

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
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CULTURE, FUNGUS, BLOOD

AT

Micro Number: 00416611
Test Status: Final
Specimen Source: BLOOD, RIGHT ARM
Specimen Quality: Adequate
Result: No fungus isolated

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PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931