

Patient ID: Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



Ordered Items: **Neisseria gonorrhoeae, NAA**

Date Collected:	Date Received:	Date Reported:	Fasting:
-----------------	----------------	----------------	----------

### General Comments & Additional Information

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

### Neisseria gonorrhoeae, NAA

Test	Current Result and Flag	Units	Reference Interval
Chlamydia trachomatis, NAA <sup>01</sup>	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

#### PatientDetails

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

#### Physician Details

Phone:  
Physician ID:  
NPI:

#### Specimen Details

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