

Ordered Items: **Chlamydia trachomatis, NAA; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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General Comments & Additional Information

Clinical Info: SRC:UR

Chlamydia trachomatis, NAA

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

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

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:
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