**Patient Information**

DOB: 
AGE: 
Gender: 
Phone: 
Patient ID: 

**Specimen Information**

Specimen: 
Requisition: 
Lab Ref #: 
Collected: 
Received: 
Reported: 

**Client Information**


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**Test Name**
CHLAMYDIA TRACHOMATIS RNA, TMA

*See Endnote 1*

**In Range**

NOT DETECTED

**Out Of Range**

NOT DETECTED

**Reference Range**

**Lab**
NL1

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**Endnote 1**

This test was performed using the APTIMA COMBO2 Assay (Gen-Probe Inc.).

The analytical performance characteristics of this assay, when used to test SurePath specimens have been determined by Quest Diagnostics.

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**PERFORMING SITE:**
NL1 QUEST DIAGNOSTICS LLC, 200 FOREST STREET 3RD FLOOR, SUITE R, MARLBOROUGH, MA 01752-3023 Laboratory Director: SALIM E KABAWAT, MD, CLIA: 22D0078229

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CLIENT SERVICES: 1.866.697.8378

SPECIMEN:

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