full brief)	/	/
Lungs and chest	/	/	Psychiatric	/	/
Breast examination	/	/	General appearance	/	/
Heart	/	/	Skin	/	/

RESULTS OF ANCILLARY EXAMINATIONS			
Chest X-Ray	/	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana ☐ Positive ☒ Negative
ECG	/	BILIRUBIN	Alcohol Test ☐ Positive ☒ Negative
BLOOD R/E	/	SGPT	URINE R/E
DC(differential count)	/	SGOT	OTHERS
HAEMOGLOBIN (HGB)	15.9	DRUG AND ALCOHOL TEST	
ESR (WESTERGREN)	25	Morphine	☐ Positive ☒ Negative
WBC	7900	Amphetamine	☐ Positive ☒ Negative
BLOOD GLUCOSE LEVEL	/	Phencyclidine	☐ Positive ☒ Negative
RANDOM	5.0	Barbiturates	☐ Positive ☒ Negative
HBA1C	5.1%	Cocaine	☐ Positive ☒ Negative
			HBsAg ☐ Reactive ☒ Nonreactive
			HIV / AIDS Test ☐ Reactive ☒ Nonreactive
			VDRL ☐ Reactive ☒ Nonreactive
			Blood Type
			Psychological Exam
			Others(KUB Ultraso

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

MD MASHIUR RAHMAN
05 OCT 2023

Signature of Seafarer _____ Name of Seafarer _____ Date _____

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties
 ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	/	/	/	/
Unfit	/	/	/	/

☒ Without restrictions
 ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes
 ☐ No

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 05 OCT 2023 Valid Until: 04 OCT 2025

Name and Signature of Authorised Physician

In Accordance with Medical Examination (Seafarers) Convention, 1946 (No. 102) and STCW 1978/1996 as Amended, MLC 2006

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME RAHMAN	GIVEN NAME(S) MD MASHIUR
DATE OF BIRTH 2 MONTH 26 DAY 1997 YEAR	PLACE OF BIRTH COMILLA CITY BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT; VILL. BERAKHOLA, P.O. BERAKHOLA, P.S. BRAHMANPARA, DIST. COMILLA, BANGLADESH. BANGLADESH.

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 164m	WEIGHT 72kg	BLOOD PRESSURE 120/75/50	PULSE 76	RESPIRATION 18	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR Normal LEFT EAR Normal	
COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ Yes ☐ No (IF "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE Yes		
EXTREMITIES: UPPER Normal LOWER Normal					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☐ No ☒					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒					
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATION? Yes ☐ No ☒					

[Signature]

SIGNATURE OF APPLICANT

05 OCT 2023

DATE OF EXAMINATION

04 OCT 2025

EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

FIT FOR DUTY ON BOARD SHIP

MD MASHIUR RAHMAN

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☐ No ☒

SEAFARER IS FOUND TO BE ☒ FIT/ ☐ NOT FIT FOR DUTY AS A ☐ MASTER/ ☒ DECK OFFICER/ ☐ ENGINEERING OFFICER/

☐ RADIO OFFICER/ ☐ RATING/ ☐ CHIEF COOK/ ☐ COOK ☐ WITHOUT ANY RESTRICTIONS/ ☐

☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **6-May-2014**

SIGNATURE OF PHYSICIAN

[Signature]

05 OCT 2023

DATE

DR. MIR MD. RAIHAN

MBBS (DU), DPM, CCD (Biom), PGF (Ophth) of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention (ILO No. 73)

BMDC A-55144, MIMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This physical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight

- Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations

- All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.

(g) Diseases or Conditions

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements

- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1.)

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION A) Complete Blood Count, B) Blood Sugar Estimation C) Serological Test (VDRL)

D) Hepatitis B Surface Antigen Test (HbsAg), E) Urinalysis F) Drug Test G) Alcohol Test

3. X-RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCO (Sireem), FGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved MI-105M

General Physician

Radical Hospitals Limited.



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaidanga,
Agrabad C/A, Chattogram, Bangladesh.
Tel: +88 02333316214-6

Name	MD MASHIUR RAHMAN	Date	25-Aug-2023
Age	26	Sex	MALE
Passport No	A03095767	CDC No	CO9777
Sample	BLOOD	Rank	APP OFFICER SCHOLAR

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	GINGA LION	FUJI GALAXY	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	23-02-2018	05-10-2023	-
Serum Bilirubin	0.7	0.52	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	30	20	Up to 37 U/L
Serum S.G.P.T.	22	24	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions

Doctor Seal & Signature

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Biom), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipp.ng Bangladesh Approved

General Physician

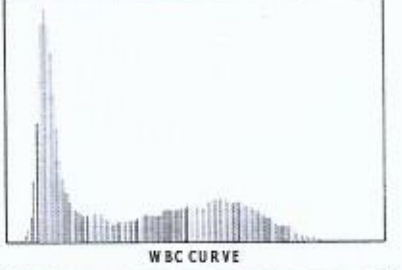
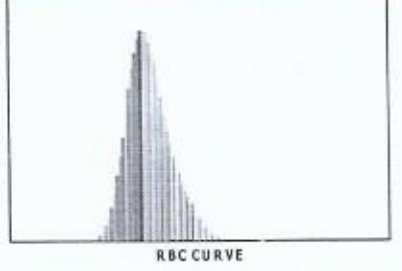
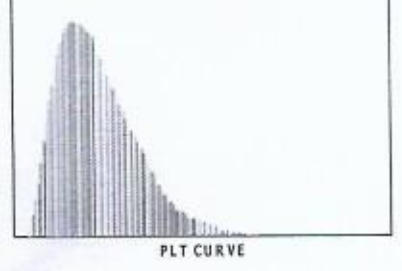
Radical Hospital Ltd. Revision Date : 24th July 2022



Id No : 23100191 **Date** : 05-Oct-2023 **D.Date** : 05-Oct-2023
Patient's Name : MD. MASHIUR RAHMAN **Age** : 26Y 9M 12D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9777

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	15.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.	
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	7,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			
Neutrophils	53 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	42 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	144 /cumm	50-450/cumm	
Total RBC Count	4.90 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	42.6 %	M: 40-54%, F:37-47%	
MCV	86.9 fL	76 - 94 fL	
MCH	31.4 pg	27 - 32 pg	
MCHC	36.2 g/dL	29 - 34 g/dL	
RDW	13.0 %	11 - 16 %	
PDW	15.4 fL	35 - 56 fL	
Total Platelete Count (PC)	2,19,000 /cumm	150,000-450,000/cumm	
MPV	8.0 fL	7.0 - 11.0 fL	
PCT	0.175 %	0.1 - 0.0 %	

Checked By
Medical Technologist

Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Bill No	DIA23100191	Received Date	05/10/2023
Patient's Name	MD. MASHIUR RAHMAN		
Patient's Age	26Y 9M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9777
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.52 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	24 U/L	Up to 40 U/L
Serum AST (SGOT)	20.0 U/L	Up to 37 U/L
HbA1C	5.1 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor

Bill No	DIA23100191	Received Date	05/10/2023
Patient's Name	MD. MASHIUR RAHMAN		
Patient's Age	26Y 9M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9777
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

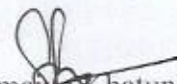
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By


Medical Technologist
Radical Hospitals Ltd.


Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23100191	Received Date	05/10/2023
Patient's Name	MD. MASHIUR RAHMAN		
Patient's Age	26Y 9M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9777		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

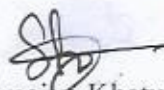
Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By


Medical Technologist
Radical Hospitals Ltd.


Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23100191	Received Date	05/10/2023
Patient's Name	MD. MASHIUR RAHMAN		
Patient's Age	26Y 9M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9777
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By


Medical Technologist
Radical Hospitals Ltd.


Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital