



Azerbaijan Republic Ministry of Health  
Republic Center of the struggle against AIDS



CERTIFICATE № [REDACTED]  
on testing HIV / AIDS

Surname [REDACTED] Name [REDACTED]

Date of birth [REDACTED] Sex: Female  Male

Citizenship [REDACTED] Passport № [REDACTED]

Result on HIV testing: [REDACTED] **NEGATIVE**

Signature 1 [REDACTED] Date [REDACTED]

Signature 2 [REDACTED] Valid for [REDACTED] month



Name Surname : ██████████  
Father's Name : ██████████  
Gender / Age : ██████████  
Date of Birth : ██████████  
Reg. Date : ██████████  
Citizenship ID : ██████████  
Organization : İNCİLAB

Doctor : Laboratoriya  
Branch : İNCİLAB  
Passport No : ██████████  
Sample No : ██████████

**SEROLOGY**

Order Date : 03.12.2022 14:38

Lab. Accept Date : 03.12.2022 14:46

Sample Collect Date :

Approval Date : 05.12.2022 10:27

TEST	RESULT	UNIT	NORM
Hepatit C-Anti-HCV (express)	Neqativ (-)		Neqativ (-)
Hepatit B-HBsAg (express)	Neqative(-)		Neqative(-)
Hepatit A- Anti HAV Total	1.07		

Positive (+) COI < 1  
Negative (-) COI > 1██████████  
Klinik-Biokimya Mütəxəssisi**Head of Laboratory**AZ1014, Azərbaycan Respublikası,  
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