

Chlamydia, Nucleic Acid Amp

Gonococcus, Nucleic Acid Amp

Laboratory Corporati	on of America									
Specimen Number Patient ID Co				ontrol Number	Account Number	Account Phone Number Rte 770-393-1362				
<b>241-632-6041-0</b> W_9639 24163  Patient Last Name					3260410	10207840 Account		1362		
ARSENAULT	r attent Es	ust rume			] Private		radiess			
Patient First N	lame		Patient Middle Name		1140 Hammond Drive NE, Bldg.1					
TRENT						Atlanta, GA 30328				
Patient SS#	Patie	ent Phone	Total Vo	Total Volume		, 011 30320				
Age (Y/M/D)	Date of Birth	Sex	ex Fasting		†					
33/11/24	09/04/7	5 M	No							
	Patient .	Address				Addition	al Information			
Date and Time Collected	Date	e Entered Date and Time R		Reported	Physician Name		NPI P		Physician ID	
08/28/09 08:28	08/:	29/09	08/31/09 06			JNK, O				
FDA Guidance Mal	e No Reflex			Tests	Ordered					
PID: W 9639				General	Comments					
	ESTS		DF	SULT	FLAG	UNITS	REFERENCE	ΤΝΨΕΡΥΔΙ.	LAB	
FDA Guidance		flex	- RE	БОПІ	r mro	ONTID	KELEKENCE	INILINVAL		
Hepatitis B			Neas	ative			Negat	ive	01	
1		_	<del>-</del>		etic Svste	ems Hepatitis	<del>-</del>			
	Antigen l				2	1				
								•		
Hepatitis B	Core Tota	ıl Ab	Nega	ative			Negative 01			
	Test peri	formed v	with Ortho	Hepat	itis B Cor	re Total Anti	body kit.			
								•	0.4	
Hepatitis C		_	Nega		Negative 01					
		formed v	with Ortho	Hepat:	itis C Vir	rus Antibody	kit version			
	3.0.									
HIV 1/0/2 Ab			Nea	Negative			Negative			
111 17 07 2 11		formed s	_		etic Syste	ems HIV-1/HIV		21 0	01	
	Antibody				0010 07000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 1100 0			
	_							•		
HIV-1/HCV N	AT						Nonrea	ctive	01	
	Nonreact	ive for	HIV-1 RNA.							
			ive for HCV							
	Test peri	tormed 1	with Procle	eix HIV	V-1/HCV NA	AT kit.				
HTLV-I/II A	ntibodies,	Qual	Nega	ative			Negat	Live	01	
	No detect	table H'	TLV-I/HTLV-	-II ant	tibody by	EIA.				
			with Abbott							
									0.1	
Cytomegalov	irus CMV I	otal Ab		)	**		Non Rea	active	01	
		6 a sama1	_	Reactiv	_	TarC and T-M 1				
	iest peri	rormea <i>l</i>	WILLI IIIIIIUCC	or capi	cure-CMV 1	IgG and IgM k	.⊥ U •			

ARSENAULT, TRENT	W 9639	241-632-6041-0	Seq # 7680
1			

Negative

Negative

01

01

Negative

Negative



RPR

Patient SS#	Patie	Patient Phone		Total Volume		GA 30328				
					1					
Age (Y/M/D)	Date of Birth	Sex	Fasting	g						
33/11/24	09/04/7	09/04/75 M		No						
	Patient	Address				Addi	tional Information			
Date and Time Collected 08/28/09 08:28	Date Entered 0 8 / 2 9 / 0 9		Date and Time Reported 08/31/09 06:06ET		1	an Name JK, O			Physician ID	
Tr.	RES	יד.דד	FT.AG	IINTTS	REFERENCE	TNTERVAL.	T.AR			

Non Reactive

Test performed with Becton Dickinson RPR Syphilis Serology kit.

01 LA ViroMed Dir: Cartwright, Charles P PhD

6101 Blue Circle Drive, Minnetonka, MN  $\,$ 

For inquiries, the physician may contact: Branch: 800-582-0077 Lab: 800-582-0077

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FINAL REPORT

Non Reactive