

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report



Ordering Physician:

Ordered Items: **Chlamydia trachomatis, NAA; Neisseria gonorrhoeae, NAA**

Date Collected: Date Received: Date Reported: Fasting: **No**

General Comments & Additional Information

Clinical Info: URINE SPECIMEN
Clinical Info: SRC:UR
Clinical Info: SRC:UR

Chlamydia trachomatis, NAA

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Chlamydia trachomatis, NAA ⁰¹	Negative			Negative

Neisseria gonorrhoeae, NAA

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Neisseria gonorrhoeae, NAA ⁰¹	Negative			Negative

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend
▲ Out of reference range ■ Critical or Alert

Performing Labs

Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test
7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone: **888-732-2348**
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: