

Patient	Birth Date and Gender	Client Reference	Accession #	
SAWYER, TOM	1980-02-25	1008745	378975	
APT 3B	Male			
200 ANY ST	Collected	Received	Project	
ANYTOWN, IA 52999	2019-01-21 14:54	2019-01-22 08:05		
	Provider and Phone Number			
ANYTOWN HOSPITAL SEND-OUT LAB 1000 MEDICAL ST			DOE, JOHN	
			515/555-1212	
			Sample Type and Source	
			Throat swab	
ANYTOWN, IA 52999			Sample Note(s)	
			<mark>1</mark>	

RESULTS OF ANALYSIS - FINAL REPORT Report Status: Final Report or Interim Report

TEST Chlamydia/Gonorrhoeae, Transcription-Mec	liated Amplification	RESULT Test Name, Method Name	ANALYSIS NOTE(S) 2
Gonorrhoeae rRNA		Not Detected Not Detected	

SAMPLE AND ANALYSIS NOTES Sample and Analysis Quality Assurance (QA) Events, Notes, and Test Trailers

1. If there is a sample-level note, it will be displayed here.

2. Please note that a not detected result does not rule out the presence of the microbe in the sample, but could mean that the microbe's nucleic acid (rRNA) was in concentrations below the level of detection by the assay. Analytical and clinical test performance characteristics were determined by Hologic, located at http://www.hologic.com/products/clinical-diagnostics-blood-screening/assays-and-tests/aptima-combo-2-ctng-assay

ANALYSIS INFORMATION

TEST	ANALYZED	<u>SITE</u>	RELEASED
1. Chlamydia/Gonorrhoeae, Transcription-Mediated Amplification	2019-01-22 09:15 KE, ECT	10303	2019-01-22 13:07 MBH
T. Chianyula/Gonomoeae, Transcription-Mediated Amplification	2019-01-22 09.15 KL, LC1	10303	2019-01-22 13:07 10011

SITE(S) PERFORMING TESTING

10303 STATE HYGIENIC LABORATORY CORALVILLE, UNIVERSITY OF IOWA RESEARCH PK, 2490 CROSSPARK RD, CORALVILLE, IA 52241; Phone 319/335-4500; Fax 319/335-4555; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director

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